Mrs Rosalind Virasinghe

Eastside House

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 responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Eastside House is a residential care home providing accommodation and personal care for up to 16 people aged 65 and over, some of whom may have dementia. At the time of the inspection there were 10 people living in the home.

People's experience of using this service and what we found
People and relatives told us they felt safe with the care and support they or their relative received. People's basic care and support needs were met, and relatives spoke positively of the service. However, we found significant concerns with care plans, risk assessments, management of medicines, and accident and incident reporting procedures which placed people at increased risk of harm.

People's care plans were not person centred and people told us that there was a significant lack of organised activities available. Staff knew people well and most people reported that they were supportive and helpful. People's preferences and choices and information from assessments was not always reflected in their care plans and care was not always delivered in line with national guidance.

Management oversight of the service was ineffective and did not identify the issues we found on the inspection. Managers were not completing audits in the areas where we found concerns and the service did not always promote good outcomes for people through person centred care. We found that several notifications had not been submitted to CQC.

People had access to a balanced and healthy diet, but some people and relatives told us there wasn't enough choice. We recommended that the provider reviews their procedure for offering food choices to people and the overall mealtime experience.

People told us they would raise issues only reluctantly and not directly with the provider, instead relying on family or friends to speak on their behalf. We recommended that the provider reviews its procedure for receiving feedback from people.

People received care and support from staff that were appropriately skilled and trained to carry out their role. Staff told us they received regular training, supervisions and appraisals and that the management team were approachable and supportive.

People were not always 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.

Relatives told us that they were satisfied with the management of the service and that they were kept up to date about their relative's care.

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 01 May 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected
We carried out an unannounced comprehensive inspection of this service on 25 March 2019. 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 safe care and treatment, need for consent, person centred care and good governance.

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, Effective, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. 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 Eastside House on our website at www.cqc.org.uk.

Enforcement
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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We found several breaches of regulation and issued the registered manager and provider with a warning notice in relation to good governance.

Follow up
We will request an action plan from the provider and meet with them following this report being published, to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Eastside House

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 Care Act 2014.

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
Two inspectors and two Experts by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One Expert by Experience spoke to people during the inspection site visit and the other Expert by Experience contacted people's relatives by telephone to request their feedback.

Service and service type
Eastside House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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. The registered manager was not available to attend the site visits; however, we were able to meet with them remotely during the course of the inspection.

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 and sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with nine people who used the service. We spoke with the owner, two assistant managers and the registered manager. We undertook observations of people receiving care to help us understand their experiences, especially for those people who could not talk with us.

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

After the inspection
We spoke with eight relatives of people living at the home. We also spoke with four staff, received feedback from two professionals and reviewed evidence remotely. We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider had failed to assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) 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 12

- Risks to people were not always assessed, monitored and managed to keep them safe.
- Risk assessments that were in place detailed the risk and the actions staff should take to mitigate the risk. However, some risks to people had not been fully assessed and were not reflected in care plans and risk assessments. Information about people's needs and risks was disjointed throughout care records and some handwritten updates were illegible.
- For example, one person with swallowing difficulties had been assessed by a speech and language therapist as being at risk of choking and at high risk of pressure sores, however this information and guidance for staff was not reflected in their care plan.
- Another person had been diagnosed with a neurological condition and was at risk of falls, however there was no detail within the care plan of how the condition affected the person or how the risks associated with their condition were managed. We observed this person needing support at mealtimes, however there were no details or guidance within the care plan for staff to follow.
- The lack of detailed information and guidance for staff meant that people may have been placed at risk of possible harm.
- During the inspection we identified that several first-floor windows did not have restrictors in place which met health and safety legislation requirements. We also found that this risk had not been assessed by the provider, which meant that people were potentially at risk of falls from first floor windows.
- We were not assured that the procedure for managing accidents and incidents was effective.
- During the inspection we heard differing accounts of the incident reporting procedure from staff and management and found that accidents and incidents were not always appropriately recorded.
- We found a body map within a person's care records that showed they had sustained a minor injury, yet this accident had not been appropriately recorded.
- There was little evidence of management oversight of accidents and incidents in order to record actions, identify trends and opportunities for learning and improvement.

● We brought these concerns to the attention of the registered manager and during the inspection the provider told us they would install window restrictors and showed us evidence that they were reviewing peoples risk assessments and care plans. The registered manager told us they would address the issues identified with accident and incident reporting through staff meetings and the introduction of regular audits.

The failure to have an effective system to assess, monitor and manage risks was a continued breach of breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Despite a lack of detailed care plans and risk assessments staff demonstrated their knowledge of peoples support needs. Relatives felt confident that the service understood risks to people and could support them safely. One relative said, "The home is very good and very safe."
● The service carried out a range of building safety and equipment checks to ensure the safety of people living within the home.

Using medicines safely
● The management of medicines was not safe. We found several areas where the service was not managing medicines safely in line with national guidance.
● Gaps were identified in recording on Medicines Administration Records (MARs) and in several cases the medicines stock held by the service did not match the MARs. This meant that we could not be assured that people were receiving their medicines as prescribed.
● Hand-written entries on MARs had not been signed or checked by another member of staff, this meant that the provider could not be assured that this information was correct.
● Staff had not had their competency to administer medicines assessed within the past year in line with national guidance.
● The service had up to date medicines policies in place, however we found that written procedures were not embedded into the practice and in some areas, they were not followed.
● Appropriate assessments were not carried out before administering medicines covertly. Also, there was no evidence that the person's GP or a pharmacist had been consulted to seek advice on the most suitable way to give medicines mixed with food or drink. Covert administration is when medicines are administered in a disguised format hidden in food or drink.
● Two people were receiving a vitamin tonic from the provider which was not prescribed. However, the service did not have a record of when it was being administered or if the people's GPs had been consulted. This meant that we could not be assured that it was safe or appropriate for the people receiving it.
● We raised these issues with the registered manager, and they agreed to contact the relevant professionals and follow the appropriate procedures immediately.
● The service was not completing any regular medicines audits to check that people were receiving their medicines as prescribed or that the service was following national guidance.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff had received training and medicines were stored appropriately.
● People who needed 'when required' (PRN) medicine had appropriate protocols in place to inform staff when the medicine should be given.

● People and relatives did not express any concerns about the management of medicines within the service. One relative said "Her medicines come around on the trolley. Tablets get put into little pots and they watch to see she takes them. The staff are very thorough."
● Following the inspection, the management team provided evidence that they had started to assess the competency of staff to administer medicines and were completing medicines audits to ensure people were receiving their medicines safely.

Systems and processes to safeguard people from the risk of abuse
● Policies and procedures were in place to protect people from abuse.
● People and relatives told us they felt safe with the care and support they or their relative received. One person said, "I feel safe living here" a relative told us, "The home is very safe. Definitely really good."
● Staff had completed safeguarding training and were aware of different types of abuse and the steps they would take if they thought someone was being abused.
● During the inspection two people raised concerns which were of a safeguarding nature, the registered manager was informed, and a referral was made to the local authority safeguarding team for further investigation.

Staffing and recruitment
● There were sufficient staff on duty to ensure people's basic needs could be met safely, staff also felt they had enough time to support people.
● Most relatives had not fully accessed the home recently due to the pandemic, however most felt that there was sufficient staff available. One relative said, "Yes definitely. There's always staff around and with the residents in the lounge."
● People were satisfied with the number of staff available. One person told us "The number of carers here seems about right to me."
● Systems and processes in place supported the recruitment of staff who had been appropriately assessed as safe to work with vulnerable adults.
● Pre-employment checks included the completion of an application form, DBS checks, evidence of conduct in previous employment and proof of identity. DBS checks inform the service if a prospective staff member has a criminal record or has been judged to be unfit to work with vulnerable adults.
● However, during the inspection we did identify gaps in staff employment history that had not always been fully explored and documented. We brought this to the attention of the registered manager who assured us that this would be addressed for any future recruitment.

Preventing and controlling infection
● Policies and procedures were in place to prevent and control infection.
● Staff told us they had received appropriate training and had access to Personal Protective Equipment (PPE). One staff member said, "Hand washing, sanitiser, PPE, gloves and apron. We dispose of PPE after each client."
● Staff were all wearing PPE correctly and there were designated areas in the home for donning and doffing.
● The home appeared clean and records confirmed that appropriate cleaning arrangements were in place.
● Visitors had received guidance on safe visits and procedures were in place, however on the first day of the inspection not all safety checks for visitors were completed with the inspection team. We brought this to the attention of the registered manager and on the second day of inspection the procedure was followed.

Requires Improvement

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question now remained the same. 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
At our last inspection the provider was not always working in line with the Mental Capacity Act. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff demonstrated an understanding of the MCA and how this influenced the way in which they supported people. One staff member told us, "A person who lacks capacity they can't make their own decision. My role is to help them, give them options to choose, promote independence."
- We observed that people were asked for verbal consent before being supported by staff.
- Relatives who acted as attorney for people stated that they were involved in decisions and kept up to date. One relative said, "I have a Power of Attorney and generally work with [staff member] on decisions about [person]."
- Where people were being deprived of their liberty, appropriate referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way.
- People's files contained records of mental capacity assessments and best interests' decisions. However,

this information was not always consistently recorded in people's care records, this meant that information about people's mental capacity and decisions was not always easily accessible to staff. We raised this with the management team, and they agreed to update these records.

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

● People's care plans did not detail their preferences in relation to eating and drinking. We reviewed the care plan of one person receiving some support at lunchtime and found that there was no information or guidance for staff to follow. We brought this to the attention of managers on the day of inspection and they agreed to address this immediately.

● People had access to a balanced and healthy diet and enjoyed the lunch we observed. Following lunch one person said, "That was nice, that was very nice, I enjoyed that".

● We observed that people were supported to eat, and drink where required and encouraged to maintain their independence in this area.

● The lunchtime experience that we observed lacked any differentiation from the use of the room as a relaxation space. Most people were served their lunches at the seats they had been sitting in all morning or in their rooms, the dining room tables were not used.

● The registered manager told us people are given a choice of where they can sit, including the dining room tables. However due to social distancing people choose to sit in their seats.

● Staff explained to people the food they were receiving and offered drinks. However, the interactions were functional, there was little conversation and the experience appeared to not be as positive as it could have been. We report further on this in 'Is the service responsive?' section of the report.

● Most people and relatives told us they were satisfied with the food on offer. Records showed that food choices were discussed collectively at residents' meetings and we observed a person receiving an alternative meal on the day.

● However, several people and one relative commented that there was not enough choice. One person said, "We always used to have a choice of courses, but now it is only every now and again when they come up with the card with choices it feels like a miracle." One relative said, "I do think the menu doesn't change much."

We recommend that the provider reviews their procedure for offering food choices to people and the overall mealtime experience.

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

● People's needs were assessed before they started using the service.

● A care plan was written based on the information obtained during the assessment process by the management team. However, we found some instances where information relating to people's needs and choices was not reflected in people's care plans. We report further on this in 'Is the service responsive?' section of the report.

● We highlighted examples of what we found to the management team during the inspection who advised that they would review each person's care plan to ensure they were reflective of people's needs.

● Care was not always delivered in line with current standards and best practice guidance, we report further on this in 'Is the service safe and responsive?' sections of the report.

● Relatives told us they were involved in discussions about their family members support and agreements about how their care was provided.

Staff support: induction, training, skills and experience

● People received care and support from staff that were appropriately skilled and trained to carry out their role.

● Certificates confirmed that staff had received training in a variety of topics.
● Relatives told us that they felt staff were suitably skilled and knowledgeable. One relative said "I believe so, yes. If they are not sure about something they find out. The staff are very good."
● Staff told us they received an induction when they started working at Eastside House and that it prepared them for their role. One staff member said, "Yes, I had two days induction, they gave me an extra day. Yes, covered everything, day and night induction."
● Staff told us they received regular training, supervisions and appraisals and that management team were approachable and supportive. One staff member said, "Yes, I do. If I have a problem, if I go to [owner] and [registered manager] they will help me in any way."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Information about people's health conditions and guidance from specialist assessments was not always included in peoples care plans. This meant that staff did not have access to written details of people's health conditions and up to date information and guidance to support people.
● People's care records confirmed that staff worked in partnership with other health and care professionals including GP, district nurse and Speech and Language Therapists.
● Daily handovers took place and the service had a communication book in place. This supported the sharing of information about people and their health and care needs.
● The service involved people and their relatives, where appropriate, when discussing their needs with other services. Relatives told us that they felt people's healthcare needs were met and that the service responded promptly with any health concerns. One relative told us, "Absolutely the staff are on top of everything. They always let me know if anything arises."

Adapting service, design, decoration to meet people's needs
● The environment was accessible to people using the service including the garden and outdoor spaces. Appropriate signage was in place to support people navigate around the home.
● The home appeared clean and people's rooms were well presented containing personal items such as books, games and photos.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant people's needs were not always met.

At our last inspection the provider had failed to deliver personalised care to meet people's needs, preferences, interests and give them choice and control. This was a breach of regulation 9 (Person Centred Care) 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 9

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

● At the last inspection we identified concerns around a lack of meaningful activities and stimulation for people. During this inspection we found that these concerns had not been addressed.
● On the first day of the inspection we observed no organised activities taking place. We reviewed the activity timetable and over the two days of the inspection we observed that it was not being followed.
● We looked at two people's activity records which mostly consisted of people watching TV or listening to the radio, this matched what we observed on the first day of the inspection.
● We observed that there were staff available, however there was a lack of social interaction and most people sat in the lounge or their room all day, with little stimulation or conversation. We also found that one person's activity record had been completed in advance for the day.
● The weather on the first day of inspection was pleasant, however people were not supported to go out in the garden. Some people remained in the lounge, whilst others told us they were content to stay in their room and preferred not to access the communal area.
● When asked about their daily routines, we received a mixed response. One person in their room said, "I enjoy my life here, I am very comfortable everything is perfectly okay here", "I can occupy my time, I don't get bored, I have library books now too" And "I don't go to the dining room, everyone is always sleeping in there, I used to always go there but not now." Another person said, "I am okay, I don't speak to the others, they just sit in silence down there."
● Several people told us there were no activities provided. One person said, "There are no activities at all, nothing and there is nothing else to do." Another person told us, "I just sit here every day doing nothing." One relative said, "I do think there is not enough stimulation for the residents."
● We observed little extended conversation between people and staff, most interactions were seen to be functional. One person told us "nobody really talks to you, the carers don't come and chat often, whether it is in their remit I'm not really sure." Another person said, "They are nearly always busy, the carers don't have

time to sit and chat."
● Care plans were not person centred and information about people's preferences and choices was not detailed.
● People's names were not used within their care plan to detail their needs and preferences, instead people were referred to as 'service user'. Care plans were handwritten and consisted of short responses to a series of prompt questions, at points some of the information was difficult to read or illegible.
● People were reluctant to ask for anything specific that was not provided, and two people told us their choices were not always supported. One person said, "I would like a bath once a week, that would be fine and that is what I used to have but now it is dwindling a bit so not once a week not now, I don't moan I put it down to a shortage of staff, I don't think they have enough most of the time." Another person told us, "They dictate when I go to bed, it is usually earlier than I would like, I would like to stay up after 10pm, there are sometimes programmes I would like to see but I can't."
● At the time of the inspection the service was not providing any end of life care to people. However, care plans did not include any records of how people wanted to be cared for at the end of their life.

The above findings amount to a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● We observed that staff knew people well. Most people reported that their carers were supportive and helpful to them and relatives told us that staff were kind and caring. One relative said, "Oh yes, absolutely. The staff are kind, caring and attentive".
● People appeared well kept, wearing personal items such as jewellery and watches.
● Care plans had recently been reviewed and had been signed by the person or their relative and the management team.
● Where people had made an advanced decision to be resuscitated or not to be resuscitated, this was recorded in their care plans.
● We raised our concerns with the registered manager, they told us improvements had been made following the last inspection and keeping people safe during the pandemic had taken priority. The registered manager told us activities took place across the home, however due to the pandemic they had cancelled their activities coordinator who would be restarting soon. On the second day of inspection, we observed some improvements in both organised activities and interactions between staff and people.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● Information about people's communication needs was documented in peoples care plans and included information about their use of communication aids.

Improving care quality in response to complaints or concerns
● The service had an up to date complaints policy. We reviewed the complaints book and saw that the last complaint was received in 2014.
● We were not assured that sufficient processes were in place to ensure that people could raise concerns freely. Most people said they would raise issues only reluctantly and not directly with staff or management, instead relying on family or friends to speak on their behalf.
● One person said, "I tend not to interfere in anything, I would probably ask my [relative] to say something on my behalf." Another person said, "I don't do a lot here they don't let us get up too much, but I wouldn't

say anything about it."

● We reviewed records of compliments received since the last inspection. One compliment from a relative received this year stated, "Thank you for everything you do to keep [person] looking so well and happy."

● Relatives felt that staff would listen to people and felt confident that any concerns would be dealt with appropriately. One relative said, "Yes, as I say the staff are kind and attentive." Another relative said "I know the home would listen and respond."

We recommend that the provider reviews its procedure for receiving feedback from people that use the service.

Requires Improvement

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. 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.

At our last inspection the provider had failed to ensure effective management oversight of the service. This was a 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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- Management oversight of the service was ineffective and did not identify the issues we found on the inspection.
- During the inspection we found issues with care plans and risk assessments, management of medicines, accident and incident procedures, record keeping and the provision of activities, as detailed in the other sections of the report.
- We were told by staff and relatives that the registered manager had only had a limited presence at the home during the pandemic, but that they had been working remotely. The registered manager told us a new assistant manager post had been created to ensure adequate management cover on site during this period.
- The issues we identified on the inspection had not been identified through the management team's monitoring processes. Neither the registered manager or the wider management team were completing audits in the areas where we found concerns, in order to monitor the quality of care delivered and records kept by the service.
- The registered manager told us that they had stopped doing unannounced spot checks during the pandemic and there was no evidence that these were being completed by another manager.
- The procedure for recording accidents and incidents was ineffective, and there was little evidence of management oversight in order to record actions, identify trends and opportunities for learning and improvement.
- Policies and procedures were up to date and in line with best practice, however in some cases they were generic and had not been updated to reflect practice within the home. We also found examples of where they were not being followed by staff.
- The document in place to monitor staff training, supervisions and appraisals was not detailed or up to date and some of the information was inaccurate. Therefore, we were not assured that the provider had good management oversight of these areas.

● We found instances where CQC notifications had not been submitted as required. We found one instance where the homes gas supply had been interrupted for more than 24 hours, during which time people were provided with portable heaters. CQC had not been notified of this event.
● There were also several instances where CQC had not been notified of the outcome of a DoLS application. We raised this with the registered manager, and they informed us that they were not aware that they needed to do so, despite it being stated in the provider's policy.
● At the last inspection, the provider was asked to provide CQC with an action plan to outline their plans for improvements. The registered manager told us that they had submitted the action plan, however there was no record of it being received by CQC. During the inspection we were provided with a copy and found that in several areas the response from the provider did not acknowledge the concerns raised or set out sufficient plans for improvement.
● There was little evidence of learning, reflective practice and service improvement since our last inspection. We saw no evidence of a service improvement plan being in place and the provider had failed to address a number of the concerns found at the previous inspection.
● The lack of effective management oversight within the service placed people at risk of receiving care that was not safe, effective and responsive to their needs. This also meant that learning and improvements could not be identified or implemented.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The service did not always promote good outcomes for people through person centred care. Consistent feedback from people throughout the inspection indicated that people were not always empowered to make decisions around their care, for example, in food choices, care preferences and daily routines.
● Most people said they would raise issues only reluctantly and we were not assured that there were sufficient processes in place to ensure that people could raise concerns freely.
● Care plans and risk assessments were not person centred and lacked detail about people's individual needs, risks, preferences and choices. This meant that care staff lacked sufficient written information to deliver person centred care and mitigate risks.
● People told us there were no activities provided, and some people expressed that at times there was a lack of choice or that their choices were not supported. One person told us, "I don't think anyone is going to move me anywhere today."

Whilst we found there was no evidence that people had been harmed by the issues identified above, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the home. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Most relatives told us that they were satisfied with the management of the service, that communication was good, and that they were kept up to date about their relative's care.
● Staff told us the management team were approachable and supportive. One staff member said, "Yes, very good to us".
● The service was completing some audits and checks including IPC and a range of building safety and equipment checks.
● We raised our concerns including the lack of management oversight with the registered manager. They told us that they had been focused on keeping everyone safe during the pandemic and would now be refocusing their efforts on addressing the issues identified during the inspection.
● Following the inspection, the registered manager provided us with evidence of a range of completed audits and updated records in areas where we had identified concerns. Several outstanding CQC

notifications were also submitted.

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.
● Policies were in place that identified the actions staff should take in situations where the duty of candour would apply.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● People, relatives and staff were encouraged to complete an annual satisfaction questionnaire to provide feedback about the service. All of the responses reviewed were seen to be positive, however there was no evidence of how this information was used to improve the service.
● Most relatives confirmed that they engaged with the annual questionnaires and told us they were very satisfied with the service. One relative told us "Yes there's been surveys. The home and the staff are fabulous. They are always smiling, work so hard. They're a great group of people." Another relative said "Yes. What I will say is I believe that continuity of staff is essential and having the same staff who know residents well and care for them, makes this home very good indeed."
● Records showed that people were encouraged to engage with the service via regular residents' meetings. Notes of the meetings showed that people had mostly responded positively to questions about their care and the food provided, however there was no record of any follow up actions. Two people told us they weren't aware of any residents' meetings, one person said, "I am not aware there have been any resident's meetings at all."
● Staff told us they attended regular staff meetings which supported communication within the service and gave staff an opportunity to raise any concerns. One staff member said "Once a month, I attend or read the minutes. We discuss what's going on, what to improve."
● The service worked in partnership with other health and social care professionals including the community mental health team, GPs, pharmacists and chiropodists. One health professional told us, "I have never had any negative experiences from this home. They are very caring towards all the residents, it's clean, it is managed very effectively, precisely and there is a positive vibe."

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered provider did not ensure that a variety of activities and meaningful stimulation were available, which meant that people did not always have access to these in order to promote positive well-being. Care plans were not person centred and did not always include details of peoples preferences and choices. People may not have been receiving appropriate care and support that was responsive to their needs and choices.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not always assess risks associated with people's health and care needs. Sufficient guidance and instructions were not always provided to care staff to minimise or mitigate any such risks. People were at increased risk because medicines were not always managed safely and in accordance with best practice guidelines

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	Regulation 17 HSCA RA Regulations 2014 Good governance Management systems in place were not robust or sufficiently comprehensive to demonstrate adequate oversight of the quality of care at the home. This placed people at the possible risk of harm.

The enforcement action we took:

We issued a Warning Notice on 11 August 2021.