



Care Quality Commission assessment for Ocean Hill Lodge Residential CareHome

Overview

Overall Rating: Inadequate ●

The service is performing badly and we've taken action against the person or organisation that runs it.

Summary

Safe

Inadequate

Effective

Inadequate

Caring

Requires Improvement

Responsive

Requires Improvement

Well-led

Inadequate

Overall Service Commentary

This assessment took place between 7 and 14 November 2024. The assessment was carried out following concerns about the oversight of the service. We assessed all quality statements under the 5 key questions, Safe, Effective, Caring, Responsive and Well-led. We identified 5 breaches of the regulations in relation to person-centred care, safe care and treatment, management and oversight of the service, staffing and a failure to submit statutory notifications. Some people did not have care plans and information in care plans was not always an accurate reflection of people's needs. Risks and medical concerns were not consistently escalated. The service was not well staffed and care was task based. Quality assurance systems and audits were not effective. One of 2 registered managers had recently left the service. The remaining registered manager was not based locally and had limited knowledge of the service and did not have an understanding of people's needs. At the time of the assessment visits the deputy manager was on leave and there was only one senior working. Staff told us morale was low and they did not feel well-supported. Some staff felt they were being asked to complete tasks they were not confident doing due to the lack of a skilled management team or seniors. In instances where CQC have decided to take civil or criminal enforcement action against a provider, we will publish this information on our website after any representations and/ or appeals have been concluded. This service is being placed in special measures. The purpose of special measures is to ensure that services providing inadequate care make significant improvements. Special measures provide a framework within which we use our enforcement powers in response to inadequate care and provide a timeframe within which providers must improve the quality of the care they provide.

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Overall People's Experience

While the people we spoke to expressed that they were generally happy with their care, our assessment found elements of care did not meet the expected standards. Some concerns about staffing levels were raised. A relative commented, "They [Residents] can be kept waiting, bells are going off and no-one goes. There are staff shortages." We observed one person who was cared for in bed was at risk of isolation. There were limited activities and no resources or staff were dedicated to activity provision. Care staff did not have the time to provide planned activities for people.

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Safe

Rating: Inadequate 

Percentage Score: 38.00 %

► [How do we score this?](#)

Summary

This service is not safe

Commentary

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first assessment for this newly registered service. We identified evidence contributing to 3 breaches of regulations; staffing, safe care and treatment and governance. There were not enough staff to provide consistent care in line with people's needs and preferences. Staff had not completed recent moving and handling training. Medical and safeguarding concerns were not escalated. Accidents and incidents had not been reviewed to identify learning or areas for improvement.

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Safe

Learning culture

Overall Score



► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

There had been changes to the management of the service. One registered manager had recently left the service. The remaining registered manager did not have a good understanding of people's needs. They were unfamiliar with the systems and processes for monitoring the service's performance. A relative commented, "It's a nightmare at the moment, there is so much to do."

Feedback from staff and leaders

Staff had not been given opportunities to develop skills. Staff told us they had not received updated face to face moving and handling training. One commented, "It's been ages, at least a couple of years." Another said, "I recently did the on-line training and realised I'd been doing it wrong, I didn't know."

Processes

Systems to support learning from incidents were not robust. Incidents and accidents were recorded. However, the registered manager did not have oversight of the information. No audits were completed to enable them to identify patterns and trends.

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Safe

Safe systems, pathways and transitions

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

When staff had concerns for people's health and well-being the information had not always been shared with other agencies.

Feedback from staff and leaders

The registered manager did not have a system for admitting new people into the home. They relied on information from other agencies. Four people who were relatively new to the service did not have care plans. During the assessment process it was clear the current registered manager did not understand the service's system for assessing and identifying people's needs.

Feedback from Partners

Due to concerns about the service's performance the local authorities quality improvement team had been providing support to the provider.

Processes

The service worked with other agencies to provide joined up support for people. However, the gaps in records and failure to escalate concerns did not support effective information sharing.

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Safe

Safeguarding

Overall Score



► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

Safeguarding processes were not followed. Staff had recorded that 1 person had bruising to their arms and scratches on their back. No action had been taken to investigate the possible cause of the injuries. The registered manager was unaware of the situation.

Feedback from staff and leaders

Five members of staff had not completed safeguarding training. Staff told us they would not know how to raise concerns outside of the organisation. Some staff were unsure how they would raise a concern internally. One commented; "Before I would have told the manager, but we don't have one now." Although there was a registered manager in place this member of staff did not fully understand their role.

Observation

One person who was cared for in bed was often left alone for long periods of time. Although a call bell was available, they were unaware of this and told us they did not have a call bell. We heard this person calling out. When we brought this to the attention of staff they replied, "Oh yes, they do that."

Processes

Systems to protect people from the risk of financial abuse were not effective. One person had a pre-payment card in their care files. The PIN was written and highlighted on a piece of paper kept with the card. The service was looking after some people's personal monies. Security measures were not robust. The registered manager did not have a good understanding of the Mental Capacity Act MCA and associated Deprivation of Liberty Safeguards (DoLS). Some people had been assessed as lacking capacity to make specific decisions and Deprivation of Liberty Safeguards (DoLS) applications had been submitted on

their behalf. Accurate records were not available, detailing who DoLS application had been made for. One person had conditions on their DoLS authorisation that had not been adhered to. There was no system for monitoring restrictions within the service. The DoLS team had not been made aware one person was having their medicine administered covertly.

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Safe

Involving people to manage risks

Overall Score



► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

Risk assessments had not been completed for some people who had recently moved into the service. This meant staff did not have the information they needed to support people safely. A member of staff told us recent training had highlighted how they should try and encourage people to get up from a chair independently. They commented; "I've been helping them up rather than encouraging them, I've been taught wrong."

Feedback from staff and leaders

We were not confident the registered manager knew how to safely manage risk. They had no experience of producing risk assessments. One member of staff told us they had not had an opportunity to read care plans when they started work at the service.

Observation

We observed the lunchtime period. Staff were not deployed appropriately to enable people to eat safely at lunch time. There was only one staff member in the dining room to support 16 people. One person repeatedly got up from their chair as they wanted to leave the room. The one member of staff in the room at first tried to persuade the person to stay in their chair. Eventually they supported the person to leave the room. However, this left the remaining 15 people unsupervised.

Processes

On the first day of our assessment 4 people did not have any care plans or risk assessments in place to highlight to staff when they needed additional support. The registered manager told us they were waiting for the deputy manager to return from leave to complete these as they had no experience of doing them. Records showed there had been occasions when people had fallen and banged their heads. These incidents had not been escalated to medical professionals as directed by the service's head injury protocol.

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Safe

Safe environments

Overall Score



► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

During the assessment period the boilers in the service malfunctioned and at times there was no heating and/or hot water. The registered manager purchased heaters and extra bedding to help ensure people were warm and comfortable. However, no risk assessments were developed in relation to the use of portable heaters.

Feedback from staff and leaders

The registered manager had invested in the premises. They had bought new carpets and erected new fencing.

Observation

Safety measures to keep the environment safe were not always followed. A laundry door was left open and unsupervised for long periods. A small room which housed a boiler and immersion heater was marked as needing to be locked but the key was left in the lock.

Processes

The registered manager was not clear on what environmental checks needed to be carried out. An electrical report was marked as unsatisfactory. The necessary actions had not been completed to make the service's electrical circuits safe. The registered manager was unaware a Legionella certificate was due to expire at the end of the month. We brought these points to their attention and they took action to address these areas.

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Safe

Safe and effective staffing

Overall Score

1

2

3

4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

Staff were not effectively deployed to ensure people were well supported. On day 1 of the inspection people had to wait to be supported with their meals. One member of staff was based in the main lounge where 16 people were eating, while the remaining 2 members of staff supported individuals in their rooms. One person wanted to leave the lounge and return to their room. We heard the member of staff say, "I can't feed anyone, [resident name] won't sit down, everyone's starving." A relative commented; "I don't want to run anyone down, they do their best but they are run ragged."

Feedback from staff and leaders

We observed one person was often left for long periods without support in an isolated area of the service. Staff did not have time to spend with them and they had nothing to occupy themselves with. Staff told us they were sometimes short staffed because of unexpected absences. Agency staff were had not always been used to address the shortages. Following the assessment the registered manager told us they would ensure agency staff would be used when needed.

Observation

During the lunch period on the first on-site visit staff were not deployed safely. 15 people were left without support for several minutes when staff were occupied supporting people in their rooms. Some of those left unsupervised required support and encouragement to eat their meals. This meant people were at increased risk of poor nutritional intake. Staff told us 2 people in the dining room were at risk of choking and therefore required supervising while eating.

Processes

Staffing levels were not always adequate to meet people's needs. Four staff were required in the morning and 3 staff were required in the afternoon. Between 27th October 2024 and 14th November 2024, planned staffing levels in the morning had not been constantly achieved. There were occasions, including during our second assessment visit, when only 2 staff had been on duty in the morning. One person's care plan stated; 'At times may need 2 carers depending on their ability on the day.' These staffing levels meant there was an increased risk of service users' needs not being met. DBS checks and references were checked before new staff started work. However, not all staff had photo ID and right to work information on file. Not all staff were up to date with training identified as necessary for the service. Only one member of staff had completed moving and handling training. One person appeared on the rota but there was no record of them completing any training. Following the assessment the registered manager told us face to face moving and handling training had been booked with an external agency.

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Safe

Infection prevention and control

Overall Score



► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

People and relatives did not raise any concerns about the cleanliness of the service.

Feedback from staff and leaders

Staff were employed to keep the service clean. We spoke with a member of the domestic staff team who told us they had cleaning schedules to follow to help ensure bedrooms and communal areas were kept clean.

Observation

We found areas of the service where improvements were needed to prevent the risk of cross contamination. Flooring in a shower room was cracked making it difficult to keep clean. Toilet rolls were kept on an open shelf and a cloth towel was available for use. One bin in an upstairs bathroom was nearly full, the bin lid was broken causing a risk of cross infection. Washing was hung over radiators to dry.

Processes

There were insufficient systems and processes to ensure people, visitors and those employed within the service were fully protected against infection control risks. There were no infection control audits completed that would identify any areas of risk or staff practice that could be improved to mitigate potential risk.

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Safe

Medicines optimisation

Overall Score



► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

We noted there had been a series of medicine errors. It was not always clear that staff had their competency to administer medicines reassessed following errors. This was not in line with the organisational policy.

Feedback from staff and leaders

Staff responsible for administering medication were required to complete training and 6 competency observations prior to administering independently. The member of staff administering medicines on the first visit of our assessment had only completed 5 competency observations.

Processes

People's medicines were stored safely in an office. The temperature of the room and a fridge were monitored. Protocols were in place for medicines to be given 'when required.' However, records to show when people had received pain relief were not consistent. One person's MAR chart indicated they had received pain relief in the morning and afternoon on 11 and 12 Nov. Information to evidence at what time they had had it and whether it had been effective was only recorded for the morning. Although the medicine was prescribed to be given when required the records indicated they were having it routinely. This had not been highlighted to the GP for review.

Effective

Rating: Inadequate ●

Percentage Score: 38.00 %

► [How do we score this?](#)

Summary

This service is not effective

Commentary

Effective – this means we looked for evidence that people’s care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. This is the first assessment for this newly registered service. We identified 2 breaches of the regulations; safe care and treatment and governance. Initial assessments were not always fully completed and some people did not have care plans. Care plans did not always accurately reflect people’s needs or guide staff on how they should support people. Systems for sharing information were not robust.

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Effective

Assessing needs

Overall Score



► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

On the first day of our on-site visits 4 people who had been admitted to the service from hospital did not have care plans. This meant staff did not have access to information about their needs or how they preferred to be supported.

Feedback from staff and leaders

Staff told us they usually received basic information about people when they first moved in. However, they said there were occasions when this did not

happen. One told us, “We find a lot of the time the information we get does not reflect what they are like. We just get to know them ourselves.”

Processes

Care plans had not been kept up to date to ensure they reflected people’s current needs.

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Effective

Delivering evidence-based care and treatment

Overall Score



► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

Information in one person’s care plan contained advice from external professionals. There was no evidence this advice was being followed. This meant they were not protected from identified risk. We observed people being supported to mobilise in ways which were not in line with best practice.

Feedback from staff and leaders

Staff had not received practical moving and handling training. One member of staff had recently completed on-line training for moving and handling. They told

us; “I was doing it wrong, but I didn’t know.”

Processes

The service worked with district nurses to help ensure people received care in line with evidence based good practice. However, medical concerns were not consistently escalated to other agencies for advice and guidance.

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Effective

How staff, teams and services work together

Overall Score



► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

Staff told us they were working together to make sure people were not affected by the changes in the service.

Feedback from staff and leaders

Staff comments included, “Staff are all chipping in. It’s a good team, we help each other out.” However, staff did not have confidence in the registered manager. One commented, “[Registered manager] is trying their hardest but it’s not really their line.”

Feedback from Partners

An external professional said they had not had any concerns about the service. They commented, "Staff seem to be pulling together in what seems to be a crisis. It's all hands on deck trying to keep things going."

Processes

Staff had handovers when coming on shift to make them aware of any changes or areas of concern. However, there was no protected time set aside for this and staff told us they did not always have in depth information. Daily notes and handover sheets were completed but they lacked detail. The information was not consistently shared with other agencies.

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Effective

Supporting people to live healthier lives

Overall Score



► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

There was a lack of activities available for people to engage with. People were frequently unoccupied.

Feedback from staff and leaders

Staff told us they encouraged people with gentle exercise if they had time but this was limited and they had not had training in this area. One commented, “We did some arm stretches in the lounge and they enjoyed it. We could spend more time doing things like that if we had more staff. We don’t normally have time to do it.”

Processes

Records for monitoring people’s health had not been completed in the month preceding the onsite assessment visit. This meant there was a risk any decline in people’s health would not be identified.

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Effective

Monitoring and improving outcomes

Overall Score



► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

One person had conditions attached to their DoLS authorisation requiring the service to record when the person had been offered an activity and what the outcome was. This was not being completed.

Feedback from staff and leaders

Some staff told us they had not read the care plans. One said, “I have never read a care plan here. You get to know the residents from working with them rather than reading about them.” This meant staff might not be aware of people’s individual needs.”

Processes

Records for monitoring people’s health were sometimes contradictory. Handover records for one person recorded they had pressure damage to their skin. Their skin integrity records for the same dates recorded there was no damage. The conflicting information had not been reviewed and there was no evidence available to demonstrate action had been taken in response to the risk identified in the handover record. Staff were not always recording important observations about changes in people’s needs. For example, we heard an agency worker ask if they should record that one person was anxious. A permanent member of staff advised this was not necessary. This meant information about changes in people’s mental state was not being recorded.

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Effective

Consent to care and treatment

Overall Score



► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

People's opportunities to make daily choices was limited. However, we saw people making choices about what they ate.

Feedback from staff and leaders

Due to the low staffing levels, we saw staff discouraging people from walking around. One member of staff told us, "People do want to get up and walk around but for their safety we do try to encourage them to stay sat down."

Processes

Some people had been assessed as lacking capacity to make specific decisions. Capacity assessment records did not evidence how people had been supported to take part in the assessment process.

Caring

Rating: Requires Improvement 

Percentage Score: 40.00 %

► [How do we score this?](#)

Summary

This service is not always caring

Commentary

Caring – this means we looked for evidence that the provider involved people and treated them with compassion, kindness, dignity and respect. This is the first assessment for this newly registered service. We identified a breach of the regulations in relation to person centred care. Care was not always arranged to meet people's needs and preferences. Staff language and behaviour did not consistently demonstrate a dignified and respectful approach to care. Staff did

not feel well-supported and felt they did not have enough time to spend with people. However, staff were knowledgeable about people's individual characters, likes and dislikes.

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Caring

Kindness, compassion and dignity

Overall Score



► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

Staff did not always respect the fact that Ocean Hill Lodge was people's home. A radio was tuned to a music station and played very loudly. This was for staffs enjoyment and not for the people who lived there. There was a schedule for supporting people with baths and showers. This did not prioritise people's preferences. We reviewed bath and shower records for October. Two people had been supported to have a shower or bed bath on 3 occasions. Everyone else had only had, or been offered, a shower or bed bath on 1 or 2 occasions or not at all. Some monitoring records were left on a dining table. This did not respect people's private information.

Feedback from staff and leaders

Staff were positive when speaking to us about people and demonstrated some empathy for them. However, language used was not always dignified. We heard one member of staff say, "It's toileting time."

Feedback from Partners

External professionals did not raise any concerns about staff approach.

Observation

We observed interactions between staff and people. We noted staff were often rushed and did not have time to sit with people. Care was focused on completing necessary tasks.

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Caring

Treating people as individuals

Overall Score



► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

Care plans contained some information about people's likes and preferences. Staff knew people well, however, they had limited time they could spend with people.

Feedback from staff and leaders

Staff were able to talk about people's individual needs and how they preferred to be supported. For example, one member of staff told us how make up was important to one person and they would help them apply it if they had time.

Observation

We saw some people responded well to particular members of staff. This was known to staff and, when possible, these staff members engaged with people.

Processes

Training did not focus on treating people as individuals. Staff had not received training in person centred care. Care was task based, for example, the bath and shower schedule did not promote individuals choices.

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Caring

Independence, choice and control

Overall Score



► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

People were not encouraged to take part in activities or pastimes that were meaningful to them. An activity schedule did not reflect a variety of opportunities.

Feedback from staff and leaders

Staff told us they did not have time to offer activities. One commented, "People are just sat in a chair doing nothing, that hurts me to say that, used to be able to do jigsaws and play games but now there are no staff so we can't even sit with people to read the newspaper. Now all we can do is put a magazine in front of them. We used to do little exercises or games but now there is nothing whatsoever. It is hard to see, we work hard and love the residents but it does break your heart to see them just sit there in the chair all day."

Observation

We observed some instances of staff engaging with people. Generally the atmosphere was fraught and staff were rushed and under pressure.

Processes

People's care plans did not identify people's preferred routines. On day 2 of the on-site assessment visit we noted one person being offered breakfast at 11.15am. Staff told us, "We had no choice this morning because of staffing. Normally he would be up by 10.00 at the latest."

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Caring

Responding to people's immediate needs

Overall Score



► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

One person was cared for in bed on the upper floor at the end of a corridor. Staff had little time to check on them or spend with them and they were at risk of isolation. The person asked one of the inspectors, "Is it just you and me in this building?" Some people's care plans stated they required regular checks throughout the night. Records did not clearly evidence this was taking place.

Feedback from staff and leaders

Staff told us they found it difficult to respond to people's immediate needs due to staffing levels. For example, people's continence needs were not met at an appropriate time during our assessment visit.

Observation

There were not enough staff to respond to people in a timely way. We observed one person trying to leave the lounge during the lunch period. The staff member available returned them to their chair several times before the staff member decided to support the person to their room.

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Caring

Workforce wellbeing and enablement

Overall Score



► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Feedback from staff and leaders

Staff told us they were concerned about the future of the service and were not being kept up to date with changes. Some staff had worked additional hours because of staff shortages. One commented; "I added up my hours for the month....it's no wonder I'm tired!"

Processes

Staff concerns had been exacerbated by recent discrepancies in their pay and changes to their terms and conditions. Some staff had not received payslips.

Responsive

Rating: Requires Improvement ●

Percentage Score: 0.00 %

► [How do we score this?](#)

Summary

This service is not always responsive

Commentary

Responsive – this means we looked for evidence that the provider met people’s needs. This is the first assessment for this newly registered service. We identified a breach of regulations relating to person centred care. There were limited opportunities for meaningful activities. People did not always receive responsive care or care that was person centred and focused on individual needs.

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Responsive

Person-centred Care

Overall Score



► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

Relatives told us staff knew their family member well. One commented; “Most of them love [Relative's name], they absolutely love them.” However, people did not always receive person centred care. Staff did not have time to spend with people or to respond to their requests for support.

Feedback from staff and leaders

Staff did not always have time to spend supporting people with activities. An activity schedule showed there was a limited range of entertainment provided. However, staff knew what mattered to people and how they liked to spend their time. One member of staff explained how one person was not interested in

recent Halloween activities they had organised. They commented; “It’s fair enough, it’s not their thing.”

Observation

Staffing levels meant care was task based and staff did not have time to respect people’s individual routines or preferences. We saw people wanting support to return to their rooms but staff did not have time to do this and tried to persuade people to remain where they were.

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Responsive

Care provision, Integration and continuity

Overall Score



► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

Relatives felt their family member did not always get referred to health services when needed. One told us they had recently arranged an appointment themselves.

Feedback from staff and leaders

Staff told us they worked with other agencies in the area to provide continuity of care. People received support from other agencies appropriately with

managing their specific health needs. However, information sharing was not always effective.

Feedback from Partners

Other health care professionals did not have any concerns in this area.

Processes

The process for sharing information between all stakeholders were not robust. For example, records showed one person had fallen several times. There was no evidence this had been referred to any other agency. Other people had lost weight over time. Records to monitor what people had eaten lacked detail and no extra monitoring had been put in place.

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Responsive

Providing Information

Overall Score



► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

Relatives told us they were kept up to date about their family members well-being. One told us, “Most of the time they ring me straight away.”

Feedback from staff and leaders

Staff mainly communicated well with people. We did witness some occasions when staff communication was poor and did not meet people's needs. Staff did not receive training to support their understanding of the principles of the Accessible Information Standards.

Processes

We did not see any examples of information being provided in alternative formats. There were no pictorial menus, people's rooms were not clearly marked to help people identify them.

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Responsive

Listening to and involving people

Overall Score



► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

Resident and relative meetings had been held in the past although none had taken place recently. One relative told us they did not receive any information following meetings in relation to any actions taken.

Feedback from staff and leaders

Information about people's emotional well-being was not always recorded. This meant this aspect of people's support needs were not being effectively monitored.

Processes

There were no records of any complaints.

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Responsive

Equity in access

Overall Score



► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

Most people were able to access services outside of the organisation. However, 4 people did not have care plans and so there was no information to guide staff on how they might want or need to access other agencies.

Feedback from staff and leaders

People's specific needs were not always taken into account. One person was cared for in bed and their room was on the top floor at the end of a corridor.

They received minimal social contact and were unable to tell us how to use their call bell. One member of staff told us they thought the person would be less isolated in a downstairs room but had been told this was not possible.

Feedback from Partners

External professionals did not raise any concerns about this area.

Processes

There were processes to help ensure people attended regular screening checks and appointments.

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Responsive

Equity in experiences and outcomes

Overall Score



► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

People who were cared for in their room had limited opportunities for any meaningful engagement. No consideration had been given to how they might be protected from the risk of isolation. People who were more independent were encouraged to maintain links with the local community.

Feedback from staff and leaders

We observed people who were not independently mobile or who were quieter did not receive the same level of support as others. Due to demands on staff they tended to focus on people who were able to express a need for support.

Processes

We saw some information about people's protected characteristics and their preferences. Staff had completed Equality and Diversity training and training in dementia awareness.

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Responsive

Planning for the future

Overall Score



► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

We did not receive any feedback about planning for the future from people or relatives.

Feedback from staff and leaders

Staff had received training in this area.

Processes

Some care plans contained information about how people wanted to be supported at the end of their lives.

Well-led

Rating: Inadequate 

Percentage Score: 32.00 %

► [How do we score this?](#)

Summary

This service is not well-led

Commentary

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. This is the first assessment for this newly registered service. We found evidence contributing to 2 breaches of the regulations; governance and notifying CQC of incidents. There was a lack of effective leadership and oversight, audits had failed to identify the concerns found at the assessment. The provider had not notified the Commission of significant events as required

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Well-led

Shared direction and culture

Overall Score



► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Feedback from staff and leaders

There had been recent changes to the management of the service. Staff felt unsupported and there was a lack of clear direction. Comments included; "[Name of senior carer] is our only leader at the moment. It's a real worry" and "I'm worried about being without a manager. [Registered manager] is constantly trying to get us to help with care plans."

Processes

We observed some examples of a poor culture, the registered manager was not addressing these areas. For example, staff tended to congregate around a dining table and take breaks together despite the low staff numbers. During the on-site assessment an agency worker, who had not worked at the service previously, arrived to support the staff team. There was no agency induction process completed.

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Well-led

Capable, compassionate and inclusive leaders

Overall Score

1

2

3

4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Feedback from staff and leaders

There was a lack of clear leadership. Staff were unclear about roles and responsibilities. One said; "We would have gone to [ex registered manager name]. I don't know now." Some staff told us they were being asked to complete tasks they were not confident doing. One commented; "There's no-one in control of the home and that makes me nervous. I'm being asked to do jobs I don't feel confident doing." The registered manager was staying in the locality to oversee the service. However, they were unable to provide information requested due to their lack of knowledge about the services systems.

Processes

One of the two registered managers had recently left the service and cancelled their registration. The remaining registered manager was not based locally and had limited working knowledge of the service. They were not familiar with people's specific needs or the systems and processes used to oversee the running of the service. Following our on-site assessment an interim manager was appointed to oversee and drive improvements.

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Well-led

Freedom to speak up

Overall Score

1

2

3

4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Feedback from staff and leaders

Staff told us they did not feel they were being kept informed about changes in the service. Following advice from the local authority quality assurance team the registered manager had held a staff meeting to try and reassure staff. However, not all staff had been able to attend. Those that had reported the meeting had been brief with no opportunities to ask questions. Staff told us they did not feel valued. One commented, "We just feel we're being pooped on really."

Processes

There were no processes for gathering staff views. Resident and relative meetings were held. However, a relative told us issues raised in meetings were not addressed and resolved.

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Well-led

Workforce equality, diversity and inclusion

Overall Score

1

2

3

4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Feedback from staff and leaders

Staff told us they were being asked to work longer hours than contracted and this was impacting on their personal lives. Some staff told us they were considering leaving the service due to the pressures of working long hours and being asked to complete tasks they were not confident doing. Staff reported changes had been made to their contracts without consultation and that agreed payments for completing training had not been made.

Processes

There was an Equality and Diversity policy. No staff said they were treated differently due to their diverse needs. However, discrepancies in the accuracy of staff pay had caused unnecessary stress due to possible unnecessary impacts on benefits payments.

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Well-led

Governance, management and sustainability

Overall Score



► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Feedback from staff and leaders

Roles and responsibilities were not clearly defined. At the time of the on-site visits the deputy manager was on leave. The registered manager was very reliant on more experienced staff to address shortcomings such as developing care plans and ordering medication. Other carers told us they had been asked to complete senior carer roles. One commented, “[Registered manager] is constantly trying to get us to help with care plans and Personal Emergency Evacuation Plans, it’s tough.”

Processes

Some audits and checks were not taking place. This was partly due to the change of management arrangements. Some issues were more longstanding. For example, the failure to recheck staff competencies after any medication error and poor processes for protecting people from the risk of financial abuse. The service had failed to notify the Commission of relevant events in line with legislation.

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Well-led

Partnerships and communities

Overall Score



► [How do we score this?](#)

Summary

Good – This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

One person was able to go out independently. Staff encouraged them to maintain their links outside of the service.

Feedback from staff and leaders

Staff told us they supported people when they needed to attend hospital appointments or access other services.

Feedback from Partners

A professional told us how the service had tried to support someone to continue using a mobility scooter. They explained it had been difficult to find a service willing to do this and the opportunity had been important to the person.

Processes

Information about people was not always up to date or accurate. This meant information shared with other agencies was not reliable.

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Well-led

Learning, improvement and innovation

Overall Score



► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Feedback from staff and leaders

The registered manager acknowledged there were many areas for improvement. Following our on-site assessment visits an interim manager was recruited as well as a permanent manager, a senior and additional care staff.

Processes

The lack of effective recording and auditing systems meant areas for improvement had not been identified. Although staff were motivated to provide good care, they had not had the relevant training or leadership necessary to provide effective care. Staff meetings were not scheduled regularly and there were no systems to enable information and learning to be shared. Night staff had not had a staff meeting in 2024. The most recent staff meeting for care staff had been in July 2024. Following the assessment visit a staff meeting was arranged. However, staff told us this had been rushed and they had not had an opportunity to share their views. There was no evidence the registered manager kept up to date with developments in the health and social care sector. They were not part of any forum and lacked experience of managing services.