

Mrs Nadia Walsh

Whyke Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Whyke Lodge is a residential care home providing personal care to up to 23 people. The service provides support to older people and people living with dementia. At the time of our inspection care was being provided for 15 people in one adapted building.

People's experience of using this service and what we found

People were not always protected from environmental risks. The provider had not always completed and updated risk assessments in a timely way to protect people and staff. Quality assurance systems were not in place to analyse patterns of incidents and accidents for staff to continually learn from to improve care.

People did not always experience person-centred and dignified care when at the end of their lives. Some people who were at the end of their lives shared rooms with others and when receiving care, they could not be assured of other people knowing about the support they were receiving and that the care they received would be in accordance to their wishes.

People's capacity were not always assessed for decisions such as whether to share bedrooms with others. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People told us they felt safe and were comfortable to speak with staff or management if they had any concerns. Staff received safeguarding training and were knowledgeable on the prevention and reporting of abuse. People were supported safely with their medicines by staff who were trained to assist them. Staff followed good infection control practices to help protect people from the COVID-19 pandemic. Risks to people's health were assessed and managed, care plans guided staff to support people in a safe way.

People were supported by staff who knew them well. Staff followed a training programme relevant to their role. Staff sought people's consent before assisting them, when people declined support, staff respected their wishes. People's nutritional and hydration needs were monitored and met. People enjoyed the food, one relative told us, "[Person] has always eaten well there. They are quite happy with what they get." People were supported to access healthcare services when needed and staff worked with professionals to provide good outcomes for people.

People were cared for by consistent and kind staff who promoted their independence where possible. People and their relatives spoke highly of the care staff. Comments included, "Long term staff seem to stay, they seem happy and friendly. They know about my relative." And, "I think the staff care are first rate, patient and loving."

The registered managers sought feedback from people, their relatives and staff. Staff told us they felt

comfortable to make comments and suggestions. We received positive comments regarding the running of the service. One staff member told us, "They are very organised. Their paperwork is great."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service under the previous provider was good (published on 1 March 2019.)

Why we inspected

This is the first inspection for this newly registered service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to capacity and consent, person-centred care and good governance at this inspection.

We have made a recommendation in relation to the premises.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement ●

Whyke Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Whyke Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Whyke Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there were two managers registered with CQC.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 14 April 2022 and ended on 20 April 2022. We visited the location's service on 14 April 2022 and 19 April 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We contacted Healthwatch, Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with nine members of staff including both registered managers, deputy managers, care workers, kitchen staff and the administrator. We spoke with 10 relatives or visitors of people who use the service. We spoke with one healthcare professional and one social care professional who have contact with the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed including quality assurance processes, policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were not always robustly assessed and reviewed. Controlling legionella in the workplace is a legal requirement for care homes. A risk assessment must have enough detail to ensure risks from legionella and legionnaires disease has been considered and managed to protect people. The risk of legionella had not been assessed and there was no system in place to flush through infrequently used taps to reduce the risk to people of legionnaires disease. This an area in need of improvement.
- The fire risk assessment had not been reviewed following a visit from West Sussex Fire and Rescue Service in October 2021. West Sussex Fire and Rescue Service identified the risk assessment in place did not consider staffing levels in relation to the amount of people living at the service, their needs and escape routes in the event of an emergency evacuation. Although staff had received training in fire awareness, and equipment was regularly checked and serviced, this did not fully mitigate the risk to people in the event of a fire. This is an area in need of improvement.
- We provided feedback to the registered manager who said these areas would be reviewed and actioned.
- Following the fire safety inspection from West Sussex Fire and Rescue Service in October 2021, the management team had had addressed some of the inspection findings. This included additional fire detection in the service and measures were put in place to charge hoist batteries away from people's bedrooms, corridors and away from fire escape routes.
- Risks to people's health had been appropriately assessed and managed. Risk assessments were in place for people who required equipment to safely move around the service. People who used the stairs had risk assessments in place to guide staff on how to safely support them. Staff were made aware of any risks to people and told us they had read care plans. One staff member said, "I have read the care plans, I found them informative."
- Risks were assessed for people who had catheters in place. Staff referred to clear guidance which included how to prevent catheter complications and when to call professionals for medical intervention.
- Risks to people's skin integrity had been assessed, appropriate creams and equipment were in place to minimise pressure damage. Staff had contacted professionals when needed and their advice was updated in care records and followed by staff.
- Accidents and incidents were dealt with individually, such as referring people who experienced frequent falls to the GP or falls team. Support was reviewed and equipment put in place, for example, floor sensors to alert staff to assist people to move around safely.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff received safeguarding training and knew how to recognise and respond to signs of potential abuse. People and their relatives confirmed they were

comfortable to speak up if they had concerns.

- Staff had confidence the registered manager or deputy manager would investigate and escalate concerns appropriately. One staff member told us, "I would report any abuse to my manager who would raise a safeguarding. If I needed to go outside the company, I would go to CQC and West Sussex County Council's safeguarding team."
- The registered manager understood their responsibility to report safeguarding concerns in line with the local authority's safeguarding guidance.

Staffing and recruitment

- There were enough staff to meet people's needs. Where people required two staff to safely assist them, we saw this was met. Staff responded quickly to people's requests for snacks, drinks or to chat.
- The registered manager was recruiting for additional staff, where needed, agency staff were block booked to ensure consistent care. An agency care staff member told us, "I have been block booked which is nice as I like this home, it's homely." Staff told us they worked well as a team; some staff had worked at the service for many years.
- Staff were recruited safely. Application forms were completed appropriately, pre-employment checks such as references and Disclosure and Barring Service (DBS) checks had been obtained prior to staff starting their employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely. Staff were trained and their competencies were assessed prior to them administering medicines to people.
- Protocols were in place for people who were unable to verbally express their need for 'when required' (PRN) medicines. The protocols guided staff of non-verbal signs and cues to watch out for in people so appropriate medicines could be administered, such as, pain relief. Staff recorded the effectiveness of the medicines so they could report any further concerns to the person's GP.
- People had medicine profile sheets to advise staff on their preferred way of taking their medicines. We observed people being administered medicines in accordance to their preferences. Most relatives told us any medicine changes were discussed with them and where possible, the person.
- The medicine lead carried out auditing and counting of medicines. This included weekly stock checks and checks on documentation such as medication administration records (MARs). The registered manager carried out monthly medicine audits which ensured they were stored and documented correctly.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People received visitors in line with government guidance. We saw visitors were supported to test using a lateral flow device (LFD) and wore appropriate PPE. There was a range of visiting options to include in house visiting, the garden or the use of the visiting pod.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- MCA assessments had not been carried out in relation to people sharing bedrooms. People who lacked capacity were unable to consent to sharing a bedroom, there were no record of discussions in respect of this. We fed this back to the registered manager who held discussions with relatives prior to the second day of our inspection. The registered manager failed to record and demonstrate how sharing bedrooms were in people's best interests and no consideration had been given on how this affected the person. Good practice guidance states, 'Service users who lack mental capacity to decide on their accommodation will not be expected to share with anyone else unless it is with an established partner and for whom the sharing is decided to be in their best interests.'

The provider had failed to consider and implement current guidance on the principles of the Mental Capacity Act (2005). This is a breach of Regulation 11 (Consent to care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- MCA assessments had been carried out in relation to people's support such as receiving personal care and medicine administration. Where people lacked capacity to make their own decisions, there was evidence of best interest decision discussions involving relatives. Where people did not have a representative to help with decisions, we saw involvement of independent mental capacity advocates (IMCAs) to support with voicing people's views.

- The registered manager had identified where people needed to be deprived of their liberty for their safety. They had made appropriate referrals to the local authority. Some people were able to spend time in the garden in the warmer weather to give a sense of freedom and for their support to be delivered in the least restrictive way.
- People told us staff asked permission before supporting them. Comments included, "They are always checking I'm ok with them helping." And, "I am happy they help when I need it." Staff obtained consent from people before providing support throughout the inspection. One staff member told us, "I ask them, that simple. Even if they don't have capacity, I still think its right to ask permission." We saw a range of documentation requesting consent from people for other reasons, such as, taking photographs. Staff received MCA training and demonstrated their knowledge by ensuring people were involved in day to day decisions.

Adapting service, design, decoration to meet people's needs

- The design and adaptation of the premises did not meet the needs of some of the people who lived at the service. Accommodation was over two floors and there was no lift; those who experienced a decline in health or mobility were moved to the ground floor which sometimes meant sharing a bedroom with others.
- One person had been admitted to the service and was unable to weight-bear. The person's bedroom was situated on the first floor; they had been unable to leave their bedroom throughout their residency. Staff told us they would spend time with the person to prevent social isolation.
- People should be able to easily enter and exit premises and find their way around easily and independently. If they cannot, providers must make reasonable adjustments in accordance with the Equality Act 2010 and other current legislation and guidance. The provider had not fully complied with this.

We recommend the provider reviews their admission process to ensure people are situated within the service to be able to access communal spaces.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service. Where possible, relatives told us they had the opportunity to visit the service before making the decision to move their loved ones in. Relatives told us a member of the management team had assessed their family member's needs before admission and they had been involved in completing documentation.
- Preadmission assessments identified people's needs and people were assessed for aspects of their health and support requirements to establish if their needs could be met in accordance to their wishes.

Staff support: induction, training, skills and experience

- Staff had the right training and skills to support people. Staff attended courses in a range of subjects as dementia care, pressure area care and end of life care. There was a dedicated trainer for the service, two staff had completed a 'train the trainer' moving and positioning course which meant they were able to support staff quickly with learning needs in that area. When telling us what they feel the service does well, one staff member said, "Training for staff, we are forever training. I think the training is mostly relevant, we don't realise at the time."
- Newer staff had completed an induction programme and had undertaken the Care Certificate, The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. New staff worked with experienced staff until they were assessed competent to work alone.
- Staff received regular supervisions with members of the management team. Staff told us they felt the supervisions were supportive and relevant to their roles.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy diet. People's fluid and food intake was monitored and recorded for those at risk of weight loss and dehydration so staff could ensure people were eating and drinking enough.
- People's weights were monitored, where weight loss was identified, staff sought advice and referrals were made to professionals such as GPs or dieticians. Kitchen staff were knowledgeable of who needed fortified food or a diabetic diet and had an up to date list of people's requirements. One staff member told us, "Some people have extra cream, cheese and butter to maintain their weight, it's all on the list."
- People told us they enjoyed the food; we saw lunch time was a pleasant experience and the food looked appetising. Comments included, "It's nice, I eat most things, food is good though." And, "Yes, it is very nice. I am given choices, but I can't always remember."
- Where people required assistance to eat or needed their meals prepared a certain way, this had been provided. For example, some people had pureed food prepared upon advice from their GP. People who ate in their bedroom or the lobby area were supported and assisted by staff in a relaxed way. Staff offered snacks to people, we saw people were offered fresh fruit in the morning and biscuits with coffee and tea in the afternoon. A variety of drinks were available throughout the day.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare agencies and support including GPs, community nurses and the falls team. People received support in a timely manner. A person had experienced a number of falls was referred to the falls team, staff followed their advice and the person had enough support and the right equipment to safely move around the service.
- Staff worked with external agencies to provide good outcomes for people. One person had complications with their catheter which was managed by the community nursing team. The registered manager had sought further professional advice and discussed with the person their preferences to increase their fluid intake. The person's catheter complications had reduced following the intervention. We saw a compliment from the professional which read, 'Well done to all the staff members for cooperation and perseverance in encouraging fluid intake, catheter daily checks and accurate record keeping. I was impressed.'
- Records confirmed people were supported to access healthcare such as opticians, chiropody and optician services. Care plans guided staff on how to effectively assist people with their oral health care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- There were three bedrooms being shared, two people per bedroom. People could not be assured their privacy was protected from other people knowing about and hearing the support given by staff. We could not gather people's views on how they felt about this and have reported on this in the well led section of report.
- Dignity was compromised for people who were at the end of their lives, when sharing a room with other people. For example, one person sharing a was in receipt of end of life care with a person who was not. The dividing curtain did not provide enough discretion for the person at the end of their life to receive care in a dignified way. Relatives were allowed to visit people in their bedrooms, there was no way of assuring their visits were private when other people remained in the room.

The provider had failed to ensure people receive person centred care and treatment that was appropriate to their needs and reflected their personal preferences. This is a breach of Regulation 9 of the Health and Social Care act (Regulated Activities) regulations 2014.

- People were encouraged to retain as much independence as possible. Staff told us ways of how they promoted people's autonomy, comments included, "When we are helping, we give as much as needed without trying to overdo things for them." And, "Just trying to encourage people to do as they want, make sure they have lots of choices where possible."
- We saw some people had plate guards to support them to eat without assistance. One person preferred to eat independently, they struggled with cutlery but was able to eat well with their hands. Staff respected this and made sure the person's hands were clean before and after their meal.
- People's relatives spoke highly of the staff and care provided. Comments included, "They are cheerful, always laughing with residents." And, "We have great gratitude and affection for the staff."
- People's privacy and dignity was respected where possible. Staff knocked on people's doors and awaited a response before entering their bedrooms. Staff spoke with people discreetly when offering to assist them to go to the toilet. Staff had signed up to be dignity champions and taken the dignity pledge.

Ensuring people are well treated and supported; respecting equality and diversity

- People's equality and diversity was respected. Staff knew people well and spoke with people in different ways according to their personalities and how they presented. For example, one person was often jovial, staff responded in an upbeat way with them. Another person would swear when passing staff, staff were

aware of this and responded politely.

- Staff were trained to respect people's sexuality and people were able to freely express themselves. The registered manager told us, where people had same sex partners, they were comfortable to hold hands in shared spaces and staff made sure they had privacy.
- All staff received equality and diversity training. The registered manager and management team carried out observations to ensure staff were working in line with the provider's policy.

Supporting people to express their views and be involved in making decisions about their care

- Where possible, people were enabled to express their views about their day to day support. Due to advancing dementia, some people were unable to verbally express their views. Staff told us they watched people's body language and facial expressions to see if they were comfortable with the care they received. One staff member told us, "Some people can tell us if and some communicate with their eyes, they may smile or raise their eyebrows."
- We saw people were given day to day choices, such as, where they wanted to spend time or what they wanted to eat and drink.
- Where people's preferences had been expressed, these were met. People were asked whether they would prefer a female or male staff member to support them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

End of life care and support; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Some people were at the end of their lives. Where some people shared bedrooms, a deterioration of health had not always been considered upon reviewing their care. People had a document detailing their end of life care wishes containing preferences, such as, personal music taste; where people shared bedrooms, their individual preferences were not always able to be met. One person's care plan stated they 'do not like people invading their space', therefore it was unclear how their wishes were being addressed through sharing a bedroom with someone else.
- Another person receiving end of life care shared a room with a person who was not at that stage. The person at the end of their life had frequent visits throughout the day and night from staff to ensure their health needs were met and their position was changed to minimise pressure damage to their skin. The level and frequency of care being provided to the person at the end of their life could impact the person who was sharing the room. We reviewed the care records of the person not at the end of their life; they had interrupted sleep patterns and were documented to chat and sing in the night. Although both individuals were unable to explain to us how this made them feel, their experience of night-time did not reflect their personal preferences and choices.
- A visiting healthcare professional told us they had felt uncomfortable when discussing a person's end of life care when other people were in the room due to the sensitivity of the conversation. For this person, the registered manager had failed to review the person's care and treatment to ensure it was designed to meet their needs in a personalised way. The registered manager had not taken measures to identify how people sharing a room impacted this.
- Good practice guidance states, 'No person will be expected to share a room with anyone who is seriously ill or with an infection or who is receiving end of life care.'

The provider had failed to ensure people receive person centred care and treatment that was appropriate to their needs and reflected their personal preferences. This is a breach of Regulation 9 of the Health and Social Care act (Regulated Activities) regulations 2014.

- Staff had undertaken training on the six-steps end of life programme. We saw where they had documented people's health deterioration and appropriately contacted professionals for involvement.
- Care was planned to meet people's every day needs and preferences. Where possible, people would be consulted in their care, life histories and past hobbies would be considered when planning support. Families would be included to provide information where needed. One relative told us, "They helped with the care plan and paperwork. They went over everything with me. I was very involved."
- The registered manager told us staff knew people well and would know if they were not happy with the

care being delivered. Staff told us they could amend care plans based on their observations. One staff member told us, "I get to read them (care plans) and can contribute to them if needed, if there are any problems which are not already in there or if a resident has a new wish or preference."

- Staff told us how they supported one person who could become anxious or distressed which led to some agitation. Staff knew how to reduce the person's behaviours by engaging them with puzzles or folding of laundry. This person had been prescribed PRN medicines to help them calm down when agitated, we saw through staff interventions, the medicines had not been often needed.

Improving care quality in response to complaints or concerns

- Most relatives told us they were comfortable to approach the staff and management should they have any concerns.

- One relative told us they had made a verbal complaint but were not confident their complaint had been addressed. The complaints log showed no complaints had been received in the past year.

- The registered manager told us, should a complaint be received, it would be investigated and responded to within 28 days in line with the complaints policy. We saw the complaints policy was appropriate and signposted to other bodies such as the ombudsman if the complainant was not satisfied with the outcome.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with friends and family. Visitors were welcomed to the service and people could go out with their visitors if they wished. Relevant, risk assessments were in place to support this.

- At the time of the inspection, the service had just experienced a diarrhoea and vomiting outbreak, so activities had been cancelled. Staff tried to keep people engaged with colouring, reading and listening to music.

- The activity schedule contained a mixture of entertainment, arts and crafts and events such as an ice cream van visit. The registered manager told us people were unable to say what they wished to do so staff watched for their reactions when activities happened so monitor the success rate. Where people appeared to enjoy certain activities, the entertainers would be rebooked.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met through various methods such as verbal discussions, the written word, and occasionally the use of pictures. People had detailed communication care records to prompt staff to use different approaches.

- The registered manager told us documentation was available in larger fonts or could be translated if required.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Managers were not always clear about risks and regulatory requirements, risks were not always robustly assessed and reviewed. The registered managers produced an annual quality assurance statement, this incorporated results from audits, surveys and reviews. The conclusion to the statement was everything had gone well for 2021 and had stated the fire risk assessment had been reviewed although it had not.
- Accidents and incidents were not analysed robustly. Staff counted the amount of accidents and incidents but there was no consideration to wider factors, such as, area of the service or the time of day or night of when accidents and incidents occurred. Without this information the registered manager was unable to identify trends and patterns to learn from to continually improve care.
- The service did not always promote an inclusive culture for people. People's wishes had not always been considered. Systems and processes did not identify the need to robustly assess people's capacity and ability to consent to the decision to share bedrooms. Records of discussions were not kept when consulting relatives of these decisions and did not rationalise whether the decision was in the person's best interests.
- Where people were sharing a bedroom, the registered managers had failed to implement relevant nationally recognised guidance for this practice. The registered manager had failed to have a system or process that enabled them to identify and assess risks to the health, safety and welfare of people who shared bedrooms.
- Relatives provided mixed feedback about whether they were kept up to date with their loved one's health needs and when professionals were called. Comments included, "The communication on the admin side has gone to pot recently." And, "They ring once a month to give an update, we have a good relationship with them."

Managers were not always clear about their roles and understanding regulatory requirements. The provider did not always promote an inclusive and person-centred culture. The provider had not ensured there were adequate systems to assess, monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people and others. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered managers told us how they wanted staff to be involved with the running of the service. They appointed staff champions to take responsibility for some areas such as end of life and dementia. Audits

were completed by staff and the management team which included health and safety, infection prevention and control and medicines. All audits viewed were completed and showed no requirements to take any action.

- There had been some opportunities to continuously learn and improve care. The registered managers managed two other homes and shared learning from all homes. For example, staff recognised a person became distressed when assisted into a hoist sling. The registered managers purchased an in-situ hoist sling to minimise additional manoeuvres. This worked well for the person and the approach was used for others.
- One relative described the registered manager, "They're very approachable, incredibly helpful." We saw people approach the registered manager and appeared comfortable with them. Both registered managers displayed a passion for the service and people they cared for. They told us, "We work hard to achieve what we want to achieve in the home, it's a small home from home environment suit our client group. For the 90 year old who will be living here, we want to make it a relaxed safe environment for them, whilst providing quality care."
- People were given the opportunity to attend monthly meetings; we saw the minutes of the meetings documented where people had group discussions on events, activities and food choice. The registered manager had recently redecorated some shared spaces and told us they consulted with people on colours.
- People had completed tick chart feedback forms regarding the service, with the help of staff. They gave either 100 percent positive feedback or ticked 'don't know'. These results had been collated and no action plan was required based on the outcome. Relatives and staff had further completed surveys regarding the service, the results were also positive.
- We saw a range of cards from relatives, thanking staff and management for their care and dedication towards people.
- Staff were kept up to date by regular staff meetings. Staff told us the meetings were informative, relevant and they had the opportunity to discuss any matter. Where interim updates were needed, information was posted on the notice board and discussed at staff handover.
- There was a high emphasis on continual learning and development for staff to promote good care. The registered manager told us, "Being a dementia home we always have challenges as residents can't always tell us if they are not ok, this means we have monitor residents and get to know people well such as, their backgrounds. It's all about person centred care. Putting things in place to do our best for them. This comes down to staff training and supervision."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated their knowledge of the duty of candour. They described the duty of candour as being open and transparent when things went wrong and to provide an apology to those affected.
- The registered manager understood their regulatory responsibility to send CQC notifications of events within the service. We saw these had been completed appropriately and in a timely way.

Working in partnership with others

- The registered managers worked in partnership with external agencies. They attended seminars held by the local authority and kept their knowledge up to date with local manager and professional networks. The registered managers were members of groups such as the National Care Association and received email updates from CQC and other professional bodies.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to consider and implement current guidance on the principles of the Mental Capacity Act (2005).</p> <p>This is a breach of Regulation 11 (Consent to care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Managers were not always clear about their roles and understanding regulatory requirements. The provider did not always promote an inclusive and person-centred culture. The provider had not ensured there were adequate systems to assess, monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people and others.</p> <p>This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to ensure people receive person centred care and treatment that was appropriate to their needs and reflected their personal preferences.</p> <p>This is a breach of Regulation 9 of the Health and Social Care act (Regulated Activities) regulations 2014.</p>

The enforcement action we took:

Warning notice