

TLC CARE HOMES BLAMSTERS RESIDENTIAL LIMITED

Blamster's Farm

Inspection report

Mount Hill
Halstead
Essex
CO9 1LR

Tel: 01255823547
Website: www.tlccarehomes.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

Blamster's Farm is a residential care home providing personal care to people with a learning disability and autistic people. The service can support up to 31 people accommodated across seven individual houses, all within the grounds. The houses are known as Oak, Green, Farmhouse, Lodge and Coach House. The Bungalow and Cottage were currently closed for refurbishment. There were 24 people using the service at the time of the inspection.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support:

The service is made up of a series of houses in a campus style setting on the outskirts of the town of Halstead, which enables people to access the local community and its amenities. People had exclusive possession of their own rooms, in shared accommodation.

The provider had continued to invest in improving the premises, including installing new kitchens, new bathrooms and laundry facilities. These improvements ensured people received care and support in a safe, well equipped, well-furnished and well-maintained environment. Revised cleaning schedules, and improved infection control practices provided a cleaner and safer environment for people.

Work undertaken to reduce restrictive practices in the service enabled people to have choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The use of PRN medicines which affect people's behaviours, mood, thoughts, or perception had significantly reduced since our last inspection. This ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

Right Care:

Systems to protect people from poor care had improved. Staff had greater leadership, training and support and understood their role in promoting safe, consistent, and predictable care which met people's needs, including managing complex needs and feelings of anxiety or distress.

The provider had successfully recruited a significant number of new staff, reducing vacancies and the need to use temporary agency staff. More regular, and consistent staff had led to improved outcomes for people. Recruitment systems were robust ensuring the right staff were recruited to safely work with people using the service.

Improvements in staff training ensured staff had the knowledge and skills to meet the needs of the people using the service. Some new staff felt they needed more shadowing with experienced staff before supporting people with complex needs, on their own. People were supported to live healthier lives, through maintaining a balanced diet and access to healthcare services. Staff worked with health professionals to provide consistent, effective, timely care.

People were treated by staff with kindness, respect and compassion. Staff knew the people they were supporting well, including how they communicated. Staff demonstrated true insight into people's needs and understood the effectiveness of good communication to achieve positive outcomes. People were supported to access activities, with meaningful interest to them. People's privacy, dignity and independence was encouraged and respected.

Right Culture:

Since the last inspection, the registered provider had been incorporated into Ivolve Group Limited, an existing adult social care provider with established governance arrangements in place to assess, monitor and improve the quality of the service. Although significant improvements have been made across the service, these systems have not yet been fully embedded. Audits at service level had not been robustly completed. Therefore, these did not always feed into the provider's overarching quality and risk governance system to identify where quality and safety was compromised and what actions were needed to drive improvement.

Recruitment of the area manager and registered managers had resulted in better leadership and support for people and staff. Where a registered manager had been appointed to the Oak and the Green, these houses were operating better than the Lodge, Coach House and Farmhouse. Leadership and governance arrangements were inconsistent across these houses. A new manager had been recruited to manage the Lodge, Coach House and Farmhouse and is due to start in post on 18 September 2023.

The area manager and registered managers had worked hard to improve the culture in the service. Staff told us staff morale had greatly improved.

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 4 February 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we made recommendations about decision making in accordance with the Mental Capacity Act 2005, and about the management of medicines. At this inspection we found improvements had been made. Where people were deemed to lack capacity to make significant decisions about their health and welfare, records now clearly showed who had been involved in making decisions in the persons best interests. Where people were prescribed medicines, as needed (PRN) improved protocols were in place providing guidance for staff to safely administer these medicines.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. It was also prompted by a review of the information we held about this service to assure ourselves people were receiving safe, good quality care. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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

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

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Blamster's Farm

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

Two inspectors and an operations manager reviewed the care provided in 4 of the 5 houses currently occupied. A third inspector looked at infection and prevention control measures and medicines management across the service. An Expert by Experience also supported 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.

Service and service type

Blamster's Farm is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of the regulated activity at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 2 registered managers in post.

Notice of inspection

This first day of the inspection was unannounced. Inspection activity started on 10 July 2023 and ended on 18 July 2023.

What we did before inspection

We reviewed information we had received about the service since their last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 4 relatives about their experience of the care provided. We observed the experiences of people who were unable to talk with us. We spoke with the area manager responsible for supervising the management of the service on behalf of the provider and the 2 registered managers. We also spoke with 15 care staff and 2 team leaders. We reviewed a range of records, including 8 people's care records and 6 people's medicine administration and associated records. We looked at 3 staff files in relation to recruitment and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection we found people were at risk of harm because systems were either not in place or robust enough to keep people safe, manage risks to their health and welfare and demonstrate infection control procedures were effectively managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Preventing and controlling infection

- Systems to protect people from poor care and abuse had improved. One relative told us, "There was an incident recently which was reported and there is an ongoing safeguarding investigation".
- Staff spoken with understood their responsibilities and demonstrated an understanding of the process to follow to raise concerns, including making a referral to the local authority safeguarding team.
- Management of risks to people had improved. Observation, and feedback from staff confirmed the reduction in restrictive practices had led to better outcomes for people. One member of staff commented, "Things are so much better, people are not shut in their rooms, they now come into the lounge and interact with staff and each other. For example [Person] had become very secluded, and would not go out, now with the right staff and right support they have become much more interactive."
- Measures were in place to support people to safely access internet. The provider's network was routed through security firewalls which included web filtering for all devices. These block access to inappropriate categories, such as drugs, or explicit images.
- Staff were promoting safe, consistent, and predictable care which met people's needs, including managing people's complex needs and feelings of anxiety or distress. One member of staff commented, "We have had non abusive psychological and physical intervention (NAPPI) training, but we don't have much need for this now because people have more freedom, incidents of anger and frustration have decreased."
- The provider had taken action to ensure people were being supported in a clean and hygienic environment. A staff member told us there had been, "Drastic improvements," which reflected our observations. This included the refurbishment of laundries, revised cleaning schedules, and infection control training.
- Monitoring systems were in place to ensure staff continued to follow good infection control practices.

Staffing and recruitment

At our last inspection we found the high turnover of staff and high use of temporary agency staff impacted on the services ability to meet people's needs and enable them to have choice and control in their daily

lives. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Since the last inspection the service had successfully recruited a significant number of new staff, reducing vacancies and the need to use temporary agency staff. The area manager told us they continued to recruit staff to fill the remaining 13 vacancies.
- Enough staff had been recruited to ensure people's additional hours funded to provide 1 to 1 or 2 to 1 support were being met. A relative told us, "There are probably more than enough staff. My [family member] has 2 staff to support them during the day and I'm confident that there are enough staff to do this".
- Although relatives acknowledged the increase in regular staff, some remained concerned about the continued use of temporary agency staff. One relative told us, "My [family member] is supported by agency staff on occasions and opportunities to attend outside activities are limited due to this."
- Although temporary agency staff were still used to cover staff absences, these were predominately the same staff who knew the people using the service well. One registered manager told us, "We never fall below safe staffing levels, we use longstanding agency staff."
- Staff were unanimous in their feedback about improved staffing levels. Comments included, "A lot of new staff have been employed and there has been a big reduction in use of agency staff. Some of the new staff are from the agency, this has been good because they already know the residents and have built a relationship with them," and "It's so different, better staff ratio, more permanent staff. Where needed we do still use agency, but they are regular agency, so the situation is so much better."
- Recruitment systems were robust which ensured the right staff were recruited to support people to stay safe.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on the safe administration of medicines and take action to update their practice accordingly. This inspection showed they had acted on the recommendation.

- Systems were in place to support people to receive their medicines as prescribed. One relative told us, "My [family member] needs medication and I'm aware they are getting it appropriately, I'm not aware of any errors".
- The service had recently changed to a new pharmacy dispenser, which used a monitored dosage system (MDS). This meant most people's medicines were dispensed in a compliance aid: a clear, named, see-through, sealed pot. A staff member said it provided people with more flexibility when they go out for the day or on social leave, "They can just take the pot with them."
- Only staff who had completed their training and had their competency assessed could administer people's medicines. A staff member said they felt confident in using the new system, however commented, "If I need clarification, I can always go to the managers."
- On checking a person's medicines records, we found 2 issues relating to record keeping, where staff had not followed the provider's medicines policy. The area manager took immediate action to investigate, confirm the person had received their medication, and put systems in place to reduce the risk of this happening again.
- Registered Managers and staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were

reviewed by prescribers in line with these principles.

- A restrictive practice audit reflected a 63% reduction in the use of PRN psychotropic medicines from January 2022 to July 2023. This significant reduction ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

Learning lessons when things go wrong

- The area manager and registered managers had worked well with the local authority safeguarding team to investigate safeguarding concerns. Investigations into incidents had been used as an opportunity to learn lessons, change practice and drive improvement.
- The provider had systems in place to share outcomes of investigations and lessons learned to prevent similar incidents happening again. For example, improving medicines management, improving staff training, reinforcing safeguarding processes, information to be included in support plans, and the correct use of mobility cars.

Visiting in care homes

- The area manager told us, "There are no restrictions in place for visitors, they can visit when they want. The only time we would ask them to stay away is if there is infection, such as sickness and diarrhoea."
- Measures were in place to minimise the risk of relatives, friends, professionals, and others visiting the service from spreading infections on entering each of the houses, and the main office.

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 last inspection 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.

The last inspection found people did not always receive good quality care, support and treatment because staff training was not embedded into practice. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff told us and records showed there had been a significant improvement in the training provided. This ensured staff had the knowledge and skills to meet the needs of the people using the service. A member of staff told us, "I have received face to face training regarding positive behaviour support and NAPPI. These were very helpful and has enabled me to look at things in a different way, about how to support people better."
- Relatives told us, they felt reassured staff had received the appropriate training to care for their family members. Comments included, "I feel the staff group are more mature and experienced, I have confidence in them as they are trained in administering my [family member's] epilepsy medication," and "I think the training is good, staff have epilepsy training, my [family member's] seizures can be varied, the staff have spoken to me about this."
- The area manager told us they had engaged with the local authority care home education team who had provided training to staff about diabetes, blood glucose monitoring and sepsis. A staff member commented, "Training has improved, we are having a lot more face to face training, most recently we had a session on diabetes, where we talked about the different types, how they were controlled and how to take blood readings."
- Staff induction had improved and included, the Oliver McGowan mandatory training on learning disability and autism. This training ensured staff had the right skills and knowledge to provide safe care to autistic people and people with a learning disability.
- Staff new to the service had various experiences of their induction. The induction consisted of 5 days training, and time spent shadowing an experienced member of staff. One member of staff commented, "I have been introduced slowly to people in the Lodge so they felt comfortable to be supported by me." However, another member of staff felt they needed more shadowing with experienced staff who knew the person well, especially those with complex needs, before supporting them on their own.
- The area manager told us shadowing was flexible according to staff's needs, and advised this would be

incorporated into the induction information.

- People's care and support was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation. Staff were observed applying their learning effectively, in line with best practice, which had led to improved outcomes for people using the service.

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

- People received supported to eat and drink enough to maintain a balanced diet. Staff told us people were involved in choosing their food, shopping, and planning their meals. One relative told us, "The staff encourage my [family member] to sit at the table to eat and get them involved in cooking."
- People could have a drink or snack at any time and were given guidance by staff about meal choices to stay at a healthy weight. A relative commented, "My [family member] has a fixation on food and the dietician is now involved and investigating this further".
- People were able to eat and drink in line with their cultural preferences and beliefs. However, staff told us they struggled cooking for people or supporting people to cook as part of their role, where cooking was not part of their culture. A member of staff commented, "My challenge has been cooking, I have not cooked much before and I am not familiar with cooking English meals, I rely a lot on other staff to support me."
- The area manager advised the PBS team had been involved in developing meal planners with people, which included instructions on how to cook a particular meal. They acknowledged the difficulties this may present to some staff, but ensured there was a mix of colleagues available to provide support. Moving forward they told us this would be covered in induction to ensure people had the skills and confidence to cook meals.

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

- People were registered with the local GP and were referred to other health care professionals as needed to support their wellbeing and help them to live healthy lives. One relative told us, "My [family member] has access to several health professionals including their GP, dentist, psychiatrist, dietician, and the epilepsy nurses."
- People were supported to attend annual health checks, screening, and primary care services to ensure reasonable adjustments were made to meet their individual health needs.
- People's care records confirmed people had regular access to specialist professionals to monitor existing conditions, such as epilepsy. A registered manager told us, "[Person] has been referred to an epilepsy specialist, we are currently working through what is the best approach for them. We are also chasing an appointment with their neurologist."
- Health actions plans, hospital and dentist passports had been developed for each person for use by health and social care professionals. These contained guidance on how to support the person in the way they needed, including how they communicated.

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

- The provider had continued to invest in improving the premises, including installing new kitchens, new bathrooms, and laundry facilities. One relative told us, "The home is clean, the garden is nice, my [family member's] room was decorated prior to them moving in, furniture was replaced, and the bathroom is being changed to a wet room."
- New boilers have been installed to ensure reliable heating and hot water at all times.
- A new system for logging maintenance tasks had been implemented to ensure the provider's maintenance team dealt with issues promptly to ensure the environment was well maintained.
- The individual houses had been decorated, providing a homely environment. One relative told us, "The home is very clean, well maintained, my [family member] has a sitting room, bedroom and bathroom and

use of the kitchen".

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.

At our last inspection we recommend the provider considered seeking advice from a reputable source, such as the local authority adult safeguarding board to ensure decision making where people are deemed to lack capacity is made in accordance with The Mental Capacity Act 2005 (MCA) legal framework. This inspection showed they had acted on the recommendation.

- Where people lacked mental capacity to make certain decisions, these were clearly recorded and reflected best interest decisions were being made by the relevant people, including professionals and family members with power of attorney.
- Staff understood their roles and responsibilities in relation to the MCA 2005 framework. They knew about people's capacity to make decisions through verbal or non-verbal means and supported them to make decisions about day to day living.
- Appropriate legal authorisations were in place in circumstances where a person was deprived of their liberty. A DoLS tracker enabled registered managers to closely monitor when these were due for renewal.
- Information provided by the area manager reflected the service currently had 23 people with a DoLS in place or due for renewal with detailed notes on communication with the local authorities requesting updates and arrangements for best interest assessors to conduct an assessment.

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 last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The culture in the service had improved. Staff were observed treating people with kindness, respect and compassion. One person told us, "It's lovely here, I have met everyone, and they [staff] are my friends, I really like the people here a lot."
- The area manager and registered managers told us they tried to ensure people were well matched with their designated support worker. As a result, people were observed to be at ease, happy, engaged and stimulated. A relative told us, "The difference in my [family member] is amazing. When I turn up, they are often out with staff walking around the grounds, this is not something they would have done a year ago, they wouldn't go out".
- Staff spoken with demonstrated true insight into people's needs and demonstrated a depth of understanding about the effectiveness of good communication to achieve positive outcomes.
- Staff members showed warmth and respect when interacting with people. We observed a member of staff talking in a positive way and being enthusiastic about the person's achievements in football.

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

- Staff supported people to make decisions and express their views to experience real choice and control.
- People's relatives were seen as a valuable resource for sharing information to influence and help staff understand how to manage people's care needs. One member of staff commented, "I have had meetings with [Person] and their parents to help me understand their needs. I understand it is going to take a long time for [family member] to build their trust in me."
- Relatives told us they were involved in making decisions about their family member's care and support. One relative told us, "I'm involved with making decisions about my [family member], I'm their voice. A member of staff recently worked with me in updating the "This is Me" document. I am also involved in the reviews".

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were encouraged and respected. One relative commented, "My [family member] is treated appropriately, shown kindness and compassion as well as dignity and care, for example staff ensure their door is closed whilst they use the toilet and showering."
- People were supported to direct their own care and encouraged to develop their independence. A member of staff told us, "I look at things reflectively, I focus on what works well and look at how things could be done differently if they don't work. For example [Person] now lets me wash their hair, I know when they are getting unsettled, and it is time to stop. [Person] won't let me shave them yet but I am sure this will come

when I have built more of a relationship with them. I want their trust to enable them to have a better quality of life and for them to grow in confidence."

Is the service responsive?

Our findings

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

At our last inspection 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

- People's care plans contained information to sufficiently guide staff on their current care, treatment, and support needs. These focused on outcomes for people to achieve a good quality of life. Plans were regularly monitored and adapted as their needs changed.
- Where diagnosed with epilepsy, people had detailed support plans in place, guiding staff on when to administer buccal midazolam, and protocols in place for activating a Vagus Nerve Stimulator (VNS) for treating seizures. VNS is a magnetic device inserted under the person's skin which sends an electrical impulse to their brain to stop the epileptic seizure activity.
- Staff spoke knowledgeably about the level of support people needed. For example, a member of staff explained in detail how they supported and monitored a person's seizures.
- Staff made reasonable adjustments to ensure people with sensory sensitivities were supported in a way which was comfortable to them. For example, where a person was sensitive to noise, headphones had been provided to them, which helped to block out noise.
- Person-centred positive behaviour support plans reflected agreed approaches with the person and those important to them on how to reach their goals and aspirations. The PBS team had helped to develop meaningful plans, which aimed to promote people's quality of life, and how this was to be achieved.

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.

- Staff had good awareness, skills and understanding of people's individual communication needs. A staff member told us, "[Person] communicates via a speech device and [Person] is verbal but, when given choices, they will always pick the last one you say, so we are working with them now developing pictures to encourage proper choice and decision making."
- Managers had worked closely with the local authority to assess the benefits of assistive technology, and use of technology to assist people who did not communicate verbally. A manager told us, where they were able to demonstrate a need for technology this would be supplied by the local authority. They commented, "We need to get the right technology for the right person."
- People had individual communication plans and passports detailing their preferred methods of communication. These and other information about the service had been developed in formats they could

understand. Social stories had also been used to assist people's understanding for specific events, such as having a blood test at hospital. One relative told us, "My [family member] has been provided with pictorial aids to help them understand what is happening or going to happen."

- Staff were trained and skilled in using people's preferred methods of communication. One member of staff told us how they had completed advanced level of Makaton. They commented, this was to "Improve communication and interaction with [person] to enable them to make choices."

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

- People were supported to participate in their chosen social and leisure interests on a regular basis. A relative told us, "My [family member] really loves going to college where they do drama, music, singing, self-awareness. They also access bowling, lunches out and trips out."

- There had been an increased focus, on individual and whole site activity engagement post COVID-19 restrictions. This had included a trip to a safari park, trampolining, football matches and a range of holidays. One person told us, "I went to a BBQ at Donylands Lodge, loads of people from here went, it was really good."

- Activity plans had been developed to ensure people accessed activities in the community on a weekly basis. One relative told us, "My [family member] is being offered opportunities to access the community, but this is being taken slowly due to issues they have in public areas".

- The service was committed to encouraging people to undertake voluntary work, employment, and apprenticeship schemes. For example, a person had been offered a permanent part time role supporting the maintenance team.

- People were provided with opportunities to develop new interests and friends. A weekly explore and create session had been introduced to promote creativity, sensory exploration, and social skills.

Improving care quality in response to complaints or concerns

- The service had received 9 complaints since our last inspection.

- Review of the complaints log reflected complaints had been explored thoroughly and responded to in a timely manner and used as an opportunity to improve the service.

End of life care and support

- No one using the service required end of life care at the time of the inspection.

- The area manager told us this was an area for development. They had set up an end of life working group as a priority moving forward to initiate a consistent approach, including having conversations with people and their families.

- Senior staff had accessed training from the local authority around end of life care to ensure they understood how to meet the needs of people and their families at the end of the person's life.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

The last inspection found the systems in place to assess, monitor and improve the quality of the service have not yet been fully embedded in the service to drive the required improvements. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvements had been made at this inspection and the provider was no longer in breach of regulation 17, further improvements were needed.

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

- There had been a significant amount of work and financial input from the provider. However, the governance framework in place which sets out clear responsibilities to assess the quality and safety of the service, had not yet been fully embedded in the service to identify where improvements were needed.
- Audits at service level had not been robustly completed. Therefore, these were not always feeding into the providers overarching quality and risk governance system to identify where quality and safety was compromised and what actions were needed to drive improvement.
- For example, audits had not picked up on a number of issues we found on inspection in relation to people's confidential care records not being stored appropriately, a control of substances hazardous to health (COSHH) cupboard was unlocked with harmful chemicals inside, a small number of issues with the environment which needed to be addressed, and medicines errors.
- A relative told us, "There has been a significant amount of time when the car used by the Lodge has not been available. I've been told by staff it has broken down; this has already happened 5/6 times this year, which impacts on them not being able to go out." The weekly vehicle audits had not addressed ongoing issues with vehicles.
- The area manager told us they had recognised there was a skills gap completing audits, which was being addressed at team leader and deputy manager forums and monthly drop-in sessions.
- Registered managers also had access to quarterly registered manager forums where they could get together to develop and grow in their roles.
- The addition of the area manager and registered managers had resulted in better leadership and support for people and staff. Where a registered manager had been appointed to the Oak and the Green, these houses were operating better. Staff told us they felt supported and recognised the significant improvements made.

- However, the registered managers were not providing equitable leadership for the Lodge, Coach House and Farmhouse, therefore leadership and governance arrangements were inconsistent across these houses.
- Following the inspection, the area manager told us; both they and the registered managers had increased oversight of these services, and a new manager was joining the service on 18 September 2023. These measures would ensure there was consistent leadership across all houses.

People who use the service, the public and staff engaged and involved; 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

- A common theme when talking with people's relatives and staff was communication needed to improve.
- Relatives told us they would like more feedback about their family members health conditions, confirmation if appropriate referrals were being made, and the outcomes of appointments.
- Staff on the Lodge and Farmhouse felt although the service had improved in many areas, but further improvement was needed around communication. Staff wanted more regular staff meetings, to share ideas and to be more involved in developing the houses as they knew the people well and had ideas about how their living experience could be improved.
- The area manager acknowledged communication needed to improve. They had sent invites to people and their relatives to attend a 'Family forum' in September 2023 to meet members of the management team and provide information about what is happening in the service, and plans moving forward.
- A newsletter was published and sent to relatives every month to share key messages and celebrate the good things that have happened in the service across the month.
- The service apologised to people, and those important to them, when things went wrong, however relatives told us they were not always informed about the outcome of investigations. A relative told us, "There was an error approximately 4 months ago when our [family member] received two lots of epilepsy medication, we were notified of this. However, we haven't ever been informed of the outcome, lessons, learned, change of practice etc."

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

- There had been a significant improvement in the culture and feel of the service. The area manager and registered managers had worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. One member of staff commented, "There has been a big culture shift, staff have understood and acted on providing care to people in a less restrictive environment."
- Staff told us, morale had greatly improved, and they now felt supported. Comments included, "Morale was very low, a lot of staff left, it was hard for a while, but I'm glad I stuck it out. The new manger is great, they are approachable, listen and act on what we say," and "The area manager has made a big difference to the service, they are very approachable, they pop into the services, for a chat to see if we are okay, they are always there, if we need them."

Working in partnership with others

- People's records showed staff and managers worked well with health professionals, which included input from occupational therapists, speech and language therapy, dieticians, neurologists, community learning disability teams and psychiatrists.