

Mr & Mrs S Hayat

Chandos Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Chandos Lodge Nursing Home is a care home providing personal and nursing care to older people and people living with dementia. The home can accommodate up to 31 people in one adapted building. At the time of our inspection 30 people were living at the home.

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

People were safeguarded from the risk of abuse or neglect, however we have made a recommendation in relation to the reporting and recording of safeguarding concerns. We have also made a recommendation in relation to systems for managing risk and learning from accidents and incidents. Systems were in place to assess a range of risks. Staff received training to equip them with skills to work safely and respond to risks.

People were supported by sufficient numbers of trained staff to meet their needs, however robust recruitment practices were not evidenced. Systems were in place for the safe administration of medicines, however we identified concerns in relation to the storage of topical creams and thickeners, and systems for the stock control of prescribed medicines. We also identified concerns in relation to arrangements for infection control including the use of personal protective equipment (PPE).

People told us they felt safe and we received compliments regarding staff approach and the quality of food. People's comments included, "There's absolutely nothing wrong in this place", "The food is lovely" and "I don't mind it here." A relative commented, "[Staff] are kind and caring...they have got to know me as well. I can see that they have a good rapport with my relative."

Some people provided more mixed feedback, with one person commenting "There's a carer here who's adopted me, like a mum...[however] the only way you can get any attention [at night] is to shout for it." Another person commented, "The staff are wonderful...the building can be very hot and uncomfortable...it gets very noisy in here sometimes; the shouting." People were encouraged to use the communal lounge where planned activities took place. We observed positive interactions between staff and people.

Governance systems were in place, however audits had failed to identify all of the concerns we found. People provided positive feedback regarding the manager. One person commented, "I know [name of manager]. He's very nice". Staff provided positive feedback about the management of the service and told us they felt supported. Most relatives also provided positive feedback regarding the service management and described examples of open and effective communication.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 18 April 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended that the provider arranged training in the management of Legionella and consider guidance about calculating staffing levels in accordance with people's level of dependence. We found the provider had acted on these recommendations and made improvements in these areas.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 19 February 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve governance and safe recruitment procedures.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains Requires Improvement. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chandos Lodge Nursing Home on our website at www.cqc.org.uk.

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 safe recruitment, managing risks and governance.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Chandos Lodge Nursing Home

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

The inspection was carried out by one inspector, one Expert by Experience on-site and two Experts by Experience who contacted relatives for their feedback by telephone. 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

Chandos Lodge Nursing Home 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. Chandos Lodge Nursing Home is a care home with 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 was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of a direct monitoring activity that took place on 28 June 2022 to help plan the inspection and inform our judgements. A direct monitoring activity involves a call between the service and an inspector to gain assurance about the quality of the service. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and 17 relatives about their experience of the care provided. One additional relative provided feedback via email. Where people were unable to speak with us, we spent time observing people's body language, facial expressions and vocalisations, to help us understand their experiences of using the service.

We spoke with 14 members of staff, including three healthcare assistants including two regular agency staff, three senior health care assistants, two nurses, one chef, two domestic staff, two maintenance staff and the manager. The manager was known internally as the 'floor manager' and provided day-to-day management support. The registered manager was absent during our inspection due to unavoidable circumstances beyond their control.

We reviewed a range of records. This included 13 people's care records, either in full or in part, and five people's medicine administration records. We looked at four staff files in relation to recruitment and supervision. A variety of records relating to the management of the service were reviewed, including files relating to compliments and complaints, accidents and incidents, safeguarding, staff training, minutes of staff, relative and resident meetings, audits, staff handover records, and evidence relating to the health and safety of the premises.

After the inspection

We continued to seek clarification from the service to validate evidence found. We looked at policies and procedures. During and after our inspection we received feedback from six professionals.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

Staffing and recruitment

At our last inspection the provider had failed to implement robust recruitment processes to protect people from the risks of unsuitable staff. This was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- The provider's reference policy required the service to obtain, "a minimum of two written references, one of which will be from the applicant's most recent employer". One staff file contained one reference, provided by the applicant themselves, which was not from their most recent employer. The manager explained they had obtained a second reference and told us they had contacted the referees to verify the references. The manager had not documented their verification of references, which meant we could not evidence this had occurred. The manager informed us the second reference had been located after our site visit.
- The service failed to document how gaps in employment were explored. One staff application contained a gap in employment history between July 2004 and March 2013. The manager advised a verbal discussion had occurred during recruitment and explained ongoing support and monitoring of the staff member had identified no risks in relation to their conduct. The manager contacted the employee in response to our feedback to clarify their work history. The manager told us they sought feedback verbally from applicants about gaps in employment but had not made records to retain and evidence this information.
- The service had not kept records of discussions held with applicants at interview. Staff files contained an interview rating form, scoring candidates from one to five for characteristics such as appearance/disposition, experience and skills/knowledge. Where one applicant had scored three out of five for three of the five scoring categories, there were no comments added to explain how the person had been found suitable for appointment.
- We reviewed the staff file for a nurse employed at the service. The file contained evidence of their overseas nursing qualifications but did not contain evidence of their registration to work as a nurse in the UK. In the absence of information within the staff file, the manager asked the nurse to attend the office to provide evidence to the inspector of their professional registration.
- Staff completed a health questionnaire to confirm their fitness for the role. One person's health questionnaire identified a long term health condition. No evidence was documented to confirm this had been explored, however the manager informed us a verbal discussion had taken place. Another person had ticked yes to a heading "Any other accident, operation or illness". The manager could not recall the details of the person's accident but told us there was not a current concern. Records had not been kept to reflect

that a discussion had taken place.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate staff recruitment checks were effectively managed. This placed people at risk of harm. This was a continued breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager was responsive during the inspection and where necessary made contact with staff to clarify the gaps we identified within records. The manager showed us an interview questionnaire which had been developed to be used in future recruitment. The service had engaged the services of an external recruitment company and solicitors to assist with overseas recruitment processes and ensuring recruitment documentation was checked for compliance. Following our inspection, the manager also shared a risk assessment completed where it had not been possible to fully evidence a staff member's work history; this process enabled the manager to evidence how potential risk had been minimised via the ongoing support and monitoring arrangements in place.

- Staff completed an application form and provided identification (ID), including confirmation of their right to work in the UK. The service undertook Disclosure and Barring Service (DBS) checks prior to the commencement of 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. Where staff had been recruited from overseas, we also saw evidence that overseas criminal records checks had been made.

At our last inspection we recommended the provider consider guidance about calculating staffing levels in accordance with people's level of dependency. The provider had made improvements.

- Sufficient numbers of staff were deployed to support people. Staff told us staffing levels enabled them to meet people's needs including the provision of one to one support where required. We observed sufficient staff deployed to assist people at busy times, such as meal times.
- Relatives told us they were satisfied with staffing levels, with comments including, "There are definitely enough staff", "There seem to be enough staff on duty. There are the same staff too" and "There are always lots of staff there when I go in. All the time they seem to be listening out for residents and the staff seem happy."
- A dependency tool was reviewed monthly. The manager explained people's dependency needs were considered during a pre-assessment process to confirm these could be safely met by the staff team. Systems were also in place to request funding for one to one support where people required close supervision, such as people at very high risk of falls.
- Training and induction processes were in place to equip staff with the skills required to work safely. We found one person's induction record was only partially completed however other examples we reviewed were fully completed. Staff told us they had received relevant training, such as in the use of moving and handling equipment. During our inspection we observed one occasion of unsafe moving and handling which we reported to the manager. At other times we observed staff supporting people safely.
- Safe systems were in place for the use of agency staff. The service used regular agency staff and an induction process was in place. Regular agency workers accessed in-house training and were given opportunities for development. We spoke with a regular agency worker who was appointed a champion for resident activities. They spoke positively about their role, explaining, "[Role is] to make sure all [people are] engaged when doing activities, that no one feels lonely, have to make sure [people] are comfortable and feel they are home... find out what interests and hobbies [people have]."

Preventing and controlling infection

- On our first visit to the service we observed poor standards of cleanliness, particularly in bathrooms. Bathroom flooring appeared visibly unclean, some bowls used to support with personal care were visibly stained and we observed toilet cistern lids were stained yellow. One person's bathroom contained a rusty bathroom storage trolley and another person's bathroom contained a raised toilet seat which was rusty and had broken rough edged plastic. Outside we observed mops left to dry lent over a fence.
- We observed clinical waste bins had hand operated, rather than foot operated lids, and some were broken. This meant staff needed to manually open the lids which could have presented a risk of cross contamination.
- On our first visit, on arrival, we observed several staff were not wearing masks. Government best practice guidance states face masks should be worn by all care workers and encouraged for visitors in care settings as a means of preventing any spread of infection from the mask wearer. Following our arrival staff donned masks however during our inspection we continued to observe poor use of masks, such as masks under staff chins or noses, or hanging from one ear whilst in close proximity to people using the service.
- We also observed instances where PPE had not been safely disposed of, such as masks and gloves being placed in general waste bins, instead of bins designated for clinical waste. During a medicines round we observed a nurse demonstrated poor hand hygiene.
- Relatives told us staff did not consistently wear PPE. Feedback was variable as to whether relatives had been encouraged to wear a mask. Comments from relatives included, "Now they [staff] no longer wear masks", "Last time I visited...the manager was not wearing one [a mask]. I wasn't either...some staff still are. The manager asked me if I wanted him to put a mask on but I said it was ok". Further comments included, "They weren't wearing masks on Friday last and we didn't need to take a COVID test", "We don't have to wear masks anymore – the staff don't wear masks" and "No masks are needed. You take a test on arrival. The staff don't wear masks."
- A professional also noted staff were observed without appropriate PPE, commenting, "[Staff] insist on us wearing full PPE, yet the staff themselves enforcing this aren't even wearing masks and no staff on site has any resemblance to PPE most of the time."
- We identified food safety concerns. Some items in the kitchen fridge did not have open-date labelling and kitchen cleaning schedules had not been fully completed. Temperature monitoring records were kept for the main kitchen fridge and freezers, however temperature monitoring records were not kept for large freezers in a separate storeroom. We observed a freezer was heavily frosted and food stuffs were also stored on the floor of the store; we observed the door left open leading onto an outside patio area.

The service had not fully implemented robust infection prevention and control procedures to effectively mitigate risk to people. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager was immediately responsive to our feedback and met with staff in relation to our findings. The manager explained areas of older flooring would be replaced and replaced the bins with foot pedal operated clinical waste bins to improve infection control. The manager told us thermometers had been ordered for the storeroom freezers. On our later visit we observed the bathrooms smelt fresher however concerns remained regarding infection control, including the disposal of PPE in non-clinical waste bins.

- The service had opted to continue regular asymptomatic testing for people using the service and records confirmed people's vaccination status for COVID-19. Staff undertook both daily COVID-19 lateral flow tests and weekly PCR tests. This was a greater frequency of tests than currently recommended by government guidance. The manager explained the service was keen to identify COVID-19 infections at an early point to prevent a wider outbreak. They informed us they would refer to government guidance and review the

frequency of testing for people using the service.

- The service benefited from good signage for visitors and there was access to sanitiser, PPE and COVID-19 lateral flow test kits. On arrival the inspector was consistently asked to show evidence of a negative COVID-19 test before entry. Feedback from relatives was variable in relation to whether visitors were encouraged to wear a mask in line with government guidance.
- Cleaning schedules were in place and each person's room was deep cleaned as part of a monthly resident of the day process. A domestic staff explained how this involved a full and thorough clean of the space. The service had purchased specialist cleaning equipment to assist the domestic team, including an air purifier and floor cleaner.
- Staff had received training in relation to infection control and confirmed they had had access to sufficient PPE during the pandemic. The service had considered how care was delivered to support infection control; disposable soft wipes were used in place of towels.
- Some people experienced infections such as urine or chest infections. The service sought medical support as required and a monthly audit check tracked the numbers of infections identified and whether these had successfully resolved.

Visiting in care homes

- Staff showed the inspector the service's visitors book which included a printed visiting policy entitled 2022. This included instructions such as "only two time slots per day" and "maximum 30 minutes per visit". Staff informed the inspector that a thirty minute visit was "preferred" however confirmed they would allow relatives to stay longer. Staff informed the inspector they could accommodate three visiting slots per day and stated this was sufficient to meet current demand. The manager told us the visiting policy was less restrictive and that the guidance related to a period of restrictions following an outbreak of COVID-19.
- The visiting policy initially provided, dated March 2021, was not in-line with current government guidance. Following our inspection the manager confirmed we had not received the most recent policy, and provided an updated policy dated April 2022. This acknowledged the importance of visiting for people's well-being and quality of life, and outlined how visiting would be encouraged with precautionary infection control measures in place.
- We observed visits taking place during our inspection and did not observe visits being timed by staff.
- Relatives told us they were able to visit. Comments included, "They still make us do COVID tests and we can go at any time whenever we want" and "There are no restrictions. I always ring them the day before I visit. I book a slot between certain times in the day. That is so that they can manage the numbers."
- People were supported to remain in contact with their relatives using video technology, some of whom lived overseas. A relative advised, "We call the staff and ask them to set up the Zoom call and they do. During the peak of Covid we were still able to communicate with her in this way."

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

- Systems were in place for monthly management oversight of accidents and incidents. The system was not fully effective because we found incidents which had not been logged as an accident or incident. These included an incident where a person became distressed and punched a member of staff and spat towards a resident, a person who sustained a skin tear from a wheelchair and a person who sustained a fall in May 2022. Whilst we were satisfied immediate actions were taken, the recording errors meant there was a risk the registered manager would not have full oversight of incidents to ensure all necessary actions had been implemented. For example, following the person's fall in May 2022, a July 2022 risk assessment incorrectly stated they had not fallen in the past year.
- Some people using the service experienced periods of distressed behaviour. Staff we spoke with could describe people's behaviours and how they would try to de-escalate situations. Care plans lacked sufficient detail to inform staff about known behaviours and how to respond. Records showed, and staff told us, one

person could become verbally and physically distressed towards staff and other people. The person's care plan provided general guidance, such as "Staff to leave him alone for a while and go back to him later to reassure him" and "Staff to remain calm when speaking to [person] and re-assure him". The care plan did not provide clear guidance for staff about how to respond if these initial strategies were unsuccessful or not appropriate, such as when it would be unsafe to leave the person with others. A staff member described when the person spat towards others, they, "had to hold onto him and tell him not to do that". The staff member described how they would allow the person to hold their hands to calm down. The manager described training staff had received to respond to people's behaviours in an appropriate way. We observed the manager providing immediate guidance to staff when someone became agitated during our inspection.

We recommend the service review their approach to ensure this is proactive to anticipating and managing risks to people who use services, and that staff understand the systems and strategies and use them consistently.

The service was responsive to our feedback. The manager met with staff to ensure all staff understood how to appropriately log accidents and incidents. The manager told us care plans would be updated for people who experienced distressed behaviours and provided an example of an updated care plan following our inspection.

At our last inspection we recommended the provider arranges training in the management of legionella for those responsible, to reduce the risk of harm to people. The provider had made improvements.

- Systems were in place to manage risks in relation to Legionella. Checks were also in place in relation to other areas of building safety, such as gas, electric, asbestos, fire safety and the servicing of moving and handling equipment. We reviewed a fire and rescue service inspection report dated 17 May 2021. This identified a wooden block used to hold open a door between the inner and larger kitchen rooms required a self-closing fire door, stating there was a risk a fire in the inner room would spread quickly to the larger kitchen. We observed the wooden block remained in use, despite a self-closing fire door having been installed. Weekly self-closing door audits had failed to identify the concern we found. The manager removed the wooden block when we brought this to their attention.
- People told us they felt safe. A person at risk of falls told us, "They're as careful as they can be...the [staff] say 'I'll walk with you in case you fall'." Another person required equipment to help them transfer from their bed and advised us this was managed safely, commenting, "They do the hoist very, very well."
- The service identified people at high risk of falls and considered appropriate measures including one to one support and the use of equipment such as fall sensor mats, low level beds and crash mats. A relative commented, "They do keep him safe. He needs 24/7 care and is at high risk of falling. He has never had a fall in Chandos."
- Records showed people's weights were checked on a regular basis with more frequent monitoring and additional support for people at risk of malnutrition.
- Handover systems were in place. Staff informed us handovers provided them with the information they needed to understand changes in people's needs and any learning following incidents. Staff had access to care plans and risk assessments via an electronic device.
- Systems were in place to assess a range of risks, using recognised best practice tools. Care plans and risk assessments were reviewed monthly. Types of risk assessments included continence care, skin viability, nutritional needs including risks of choking and malnutrition, and mobility including risk of falls. We identified one person who used bed rails on an intermittent basis at their request however we found no risk assessment had been documented in relation to the use of bed rails. Another person who used bed rails had a bed rails risk assessment and care plan.

- We observed nursing staff responding promptly to concerns, such as when someone spilt a drink on their clothing and another occasion where a person appeared unwell. A relative added, "She is very happy there. There was an incident where she became short of breath. They called the nurse and took prompt action. They called an ambulance and phoned me up straight away."
- Systems were in place to monitor risks in relation to people's physical health. When people sustained wounds or pressure sores, records were kept showing treatment provided and progress of wound healing. Monthly audit trackers were used to provide oversight of wounds, pressure sores and infections.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

- The service had failed to report some incidents to the local authority safeguarding adults team as required. Incidents included unwitnessed falls, a person found with an unwitnessed injury to their head and an incident where one person was physically struck by another person using the service. This meant the local authority were not notified of potential concerns in a timely manner, to enable the local authority to carry out relevant enquiries.
- We reviewed records for a person who was hit by another resident. Daily records provided contradictory statements, advising, "Checked very upset complaining that [person] hit her" and less than one hour later a handover note read "Slept well...nil complaints voiced". The incident report described actions taken to respond to the other person's behaviours, but did not document how the person themselves had been supported after the incident. The manager provided verbal feedback about actions taken and we spoke with the person who confirmed they felt safe.
- We reviewed records for a person found with an unwitnessed injury to their head. Incident records confirmed the person's GP and family had been informed. The manager had signed off the incident form however had not documented an analysis to show their internal investigation and what potential causes for the injury had been considered.
- The service had safeguarding and whistleblowing policies in place. Both policies contained a blank space to include contact information for the local authority safeguarding team with a prompt of "Add details". We did observe contact information for the safeguarding team on a poster on a noticeboard.

We recommend the service review their approach to ensure safeguarding concerns are identified and managed promptly, using local safeguarding procedures whenever necessary, and that investigations are thoroughly evidenced.

The service was responsive to our feedback and contacted the local authority to seek guidance about reporting concerns retrospectively. The manager confirmed policies would be updated with contact information. The manager advised they would now add detail to records to evidence actions they had

taken, and provided us with a completed example record.

- The service worked in partnership with the local authority when safeguarding concerns were investigated. We observed the service gathered information for relevant agencies such as the local authority and CQC when requested to do so.
- Records showed, and staff confirmed, they had received training in relation to safeguarding adults from abuse. Staff understood their responsibility to raise safeguarding concerns and report poor practice. Staff we spoke with about whistleblowing procedures told us they would contact CQC if they needed to escalate a concern.
- The service demonstrated good practice when a concern was raised about a staff member's approach. The staff member received an appraisal and the service's external trainer told us they were commissioned to provide a one-to-one support and re-training session for the staff member.

Using medicines safely

- Medicines stock checks and monthly audits showed instances where medicines counts differed from expected balances. We also counted stock of a medicine and found it did not match the expected balance. Records did not evidence steps undertaken by the nurse to investigate however they provided verbal feedback about actions taken. The manager confirmed they were satisfied no medicines errors had occurred. We spoke with the service's pharmacist who confirmed stock balance errors could be linked to the number of tablets being prescribed and dispensed differing from the electronic suggested balance. This meant stock checks were not always effective because expected balances were not always accurate.
- We identified an open emollient cream in one person's room without open date labelling. We located an open emollient cream prescribed for one person, in another person's bathroom, with a handwritten label to state it was received 18 December 2021. This was not in line with the provider's medicines policy which stated, "Note on the tube or tub the date of opening and use creams within three months of first use or as directed on the label or product information leaflet".
- Some people were prescribed thickeners due to a risk of choking on fluids. We observed thickener left unattended on a cupboard top in one person's bedroom upstairs. We also observed thickener left on a tray on top of a cupboard in a hallway near the lounge. Whilst staff were present in the nearby lounge there was a risk people could access thickeners which present a risk of choking from accidental ingestion.

We found evidence safe medicine practices were not always promoted in relation to storage and stock management of prescribed medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was responsive to our feedback. The manager held a meeting with staff and described actions taken to ensure the safe storage of topical creams and thickeners. The manager informed us changes were also being made to management of medicines stocks which would include more frequent stock checks.

- The service used an electronic medicines recording system which was accessed by the nurse using a hand-held device. The device provided a visual prompt when a person's medicines were due. The nurse scanned a barcode on the medicines packet using the device, which provided an additional check to confirm the correct medicines were dispensed. Medicines trollies and medicines rooms remained secure when the nurse administered medicines.
- Some people had arrived at the service following hospital discharge to receive short-term support. Weekly stock checks were in place for temporary residents to ensure people did not run out of prescribed medicines.
- Protocols were in place for people who required medicines on an 'as and when required' (PRN) basis. PRN

protocols included relevant information, such as the maximum dosage and frequency, how the use of PRN medicine should be monitored and any potential side effects to observe for.

- Relatives provided positive feedback regarding medicines support. Comments included, "They are very good. They always give him his medication at the same time" "They're very good at giving painkillers if my relative needs them" and "They give the medication and she takes it...that's good because before she was refusing to take it."

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

At our last inspection the provider had failed to implement effective quality assurance systems and did not fully understand or meet regulatory requirements. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Systems had failed to ensure the service met the regulations they needed to be compliant with and responsibilities in relation to safeguarding reporting. For example, staff recruitment records were not fully implemented in accordance with Schedule 3 of the Health and Social Care Act 2008. In addition, on the first day of our inspection staff and the inspector could not locate where the service's rating was displayed. The manager was contacted and directed staff to a plastic wallet at the front of the visitors book, which was not visible when the book was open and in-use. This meant the service's rating was not displayed in-line with regulation which states it should be "displayed conspicuously in a place which is accessible to service users." The manager displayed the rating in response to our feedback.
- Records were not consistently maintained in a secure and confidential manner. Visitors accessed the service's communal lounge. We observed an eye-height poster on the lounge wall displaying the dietary requirements for all people. We also observed folders of care records left unattended on a table in the communal area. This was not in-line with the provider's policy which stated, "Personal information should be kept in a locked filing cabinet, drawer or safe".
- Some care plans contained insufficient detail to inform staff about people's needs. For example, one person's care records did not include an oral hygiene assessment and their care plan for personal care did not include instructions for oral care. A staff member told us the person did not have teeth so they had decided to use wipes wetted with water to rub paste onto the person's gums. After our inspection the manager confirmed the care plan had been updated to prompt staff to use mouthwash. Some care plans relating to people's end of life wishes lacked holistic detail. One person's care plan relating to their insulin dependent diabetes did not contain all of the information recommended as best practice, such as signs and symptoms for low or high blood glucose levels and the appropriate treatment.
- Some care plans contained inconsistent information. One person's mobility care plan stated "[Person] has

had a fall during the last year" and "[Person] has had no falls during the last year". Another person's care plan contained statements including "[Person] is confined to bed" and "[Person] is partially able to bear their own weight." The manager explained the differing information related to people's changing needs and stated dates would be included, to ensure staff understood which information described the person's current and previous level of need.

- Audits listed monthly updates to care plans but had not been fully effective as they had failed to identify the issues we found. Audits had also failed to identify that care plans did not consistently highlight opportunities for promoting independence. For example, a staff member told us a person was sometimes able to dry parts of her body with a towel and on occasions wished to try to feed herself. The person's care plan stated, "assistance of two members of staff for my personal care needs" and "I cannot take food and fluids independently. I expect the staff to assist me with eating and drinking."
- Audits had failed to achieve a full oversight of accidents and incidents because recording systems had not been used effectively to identify occurrences as accidents or incidents.

Governance systems did not effectively assess, monitor or improve the service to ensure compliance with all required regulations. The service failed to securely maintain records. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was responsive to our feedback. The manager provided immediate feedback to staff and held meetings with staff following our visit to share feedback and discuss actions required in response to our findings. The manager explained recruitment was in process to appoint an administrator with health and social care knowledge to support them. The manager confirmed care plans would be updated and provided an example showing where inconsistent information had been amended.

- Monthly audit logs were in place covering a variety of topics including complaints, safeguarding, incidents and infections. Whilst these documents tracked whether individual issues had been resolved, these audits did not include further analysis to show how management of the service had considered any wider learning such as trends or themes. The manager provided verbal feedback about how they considered data and explained they were satisfied there was not a current trend or theme in areas such as incidents.
- The provider undertook visits and documented their findings. The provider's reports, known as proprietor's reports, noted feedback from people, staff, any changes including improvements, observations of the environment and any complaints noted.
- The manager told us they were well supported by the registered manager. Records showed, and staff told us, the provider ensured funding was available where resources or equipment were needed to enhance care or safety.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Most relatives provided positive feedback about the staff team culture. Comments included, "They are friendly. They will talk to us about Mum", "The staff work hard. They do little extra things for him like cut his hair" and "She has a good relationship with her one-to-one carer. All of the different staff seem friendly and kind. They offer us tea or coffee and they take time to ask about our families."
- People provided generally positive feedback about staff approach. Comments included "The staff are wonderful", "The staff are pleasant, when they're around", "They're friendly, all of them. They talk to me" and "There are too many people here [for staff] to always do all the bits and pieces [I want]. Sometimes I stay up there [in my room] and don't come down...I haven't had a conversation with anyone for a long time... sometimes they do [group] exercises."
- During our inspection we engaged with the service's manager. The registered manager was absent due to

unavoidable circumstances beyond their control. The manager provided day-to-day management of the service, was dedicated to their role and placed an emphasis on building positive relationships with people and their families. A relative commented, "The care is absolutely excellent. We have no problems at all. The manager and the staff are like friends – we know each other well".

- The service worked with a local healthcare trust to provide temporary care for people. This helped enable people to leave hospital in a timely manner. Some people subsequently decided to remain at the service on a permanent basis. A family member provided positive feedback, advising, "When [relative] was admitted she came with a four-page report from the hospital. It was a smooth transition. Since then she has been looked after well."
- Most relatives provided positive feedback regarding the management of the service. Comments included, "I would say that yes [manager] is a caring person. He seems to be on top of things. He doesn't just stay in his office", "[Manager] is very approachable and excellent. The owners... have a definite ethos about how the home should be run" and "[Manager] is nice and helpful. Whenever I see him he is always busy. He has a lot to do."
- We observed activities, including a visiting entertainer and staff led activities such as a quiz and bingo. Staff supported one person to manicure their nails and people were supported to read the newspaper. The communal lounge was situated next to the nurses station. During our inspection we observed the noise and activity level within the lounge was variable. For example, we observed some people spending periods of time sitting passively with a table and drinks cup in-front of them with little to occupy themselves with. We later observed positive interactions, with staff using gentle physical touch to reassure people and encouraging people to eat and drink well. A relative described, "There is a frenetic ambiance...there is only one central living space...I don't think [relative] likes all the noise." Another relative described the home atmosphere as welcoming, saying, "[Relative] feels comfortable there."
- Staff had access to regular supervision and told us they felt supported by management. Staff stated they received both positive and constructive feedback about their performance which helped them to feel valued and understand areas for improvement. A staff member commented, "[Staff] have a lot of support...here it's a happy home." A regular agency worker added, "[Management] always give you chance to talk...always available to listen, [I] really like [manager], always down to earth [and] listens to you."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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

- Care plans were reviewed monthly as part of a 'resident of the day' initiative. The manager explained relatives were able to receive updated care plans via email as part of regular contact with the service. Comments from relatives included, "They sent me an up-to-date care plan yesterday. If there is anything I want to discuss with them I would ask for a meeting", "There is a key worker and a care plan in place. I went over it a few months ago with [manager]" and "I haven't got a copy of her care plan...I am not kept updated about anything."
- We reviewed the results of questionnaires completed by relatives. Completed questionnaires were retained but we found no documented analysis of the results. The manager explained this was because the feedback had been fully positive.
- Regular staff team meetings were held. Staff also described opportunities to become more involved in the running of the service by taking on 'champion' roles, such as in relation to activities, pressure care or nutrition and hydration. Staff spoke positively about these roles and their contribution to the service.
- A resident and relatives meeting was held in June 2022. Relatives had received open feedback and were given the opportunity to ask questions and provide feedback. Meeting records showed resident and relative meetings were previously held in June 2021, December 2020 and April 2020. This meant meetings had not been held on a regular basis. The ability to hold large in-person meetings was impacted by the pandemic

and the manager told us he regularly gathered feedback informally from people and families.

- Comments from family members about relative meetings included, "The relatives' meetings have started up again six weeks ago. They wrote and advised us. I went along. There were opportunities to ask questions", "They have residents' meetings which are really informative" and "I will be going to the next relatives' meeting. If I have an issue I can always raise it."
- Systems were in place to respond to feedback. During our inspection a relative raised concerns regarding their family member's personal hygiene and alleged they had been found in another person's clothing. The manager described actions they were taking to respond to the relative's concerns. Another relative told us the service had responded effectively when they provided feedback, advising, "Her shower gel or shampoo were going missing. . .I made a suggestion to staff to have a dispenser put on the wall...the manager thought it was a good idea and they put a dispenser on themselves which resolved the issue."
- Most relatives provided positive feedback regarding communication from the service. A relative commented, "[Relative] broke her hip in the home. . .it was not their fault. . .they did let me know about it." Another relative added, "Their communication is good." One relative provided less positive feedback, advising, "When I see a plaster or a bandage/dressing on her I always have to ask what has happened to her. They never let me know when she has an accident." The sample of accident and incident records we reviewed showed people's relatives had been informed of incidents.

Working in partnership with others

- The service worked with a number of health and social care professionals to meet people's needs. The service had links with key organisations including GP, local authority, podiatry, physiotherapy, and tissue viability nurses. Services such as chiropody and a hairdresser visited.
- The service was responsive to feedback from other agencies and responsive to our feedback throughout the inspection. A professional from the local authority commented, "[Manager] has been very compliant, keen and positive in making changes."
- Professional feedback indicated the service generally worked well with others. A professional commented, "Feedback to staff around [people's] care is on the whole carried out. . .some staff are 'too' helpful and don't give patients time to do things themselves and rather do it for them. . .they are one of the most communicative. . .when you speak to [manager] he does know the [people]. . .I find his communication to be excellent."
- A second professional commented, "I always receive a good handover from the nurse in charge and when I need help there is always a member of staff to support me. The nursing staff, and the management team are friendly and communicate well with me. They are following my advice and will make changes to meet [person's] needs."
- There was a strong working relationship with the GP surgery. A GP made regular visits to the service and informed us they were satisfied instructions regarding people's care were followed. The use of an electronic care records system meant staff could promptly access information the GP required, such as checks of people's vital signs. The GP described staff as "very caring towards patients" and "open to new ideas of working."
- We observed the manager attend a virtual meeting with professionals. The meeting was held to discuss people who had recently moved to the service following discharge from hospital. The manager demonstrated knowledge of the people discussed and assisted the professionals with their enquiries.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service had not fully implemented robust infection prevention and control procedures to effectively mitigate risk to people. We found evidence safe medicine practices were not always promoted in relation to storage and stock management of prescribed medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems did not effectively assess, monitor or improve the service to ensure compliance with all required regulations. The service failed to securely maintain records.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Systems were either not in place or robust enough to demonstrate staff recruitment checks were effectively managed.