

Athena Healthcare (Liverpool Road South) Limited

Lily Wharf Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lily Wharf Lodge is a residential care home, providing accommodation and nursing care for up to 80 older people living with a dementia, and/or a physical disability and younger adults. There were 22 people living in the service at the time of the inspection. The service is purpose built over two floors which is split into four separate units, with communal facilities on each. Both ground floor units were occupied at the time of the inspection.

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

People told us they felt safe and staff understood what action to take if abuse was suspected. Not all incidents and accidents were dealt with in a timely manner. The manager and regional manager took immediate action to ensure these were investigated and acted upon. We made a recommendation about this. Environmental checks and servicing were taking place. There was a very high use of agency staff in the service. Staff told us they needed more permanent staff, but agency staff were being used. Most agency staff told us they had worked in the service previously. We made a recommendation about this. Staff were recruited safely. The service had addressed medicines issues from the last inspection.

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. There was some evidence of consent recorded in care records. Staff confirmed people were asked for permission before undertaking any activity. The service spacious and all bedrooms were ensuite. Staff training was ongoing, the regional manager told us of their plans to ensure all staff were fully trained working in the service. People's healthcare needs were reviewed by professionals, and we saw people attending clinic appointments during the inspection. There was evidence of assessments being undertaken for most people. However, one person's assessment had not been completed on arrival to the service. The manager told us this had been done as soon as possible as there was a login error with the computer. They told us the staff had access to relevant information to look after people effectively.

Electronic care records had been developed, the provider was aware improvements were required in their content and reviews and were taking action to address this. Systems were in place to deal with complaints, we discussed the progress of an ongoing complaint. Aids were available to support communication; pictorial aids were used in some areas. Activities were on offer however, one person fed back they used to undertake exercise, but this had not been taking place recently.

People were positive about the care they received. We noted mostly kind interactions. The management took action to ensure one person's privacy and dignity was respected. We made a recommendation about this. Electronic records as well as paper records were held securely. People's choices were being discussed and agreed. The manager took immediate action to ensure all people had access to their call bells at all times.

The manager who was new to post left the service soon after the inspection. The regional manager told us they were based in the service and recruitment was ongoing for a new registered manager. A range of audits and monitoring was taking place. Whilst some actions had been recorded not all were noted. Observations, daily walk arounds and night checks were noted. There was some evidence of the actions taken in the form of 'you said, we did' on display. A range of policies and guidance was available and statutory notifications were submitted.

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 on 20 October 2021. We found breaches in relation to the training and supervision of the staff team, infection prevention and control and, good governance. 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 also recommended about the management of complaints and concerns, maintaining a balanced diet, the management of medicines, staff recruitment and support, assessments and care planning.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

Enforcement and Recommendations

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

We have identified breaches in relation to ensuring systems or processes were monitored and ensure the service had consistent management in place to ensure the service was safe and monitored at this inspection.

We have made recommendations in relation to ensuring incidents and accidents were acted on appropriately in a timely manner. And to ensuring sufficient and suitable staff were recruited to work in the service, strengthening the medicines audit processes to check medicines records are completed correctly so that people receive their medicines safely as prescribed. And to ensure people received care in accordance with their needs, promoting privacy and dignity and good 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 effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement ●

Lily Wharf Lodge

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

One inspector, and one Expert by Experience undertook day one of 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 inspector and one medicines inspector visited on day two.

Service and service type

Lily Wharf Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lily Wharf Lodge 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.

There was a newly recruited manager in post at the time of the inspection. However, since the inspection they have left their employment at the home. The regional manager told us they were covering the service full time and they had commenced the recruitment for a new registered manager. The regional manager confirmed they would submit a notification of the changes of management.

Notice of inspection

Day 1 of the inspection was unannounced, day 2 was announced.

What we did before the inspection

Prior to the inspection we looked at the information we held about the service. Including, feedback and notifications which the provider is required to send to us by law. We asked for feedback from professionals about their views. We also checked whether Healthwatch had undertaken an inspection of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 6 relatives as well as 1 visiting professional. We toured the building and undertook observations in the communal areas. We spoke with 17 staff. These included, housekeepers, a senior housekeeper for the provider, maintenance staff member, 1 chef, the activities co-ordinator, hospitality staff member, 1 nurse, and 4 care staff. As well as a member of the quality team, the regional quality manager who was also the regional manager for the service and a supporting manager from another service in the company. We also spoke with the manager who undertook overall responsibility for the daily operation of the home.

We also asked for feedback from some staff via email. We reviewed a range of records. These included, 4 electronic care files, 3 staff files, training and supervision records, audits and monitoring in relation to the operation and management of the service. We also reviewed 13 medicine administration records and looked at medicines related documentation. We observed medicines administration and checked storage.

Is the service safe?

Our findings

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

At our inspection on 14 July 2021 and 2 August 2021, 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.

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

At our last inspection the provider had failed to ensure people were protected from risks. 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. During this inspection, we found improvements had been made and the service was no longer in breach of regulation. However, we have made a recommendation in relation to incidents and accidents.

- Risks were assessed. Not all accidents and incidents records had been completed in full and actions recorded.
- Electronic accident and incident reporting had been completed in people's care records. Whilst some had details of the actions taken, not all had these, including referrals to professionals or medical review where required. The regional director undertook an immediate review of the accidents and incident records. They provided assurances of the action taken to ensure all accidents and incidents are acted on in a timely manner. Where one person had fallen a number of times, records confirmed they had been referred to the falls team for an assessment.
- One person was noted to have fallen very recently and there was a delay in seeking medical review. The manager and regional director undertook an immediate review of the accident and ensured appropriate actions were taken and they confirmed no injury had occurred as a result of the incident. They confirmed an immediate investigation would be commenced, and actions taken as result of the findings. We saw evidence of falls analysis being undertaken with actions recorded. This would support lessons learned.

We recommend the provider seeks nationally recognised guidance to ensure incidents and accidents are acted on appropriately in a timely manner and take action to update their practice accordingly.

- Relevant servicing, repairs and checks had been undertaken as well as a range of environmental checks. These ensured the property was monitored and safe for people to live in.
- Emergency checks had been undertaken including, emergency lighting and fire extinguishers. Personal emergency evacuation plans were seen. Policy and guidance in relation to fire safety, as well as an emergency evacuation plan was available to support staff in the event of a fire and evacuation. Where records confirmed fire drills had been undertaken the regional manager confirmed the content of the drill.
- Environmental risk assessments had been completed on a range of areas. Assessments included, risk, the

main hazard, evaluation of risk, existing control measures and, any further action which may be required.

Using medicines safely

At our last inspection, we recommended the service continues to focus and learn from medicines issues and seek support where needed. And the service introduces a robust system for regular checking of medicines and medicine records and, update their practice accordingly. The provider had made improvements in relation to the findings from the last inspection. However, we have made a further recommendation in relation to the auditing of medicines.

- Medicines were mostly managed safely.
- We found some medicine administration records were not fully completed. A small number of medicines had not been signed for when administered. So we were not fully assured they had been given to people safely. One person's handwritten medicines administration record had not been double signed, as per national guidance, to make sure it was accurate.
- One person had been seen by a healthcare professional and a change to their pain relief had been documented in their care plan. The medicines administration record had not been updated to reflect this, so there was a risk their pain relief would not be given correctly.

We recommend strengthening the medicines audit processes to check medicines records are completed correctly, so that people receive their medicines safely, as prescribed and take action to update their practice accordingly.

- Medicines were stored securely in a clean and tidy environment.
- Guides to help staff administer 'when required' medicines had been updated since the last inspection to be more personalised. These included details of how and when to administer the medicines.
- Prescribed fluid thickeners to help people with swallowing difficulties were being recorded accurately.

Staffing and recruitment

At our last inspection, we recommended the provider seeks nationally recognised guidance to ensure systems were in place for staff to be recruited, supported and monitored appropriately and update their practice accordingly. The provider had made improvements. However we made a recommendation in relation to sufficient, suitable staff.

- Staff were recruited safely, staffing levels was mostly sufficient to meet people's needs.
- People and relatives told us, "There are plenty of staff." However, one relative said there wasn't enough staff. A professional confirmed they saw the same number of staff when they visited.
- We observed a high number of agency staff on both days of the inspection. Of the staff we spoke with only 1 was new to the service. However, they confirmed they had received an induction at the commencement of their shift. Where concerns were raised about 2 agency staff and their interactions with people who used the service, the regional manager took immediate action to ensure they were replaced.
- The manager and regional manager told us about the difficulties in recruiting more permanent staffing. They said there was a rolling and ongoing recruitment programme to increase permanent staff. They told us they use the same agency to support consistency in the staff team.
- Staff discussed the high use of agency that were being used. They said, "There is, enough staff with the agency staff. (They use the) Same agency staff and they know what they are doing and know people's needs", "Not enough staff at the moment. Most of our agency staff are from the same agency. A few of them

have worked regularly in the home" and, "I feel there isn't enough staff, the agency staff are amazing and help so much but I think we need more permanent staff." Most of the agency staff we spoke with told us they had worked regular shifts in the service.

We recommend the provider seeks nationally recognised guidance to ensure sufficient and suitable staff are recruited to work in the service, and take action to update their practice accordingly.

- Duty rotas were completed, where gaps were seen in the rotas the management confirmed they had requested agency staff to cover the shifts.
- Staff were recruited safely. Relevant checks had been undertaken including Disclosure and Barring Service (DBS) checks. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. References had been sought which confirmed the suitability of the staff for the post.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse. People and relatives told us, "I'm very safe here." Relatives said their family members were, "Very safe in the home" and, "They keep an eye on [person] when [person] wanders off."
- One staff member told us they felt, "People are safe, I have not seen anything to concern me." Staff demonstrated an understanding of the signs of abuse and the actions they would take if abuse was suspected. One said, "I would record concerns and give this to the manager. I would also report to the safeguarding team in the company." Training records confirmed staff had undertaken safeguarding training.
- Policies and guidance were available to support safeguarding investigations. We saw evidence of investigations undertaken. The regional manager confirmed the outcome of one referral to the local authority.

Preventing and controlling infection

At our last inspection the provider had failed to ensure systems were robust enough to protect people from the risks of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found improvements had been made and the service was no longer in breach of regulation.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection. The provider took action to ensure all areas were clear and clutter free.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service ensured people's visitors were supported to visit, and we saw visitors during the inspection.

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 our inspection on 14 July 2021 and 2 August 2021, we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection, the provider had failed to ensure systems were in place to ensure staff had the required training, skills, supervision and monitoring to deliver safe, effective care. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found improvements had been made and the service was no longer in breach of regulation.

- People were complimentary about the about the knowledge and skills of the staff team. One person told us, "Most of are very very good, they really are."
- Staff confirmed they had received training that was relevant to their role. Comments included, "I have done training in dementia, PCS (care record) systems, safeguarding, and first aid. I have done enough training to do my role but there is always room for more training." New staff told us they had, "Been working through the Care Certificate workbook, I had 2 days of shadow shifts and 3 days of staff (support)." All of the agency staff told us they had undertaken the required training with their employer and had received an induction on their first shift in the service.
- We looked at the training matrix and saw evidence of the training undertaken. However, there were some gaps evident. For example, not all staff had completed health and safety and control of hazardous substances (COSHH), food hygiene and safety and advanced dementia. We discussed this with the manager and regional manager. They confirmed the actions they were taking to address the gaps in training including, work books for staff to complete and online training sessions. They told us staff had been contacted to advise of the need to complete the training. The provider confirmed they had linked in with specialist teams to organise training for the specific needs of some people living in the service.
- We saw evidence supervisions were being undertaken. This would enable staff to be supported and monitored in their roles.

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

At our last inspection, we recommended the provider sought nationally recognised guidance to ensure people's diet and fluids were monitored and recorded appropriately. The provider had made improvements.

- People were supported to eat and drink. People and relatives told us, "The food is excellent" and,

"[Person] really likes the food."

- We undertook observations of the dining experience in the communal lounge. People were offered choices of meals, and menus were developed for the day's meals. There were kind interactions noted with staff available to support people. Where one person left the dining room without eating, the regional manager confirmed they had been supported with a meal of their choice. Tables were nicely set, and people were able to sit where they chose, either at the table or in their chair in the lounge area. A dedicated hostess served meals to people.
- The chef told us the main meal of the day was provided in the evening with a lighter lunchtime menu, they said where people wanted, they would be provided with an alternative of their choice. The kitchen was clean and tidy and supplies of food were noted. Staff told us food deliveries were regular to the service and that budgets covered the food needed. Evidence of daily cleaning and temperature checks were seen.
- Weights were being recorded and, referrals to professionals such as speech and language therapy were seen. Care records mostly contained information about people's likes, dislikes and choices.

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

- People's needs had been assessed. Electronic care records had information about people's assessed needs. One person had recently moved into the service. We noted the care records had not been completed for several days following admission. We discussed this with the manager who told us, staff had access to the information required to meet theirs and all people's needs. However, they had been unable to update the electronic systems due to a login error. They confirmed the information was in place as soon as this was rectified.

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

- People were provided with appropriate support with their individual health needs.
- We observed professionals visiting on the days of the inspection. They provided positive feedback about the service and engagement provided to people. They told us, "Been in here before it is a very nice care home, one of the best."
- The manager told us professionals visited the service regularly. They said they held a twice weekly clinic in the service to enable people to be reviewed in a timely manner. However, where people required a more urgent review these were undertaken in between the visits.
- We saw evidence of professionals involved in the records we looked at. People were supported to hospital appointments and reviews, where required. We observed one person attending a clinic appointment during the inspection.

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

- The service design and decoration supported people's individual needs. All areas were tidy and accessible to people and visitors. There were 4 units, 2 on each floor. The upstairs units were accessed via a lift. All people living in the service were located on the ground floor. The service was purpose built and was large and spacious. Bedrooms had been personalised with mementos.
- We noted during our walk around that 2 sluice rooms which should have been locked were left unlocked. Immediate action was taken to ensure these were locked and guidance put on display to remind staff to lock them to maintain safety.

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

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

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

- People were protected from unlawful restrictions and consent had been considered.
- People and relatives told us they were asked permission before undertaking any activity. We saw staff discussing people's needs, gaining consent.
- Some staff had received training in MCA and DoLS. The regional manager told us workbooks had been provided to all staff and these were being completed, to ensure they had the knowledge and skills to meet people's needs. Staff understood the principles of MCA and DoLS and how to protect people from unlawful restrictions. One said, "Mental capacity is the ability of a person to make a decision. Deprivation of Liberty Safeguards is a procedure when it is necessary to deprive a person or a patient of his liberty who lacks capacity to consent with his care or treatment to keep him/her safe from harm."
- Relevant DoLS applications and assessments had been completed. The service had developed a DoLS register which supported the progress of applications. The manager confirmed they would ensure the assessing authority was contacted to obtain updates on applications. Some of the care records confirmed consent had been sought from either the person or their relative.

Is the service caring?

Our findings

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

At our inspection on 14 July 2021 and 2 August 2021 we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity.

- People's privacy and dignity was mostly respected, and they were supported to be independent. We observed mostly kind and caring interactions between staff and people, and it was clear they knew people's needs. However, we saw one person's bedroom door had been left open and they could be seen from the communal corridor whilst in bed, and their room required cleaning. We also noted staff were not always engaging with two people with a specific care need, where we would expect this to take place. The manager and regional manager took immediate action to address these findings to ensure people's privacy, dignity and individual care needs were maintained.

We recommend the provider seeks nationally recognised guidance to ensure people received care in accordance with their needs, promoting privacy and dignity, and take action to update their practice accordingly.

- People received good care and their diverse needs were considered. People and relatives told us they were happy with the care they received. That they were treated with dignity and respect, and staff knocked on their doors, waiting to be invited in. Comments included, "All the staff are very kind", "They're lovely, I can't fault any of the staff", "I'm very happy with the care" and, "The staff are very nice to [person] and [person] loves their room."

- Policies and guidance were available in relation to, respect and promoting people's equal and diverse needs. Electronic care records were in place with information about how to support people's individual needs.

- Information was held securely, and electronic devices required passwords to ensure confidential information was held securely. This supported the principles of the General Data Protection Regulation (GDPR) to ensure personal information was stored safely. GDPR is a legal framework that sets requirements for the collection and processing of personal information of individuals.

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

- People were involved in decisions about their care. People told us, "[Person] has a very good relationship with the staff. I'd recommend the home to anybody." We observed people's choices being discussed with staff. Most people had access to call bells, as they required. Where one person's buzzer was noted to not be in reach, the manager took immediate action to ensure this was available to them. Records had information about people's likes and choices.

- Advocacy information was available for people to access in supporting them in decisions. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.

Is the service responsive?

Our findings

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

At our inspection on 14 July 2021 and 2 August 2021, we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection, we recommended the provider considered current guidance on ensuring people's assessments and care plans were fully completed, detailed and reflected their current needs. The provider had made improvements.

- Most people and relatives were not able to confirm they had been involved in the development of their care plans. However, one relative told us their relative's care needs had been recently reassessed and they were happy with this.
- Electronic care records contained information in them to support staff in meeting people's individual needs. However, not all records had been reviewed. For example, the 'Resident of the day' had not been completed in the service for some time. Evidence of people's wishes had been considered in relation to end of life care was seen. DNACPR's (Do not attempt cardio pulmonary resuscitation) status was noted.
- Daily records including activities and behaviour charts, were being completed. Handwritten monitoring checks were seen for one person where regular checks had been directed. The manager took action to ensure these records were completed in full, chronological and demonstrated their findings.
- There was some evidence of audits on care records taking place. These identified shortfalls which needed to be addressed. The manager and regional manager confirmed they were aware care records required a review to ensure they reflected people's current needs and plans were in place to address these.

Meeting people's communication needs

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

- People's communication needs were supported. People were seen making use of aids such as glasses during the inspection. We noted the use of pictorial aids in some of the records. This would support people who required alternative ways of communicating with them. All areas of the service had access to WiFi and technology was being used to good effect.

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

- The service supported people to maintain relationships and take part in activities. We observed relatives visiting the service during the inspection.
- There was a range of activities available for people to access and we saw these taking place both in groups and individually. For example, people were taking part in armchair exercises. It was evident people were enjoying the exercises. However, one relative told us, "[Person] doesn't get enough exercise. The first manager used to give out activity sheets each week but now there are none. The other thing is all the residents [People who used the service] sit in the dining area all day so there's no change."
- One person fed back the activities programme was usually on display, but this hadn't been seen recently. We discussed this with the management who ensured it was displayed immediately in the communal areas of the service. Activities available to people included, quiz time, cards, coffee morning, sign along, darts, chair exercises, knit and natter, board games, 1 to 1, sensory afternoon, pamper day and external singers.
- There was a dedicated activities co-ordinator in post who demonstrated a good understanding of engaging and meaningful activities for people. They told us they had undertaken training in relation to delivering activities.

Improving care quality in response to complaints or concerns

- Concerns or complaints were being managed. One person told us, "I've no complaints."
- The service had developed a complaints log and there was details of complaints received. We discussed one recent complaint. The manager told us they were in the process of investigating the concern. Records of complaints and comments received were seen. However, there was no record of the investigation or the actions taken. The regional manager and manager confirmed these had been completed.
- Policies and guidance was available to support staff to act on any concerns or complaints and the complaints procedure was on display to guide people if they wished to raise a concern.

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 inspection on 14 July 2021 and 2 August 2021 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, the provider had failed to ensure systems or processes were established and operated effectively. 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.

- A person centred, and open culture which supported good outcomes for people had been somewhat developed.
- There was no consistent management team and oversight in the service. The manager who was very new to the service left immediately following the inspection. The regional manager told us they were taking overall responsibility for the service whilst recruitment would be commenced for a registered manager.
- During the inspection we have made recommendations in relation to ensuring incidents and accidents were acted on appropriately in a timely manner. And to ensuring sufficient and suitable staff were recruited to work in the service, strengthening the medicines audit processes to check medicines records are completed correctly so that people receive their medicines safely as prescribed. And to ensure people received care in accordance with their needs, promoting privacy and dignity and good governance.

The provider had failed to ensure systems or processes were monitored and that the service had consistent management in place to ensure the service was safe and monitored. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Not all people could confirm they had met the new manager. However, some people told us, "He's very pleasant, very nice." Staff told us, "New manager is good already spoken to him a few times", "He is new, approachable, seems to care, is visible on the units" and, "The manager is lovely, supportive. Things were slowly improving. This is one of the better ones. I feel able to approach him with issues." A professional with knowledge of the service fed back, no concerns had been reported to them in relation to their monitoring of the service. The staff team were supportive of the inspection and information was provided as required. The regional manager told us they had been working hard to make the improvements in the service.

- A system had been developed to ensure the service was monitored. A range of audits had been undertaken. Whilst actions had been recorded they were not consistently recorded as completed. This would identify any gaps in the service, and the measures taken to make improvements. The regional manager told us they undertook senior audits and a comprehensive development plan for the service was completed. This would support monitoring by the senior team.
- We saw evidence of daily walk arounds, observations in the communal areas and night checks being completed. Whilst these had evidence of their findings not all recorded the actions taken as a result.
- Certificates of registration and the ratings from the last inspection were on display. As well as their employers liability insurance certificate in the entrance to the service.

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

At our last inspection the provider had failed to ensure systems or processes were established and operated effectively. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found improvements had been made and the service was no longer in breach of regulation.

- The provider mostly acted when things went wrong. Where we identified actions to be taken during the inspection, the management team acted promptly on these.
- Information relating to the concerns received were seen. The manager told us a recent complaint was being dealt with.
- Statutory notifications had been received by the Care Quality Commission. We saw one notification was required to be submitted relating to the management arrangements at the time of the inspection. We noted that this was submitted immediately by the regional manager.

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

- People and staff were mostly engaged and involved. There was some evidence of meetings taking place. People told us the manager had undertaken a recent, 'cheese and wine evening' with people and relatives. The manager told us this had been well received. A relative said, "He's a lovely man, he had a small cheese and wine party to introduce himself to visitors." There was some evidence of meetings taking place. These included daily flash meetings where a range of topics were discussed.
- There was evidence of action taken as a result of feedback on display in the communal areas. Records included, you said, we did. This would ensure people and visitors were provided with feedback on suggestions or comments made.

Continuous learning and improving care

- The service ensured improvements in care and learning was promoted. There was some information and guidance on display. Policies and guidance were in place and up to date. This supported with the knowledge of the staff team and delivery of care to people.

Working in partnership with others

- The service worked in partnership with others. We saw evidence of professionals who visited the service. Regular visits were undertaken by professionals. One told us, "Everything is a learning curve. It is a lovely home."

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to ensure systems or processes were monitored and that the service had consistent management in place to ensure the service was safe and monitored.