

Achieve Together Limited

1 Charmandean Road

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

1 Charmandean Road is a residential care home for people living with a learning disability and autistic people. It is registered to provide personal care for up to eight people. People live in one large house. There were eight people living in the care home at the time of inspection.

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

#### Right Support

People and relatives told us staff supported people to pursue their interests. Staffing levels had improved and this had increased opportunities for people. People told us they were going out more frequently and there were more staff that could drive which had meant people were supported to consider a wider range of activities. One person told us, "I had been swimming which I hadn't done in ages". Staff had adopted new approaches; We observed people smiling and happy, engaged in various activities with staff. People were being supported when they experienced emotional distress. Staff had continued to develop their knowledge and used agreed approaches to support people. People received care and support in a safe, clean environment and some areas of the service had been redecorated with plans for more to follow. It was evident that improvements had been made since the last inspection and people were seeing the changes as positive. Managers and staff acknowledged more improvements were needed. This included ensuring incidents involving people were analysed to ensure staff continued to consider techniques and strategies to reduce the frequency and impact of incidents. This would also ensure staff were consistent with each person's support.

#### Right Care

We observed people receiving kind and compassionate care. Relatives spoke positively about improvements in the service. One told us their loved one, "Is happy and settled ... I want the best for [person]" and commented on how things had improved, they told us "I have seen the difference". Staff protected and respected people's privacy and dignity. Managers and staff had a better understanding how to support people who may lack capacity to understand the consequences of choices they made. Staff required more learning about communication and the approaches and tools to use with people in order to create and implement effective communication plans. Senior managers had scheduled additional training for staff to further develop their skills and knowledge. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People and relatives told us they felt safe.

#### Right culture

People's quality of life was enhanced by the service's culture of improvement and inclusivity. Following the

last inspection, the provider had recognised the substantial need to improve the quality of the service people received. They had ensured senior managers with the appropriate expertise were focused on improving the service with clear actions planned. We observed people being supported by staff in a respectful and caring way, staff told us they were valued by senior managers and spoke positively about the interim manager who was leading by example. Staff had a better understanding of people's sensory needs and ongoing work with Positive Behaviour Support (PBS) assessments had provided staff with techniques and tools which supported people when they experienced episodes of distress. People, relatives' staff and visiting professionals have all commented on the openness of managers and the drive to improve the culture within the service. Managers and staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (Published 25 March 2022). At this inspection we found improvements had been made and the provider was no longer in breach of regulations. This service has been in Special Measures since 25 March 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We carried out an unannounced comprehensive inspection of this service on 17, 18 and 20 January 2022 breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person-centred care, dignity and respect, safe care and treatment, safeguarding, staffing and governance.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details in our responsive findings below

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 1 Charmandean Road

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This inspection was in part triggered to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

#### Inspection team

Two Inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

#### Service and service type

1 Charmandean Road 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. The provider had arranged for an experienced manager to provide direct support to the service to drive improvements.

## Notice of inspection

This inspection was unannounced

## What we did before inspection

We reviewed information we had received about the service since the 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 of this information to plan our inspection.

## During the inspection

We spoke or communicated with eight people who used the service and five relatives about their experience of the care provided. People who were unable to talk with us used different ways of communicating including Makaton, symbols, objects and their body language. We spoke with seven members of staff including the operations director, the health and wellbeing manager, the Positive Behaviour Support (PBS) lead, the interim manager, deputy manager and support workers. We spent time observing the support and communication between people and staff in shared areas of the house.

We reviewed a range of records. This included three people's care records and three medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

## After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess, record and mitigate the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) 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. The provider has taken steps to ensure risks to people were assessed and mitigated by staff skilled to recognise and manage incidents of self-injurious behaviours. Staff had received PBS training and incident management processes had been reviewed. This has been evidenced through reports submitted to CQC on a monthly basis as required following the last inspection. Whilst the breach has been met, development of robust incident reporting systems and work practices were ongoing, and this is an area that needs to be improved.

- Staff had started to assess some people's sensory needs and did their best to meet them. Whilst people's needs, including when they experienced distress were being assessed staff did not always record details. This increased the potential risk records were not sufficient to track and look for trends in incidents. For example, one person on occasion hit their head, staff were not always recording or tracking this. Staff had made referrals to seek health professional support to undertake sensory assessments with people and planned to complete functional analysis assessments where this had been identified. The provider's PBS lead spoke of how they were arranging workshops with staff to improve incident tracking and recording.
- Risks to people were not always assessed or mitigated. Processes were in place to ensure risks to people were identified however staff had not always considered actions to take to mitigate risks. For example, two recent incident records noted one person had experienced a minor injury whilst being supported with nail care. There was no further action noted. The service took immediate action and the operations director told us, "A risk assessment now in place regarding the cutting of [persons] nails following the incidents of minor nicks whilst using clippers".
- The provider had worked to encourage a transparent culture of incident reporting and risk management and ensured they had formal and informal methods to share information appropriately on risks to people's health and welfare. Health and social care professionals were actively involved with assessing and considering risks to people. One health professional provided positive feedback on how the service were open to working with professionals to address issues.
- The interim manager spoke of their focus to drive improvement and support staff awareness of the

importance to record and monitor risks to people. They were in the process of reviewing risk and support plans and said staff were now reflecting on the reasons people might display behaviours. They told us staff were, "Questioning why things happened". They saw this as a starting point to staff understanding the root causes of incidents.

- Staff told us how the way they supported people had improved, one said, "We have been shown how to support people in the right way." We saw staff working with people in a manner which demonstrated their improved level of awareness of people's needs and how people expressed emotions.
- People lived safely because the service assessed, monitored and managed the safety of the living environment considering people's sensory needs. The provider had commenced a program of improvements to the environment to ensure people could access shared areas of their home safely. This included developments in the garden, dining area and redecoration and repair to people's rooms. Relatives confirmed changes were in progress and one spoke of how plans were being developed for their loved one's room, "I have left some catalogues for some more sensory things for [persons] room, I have said I am happy to work with them".

### Staffing and recruitment

At our last inspection the provider had not ensured that sufficient numbers of suitable, experienced staff were deployed to meet people's assessed needs. There was no systematic approach to determine the number of staff needed to meet the needs of people using the service and keep them safe at all times. 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 is no longer in breach of regulation 18. The provider has taken steps to improve their approach to assessing sufficient staff levels and had increased the level of management support in the service. The provider has submitted a report to CQC on a monthly basis as required from the last inspection.

- The service had enough staff to meet people's assessed needs. Following our last inspection, the provider completed a review of staffing levels in accordance with people's assessed needs, this included those assessed as requiring one to one support. For one person this had resulted in their support hours being increased.
- One person told us how improved staffing levels had impacted on them, "I get to go out more often". They went on to tell us more staff could drive and this increased the opportunities for them to go out. Relatives described how staffing had improved one told us, "The staff want to do things right".
- Staff confirmed how staffing levels had improved, one told us, "Much better levels of staffing" and "We've got regular agency, we are able to do more, the agency is very good." Staff were consistently positive about the support from the providers specialist PBS and Health and Wellbeing teams and described this as, "The biggest help ever."
- The interim manager spoke of their focus to develop staff skills and knowledge. This included regular practice observations with staff. They told us this was to, "Provide feedback on what to improve. You won't know unless someone tells you."
- The skills of staff matched the needs of people using the service. The provider had implemented a training program following the previous inspection to focus on the specific needs of people. This included training in PBS and Diabetes and staff were currently focussed on developing their communication skills.

### Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider and registered manager had not ensured systems and processes to protect people from the risk of abuse were operating effectively. Staff practice failed to demonstrate an

understanding of their responsibilities for identifying and reporting concerns. This was a breach of regulation 13 (Safeguarding) 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 13. Staff were now clear about their role. They were identifying, reporting and taking appropriate actions. The provider submits a report to CQC on a monthly basis as required from the last inspection.

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service now worked with other agencies to do so. The provider had invested in staff training and development. Managers and staff were now able to demonstrate they understood abuse and self-injurious behaviours. Staff told us recent training had helped and they knew what to do and were confident to report concerns. One staff member described how they felt listened to and empowered and said, "I can speak out."
- People were kept safe because concerns and incidents had been reported to the local authority within safeguarding policy and procedures. This had resulted in people being supported by health professionals to develop further guidance and support.
- Managers and staff were clear about their responsibilities in relation to considering incidents within safeguarding. Records showed that concerns had been reported appropriately and in line with the local authority safeguarding policy and procedures.

#### Using medicines safely

- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating and when assessing potential risks of people taking medicines themselves. The interim manager spoke of how they had increased the monitoring and audit of medicine processes to ensure people continued to receive their medicines safely.
- People received their medicines safely in accordance with the prescriber's instructions. 'As required' medicine (PRN) had protocols in place to guide staff describing what the medicine was prescribed for and included details such as dose instructions, signs and symptoms to observe and monitor.
- The operations director told us of actions they had taken to ensure PRN protocols also contained information about how people may express pain.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. Staff ensured people's medicines were regularly reviewed with health practitioners.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had generally good arrangements for keep premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules where practical to meet people's needs and admitted people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.

- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy were up to date.
- The service supported visits for people living in the home in line with current guidance.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

#### Learning lessons when things go wrong

- Incidents affecting people's safety were generally managed well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. Staffing levels, support and skills had improved. These were areas where considerable improvements had been made following the last inspection.
- One person told us how things had changed recently, "The new manager is very nice and I've been swimming which I hadn't done in ages". Observations during the inspection evidenced how people were supported by staff who understood their needs. This had resulted in some reduction in incidents.
- When things went wrong, staff apologised and gave people and relatives honest information and suitable support. The provider had met with relatives to hear and understand how they could support the service better. One relative told us, "They have asked us to be totally honest."
- Relatives spoke of how the provider had responded following the last inspection. Their comments included, "I have every confidence that things will get better they were very apologetic" and, "I'm feeling a lot better because CQC are on their case".

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At the last inspection the provider failed to ensure care and support was appropriate to meet people's needs. The provider failed to ensure they had an effective system to support people to manage emotional distress. Consideration had not been given to the function behaviours that may challenge others or self-injury may have for people and not sought or carried out functional behavioural assessments. People did not have communication or sensory assessments and staff had little knowledge of people's communication needs. Understanding people's communication and/or sensory needs is fundamental to planning and delivering good quality person-centred care. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made and the provider was no longer in breach of regulation 9. The provider had implemented an effective system to support people to manage emotional distress. Communication was more detailed in people's plans and staff were demonstrating improved understanding of communication and some sensory needs. Staff understanding and assessment of communication was to a basic level and this was identified by the interim manager as an area which needed further training and development. The provider submitted a report to CQC on a monthly basis as required from the last inspection.

- Following the last inspection, the provider had arranged their PBS specialists to work with people and staff at the service. This was developing a better awareness of how to ensure people received support in line with recognised models of care. The PBS lead told us how they and staff were currently, "Gathering information" and planned to complete further assessments with people. This would ensure a greater understanding and provide techniques to support people when they experienced emotional distress.
- Managers and staff told us how they continued to develop their understanding of communication. The Health and Wellbeing lead told us they were, "Working on communication dictionaries which would help identify how people communicated." A staff member confirmed how communication was developing and supported them to recognise when someone might need support and said, "I Understand more now".
- Staff had worked to develop support plans since the last inspection, with clearer guidance for staff about how to better support people's communication needs. This was a work in progress and had not developed to the point where they consistently promoted strategies to enhance independence or demonstrated evidence of planning and consideration of the longer-term aspirations of each person. The interim manager explained this work was ongoing and they were gaining information about people's needs and told us how

they were in the process of reviewing everyone's support plans. They told us about plans for staff to complete Makaton training and were clear where improvements were required.

- People were supported positively by staff who demonstrated an understanding of how a person communicated and deployed techniques to support the person. For example, we observed a person hitting their head with their fists and the staff member put their hand between where they were hitting and the person's temple to prevent injury. They immediately stopped hitting themselves and staff actively engaged them in a game which resulted in the person receiving support to focus on a positive activity they enjoyed.
- Relatives told us how the service was working to support people's needs and choices. One told us, "The staff do want to do things right" and, "We have a meeting tomorrow with someone higher up." They spoke of the increased availability of activities however also expressed concern improvements might not be sustained and said, "I am worried things will slip, I hope it doesn't."
- People's care and support plans were improved and had more personalised information which better reflected their needs and included physical and mental health needs. People, those important to them and staff reviewed plans regularly together. Relatives told us how they were involved, one said "I've had a quite a few meetings with the Occupational Therapist (OT), regarding [persons] current needs, it was quite thorough which is great". They spoke of their hopes, "We can get some concrete plans, PBS working with OT different changes and strategies."

Staff support: induction, training, skills and experience

At the last inspection the provider failed to ensure staff received appropriate training and support to enable them to meet people's needs. This was a breach of regulation 18 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. The provider had ensured senior managers had focused on identifying shortfalls in training and staff support and had arranged for additional management oversight from which they had developed an improvement action plan. This was a positive shift in practice and will take time to develop and embed fully. In addition, the interim manager told us about their plans to improve staff ability to communicate with people who use Makaton and training dates had been scheduled. The provider submitted a report to CQC on a monthly basis as required from the last inspection.

- Staff provided positive feedback about training they had received recently. In particular they noted the PBS training and how this enabled them to recognise where they could improve their practice. One staff member told us, "Agency staff have completed training too". This provided assurance the provider had recognised the importance of developing staff knowledge to understand their roles and responsibilities.
- The service now had an effective system to support and check staff were working in accordance with best practice. The interim manager recognised the need to support staff to develop their skills and competency and spoke of how they had implemented regular observed competency assessments of staff practice.
- Staff were supported to have regular opportunities to discuss their personal development. The interim manager spoke positively about their role to support staff development and one area had been to provide staff with one-to-one mentoring. This resulted in staff having opportunities to reflect on practice and ensure they kept their knowledge in line with best practice.
- Staff were consistently positive about how they were now being supported by managers. Their comments included, "It's much better now, staff are happier" and, "We've pulled together as a team".
- Relatives provided positive feedback about the skills and experience of the staff, one told us They do get good, dedicated staff.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. People had enough to eat and drink. We observed people had access to drinks and snacks throughout the day. For example, we observed a person being given a drink when they asked for it. There was a varied menu with plenty of choices available.
- We observed people being offered choices of foods and staff consistently supported people in accordance with their assessed needs.
- Specific dietary advice was available for staff to ensure people received food and drink in accordance with guidance. This included people assessed as requiring modified diets. We observed people receiving meals in accordance with their individual requirements.
- Multi- disciplinary team professionals were involved in/ made aware of support plans to improve a person's care. One person who lived with diabetes was supported by staff to maintain healthy nutrition levels and staff understood what action to take if the person was to experience low or high blood sugar results.
- People were supported to attend annual health checks, screening and primary care services. One relative told us of plans for their loved one to visit the dentist. A staff member confirmed they were working with health professionals to ensure the person received all necessary support to attend this appointment.
- People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed. We saw these plans were detailed in respect of people's health needs.

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

- People's care and support was provided in a clean, well equipped and well-furnished environment which met people's physical needs. In addition to bedrooms people could access a variety of shared living spaces which included a dining room and lounge.
- The last inspection had identified the kitchen could only accommodate one person with staff support at a time due to the size of the room and had not been adapted for people who used wheelchairs. The provider had reviewed the building and were in the process of carrying out improvements to the kitchen and dining area and were engaging people and relatives in plans.
- We observed people enjoying the garden. We were made aware of further improvement plans to the garden, for example, the service planned to install a trampoline.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. Every room reflected people's tastes and interests. People and relatives confirmed the lounge had been recently redecorated, one relative said they had been informed the service's plan, "To decorate throughout. The lounge looks nice."

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the Mental Capacity Act 2005, including Deprivation of Liberty Safeguards, and staff were consistently applying the principles.
- Following the last inspection, the provider recognised staff had not always understood the need to assess a person's capacity to understand the consequences of choices they made. Managers and staff were now able to demonstrate how they had improved their practice and understanding of the need to support people to understand the consequences of their choices.
- Records confirmed capacity assessments had been completed and people and those important to them were involved in best interest meetings.
- People had an authorised DoLS and the service had a system to follow up with the local authority when it was due to expire.

# 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 the last inspection this key question was rated as inadequate. At this inspection this key question has improved 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; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

At the last inspection the provider failed to ensure people were treated with dignity and respect. Staff failed to ensure people's privacy was maintained. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action and imposed a Warning Notice and the provider was required to demonstrate compliance with this by 14 March 2022.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10. The provider took immediate action to ensure people were provided with support to manage their dignity and privacy, they reviewed the impact this had on others living and visiting the service, provided staff with the guidance and training to manage dignity challenges and ensured support plans were an accurate reflection of people's needs.

- People were treated with dignity. The provider engaged with health and social care professionals to understand a person's choice to be in a state of undress and the impact this had on them and others. The provider's PBS specialist was actively working at the service on a regular basis and was in the process of developing a PBS plan which supported the person to make their own choices whilst respecting their dignity and privacy and that of others.
- People and relatives told us how staff were promoting a person's dignity. One relative said, "Lots of things have been put in place, the person is behind a screen." Another said this was, "Definitely better controlled which is lovely. Better atmosphere [for other people] also for the persons modesty and privacy."
- One person told us how their privacy was respected, they told us "It's better". They went on to say, "Staff can't always stop them coming in my room, Staff stop them sometimes." They went on to describe how staff are continuing to work with the person to manage this effectively.
- A visiting professional told us dignity screens, "Were being used properly and it was clear this is something [staff] are really focussing on. "This demonstrated how managers and staff continued to support people to manage privacy and dignity needs.
- Staff were recording incidents and this was being used by managers and the PBS lead to analyse the function of this behaviour for the person and to inform strategies and techniques staff could use to support the person to manage their dignity. Staff were consistently positive about the support and direction they

received from managers and told us how their confidence had improved. This had resulted in staff being skilled to support the person with their dignity needs as they had received appropriate training and guidance from managers.

- Managers and staff told us they continued to gather information from incidents which informed their understanding of people's dignity needs and staff responded in a timely and appropriate manner.
- Staff members showed warmth and respect when interacting with people. Throughout the inspection staff repeatedly demonstrated genuine empathy and compassion. Staff were observed throughout the day giving people reassuring physical touch and meaningful gestures such as smiling and touching their hands when talking to the person. People responded well to this, smiling and engaging with staff.
- Staff were sensitive to people's needs and supported them in a compassionate and caring manner. We observed staff took time to support people effectively. For example, a person was playing a game and staff were using a hand over hand technique with the counters. The person appeared to be enjoying themselves and staff actively engaged with them and explained what they were doing. This resulted in the person's receiving support to be involved in an activity they enjoyed.
- The interim manager was in the process of reviewing people's support plans and spoke of how quickly levels of information had improved. The detail within people's records better reflected how people's dignity and respect could be maintained as much as possible. This was also confirmed by staff who spoke with us.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

At our last inspection the provider had failed to ensure care and support was appropriate to meet people's needs. Staff did not always follow guidance in people's communication plans. People were not always supported with individual communication plans/passports that detailed effective and preferred methods of communication. People were not always supported to participate in their chosen social and leisure interests regularly or provided with opportunities to develop goals and aspirations. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found enough improvements had been made and the provider was no longer in breach of regulation 9. The provider had developed communication plans which included effective guidance for staff. The provider had assessed and increased staffing levels which had resulted in people having increased opportunities to participate in chosen activities. The interim manager had scheduled further communication training for staff as part of planned improvements. The provider submits a report to CQC on a monthly basis as required from the last inspection.

- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. The interim manager was knowledgeable about a variety of communication supports and told us how they planned to further develop staff skills in this area. During the inspection people and staff were engaged in various activities for example, playing a game and going to the park. Each person's communication preferences were met which meant people with a range of needs were supported to participate in activities.
- Staff had improved awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. The provider had identified the importance of recording information relating to people's communication needs. People's records included details of signs, gestures, body language and objects of reference a person might use to

communicate.

- Staff offered choices tailored to individual people using a communication method appropriate to that person. We observed staff using different approaches with different people, all were relevant and reflected in support plans. For example, staff offered a person a choice of activities by showing them a ball. This use of an object of reference enabled the person to decide to participate in a game in the garden with the staff member.
- People were supported to participate in their chosen social and leisure interests on a regular basis. The provider had identified some people showed an interest in trampolining and as a result were incorporating this interest into developments of the garden.
- There were visual structures, including objects/photographs and visual cues which helped people know what was likely to happen during the day and who would be supporting them. For example, staff photographs were displayed in the hall along with times of day. This supported people and visitors to know who was working and at what time.
- Relatives were generally encouraged by progress and told us how their loved ones were being provided with more opportunities to develop goals and aspirations. One relative said, "They are getting more involved in shopping and cooking." Another relative spoke of how the provider has responded following the previous inspection and told us, "They are going to get them out and about more."
- People were supported to maintain contact and spend time with their families. One person had stayed with family over the Easter holidays. One relative spoke of how they knew their loved one looked forward to returning and told us, "They had lived at Charmandean for over 12 years clearly considers it their home and knows when it is time to go home. This is a clear indication [person] is happy and settled."
- Relatives were consistently positive about how the staff had maintained contact with them. Those who spoke to us were aware of improvements the provider had made and also were involved in conversations about further plans to develop and improve the quality of the service.

#### Improving care quality in response to complaints or concerns

- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service. Following our inspection in January 2022 which had identified serious concerns about the quality of the service people were receiving, the provider took immediate action to provide opportunities for relatives to voice any concerns they had. Relatives have told us how they have been supported to meet with senior managers and were encouraged by how open and honest these meetings have been. One relative told us, "They got a trouble shooter who is going to address the issues." Another described, "Conversations with Regional Director which have been very supportive and keeping me updated."
- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. One relative spoke about how their loved one had been supported to share concerns within the wider organisation by giving a speech at a manager's event. They told us, "The person was asked about some of the flaws in the system." This demonstrated how the provider valued hearing the voices of people they supported to ensure they responded to concerns effectively.

#### End of life care and support

- Staff were not currently providing end of life support, however, records confirmed they had considered people's preferences should they be required.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

At the last inspection the provider had not ensured there were adequate systems to monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people. The provider had failed to monitor the culture of the service or sought the views of people and relatives. This was a breach of Regulation 17 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 17. Incidents were now being audited and showed evidence of identifying trends and actions taken to reduce reoccurrence. Governance processes had been reviewed and an improvement action plan was being worked through. People's human rights were being protected there was a particular focus on protecting a person's dignity. The views of relatives had been sought and their feedback considered within action plans. Senior managers were alert to the culture within the service and demonstrated their commitment to improvement. The provider had acknowledged governance systems had undergone a complete review and whilst progress had been made these had not yet been tested to demonstrate effectiveness and needed time to develop and embed. The provider submitted a report to CQC on a monthly basis as required from the last inspection.

- The providers governance systems did not always effectively monitor risks to the health and safety of people. The providers audits had not always managed risks from incidents or concerns with the level of detail within PRN protocols we have reported on this within the safe section as an area in need of improvement. The service continued to implement improved systems and processes and senior managers acknowledged this needed further time to embed within the service. The interim manager told us incident reporting was moving to an online system which supported staff and managers to monitor and analyse trends in incidents. They had also identified the need to ensure their medicine auditing processes were robust to provide assurance medicines were managed in accordance with best practice guidance.
- People did not always have opportunities to work with managers and staff to develop and improve the service. One person told us, they had not been involved in choices about the décor of the communal lounge.

The interim manager demonstrated their focus to meaningfully involve and engage people living at 1 Charmandean road and valued their input into improvement plans. They told us, "I am invested in the service. I want to provide a quality service." As part of this they recognised the need to improve communication and spoke of their plans to ensure communication assessments clearly identified tools and techniques to support people's engagement and this included the plan for staff to complete Makaton training.

- The provider told us they planned to recruit a manager with a view to them being registered with CQC. The interim manager would remain in post and support this process. This provided assurance the service would receive consistent management support to continue to drive quality improvements.

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. Senior managers had developed a quality improvement plan to support positive outcomes for people. Relatives told us they were regularly involved with progress and were optimistic improvements would be sustained. One said, "The manager asked if I would like a report every fortnight I said yes, I haven't received it yet." The provider and managers recognised the need to further develop confidence with people and relatives to ensure improvements would be sustained.

- The provider was alert to protecting people's human rights. There had been a substantial amount of work to improve how people were supported to manage their dignity and privacy. Managers had reviewed assessments and developed strategies to support people. This continued to be reviewed. Staff had told us how this had improved and how they continued to learn more about the function of behaviours for people.

- Following the last inspection, the provider was transparent about service shortfalls and sought feedback and involvement from relatives to inform their action plan. This work was in progress and relatives were generally positive about the progress so far. Their comments included, "The house is much happier, lots of plans for change, they are asking for input", "They genuinely have a plan they didn't get us in straight away they worked on a plan" and, "I have had conversation with [interim manager] on their focus and they are on the ball and are detailing what they are changing."

- The provider took immediate action to improve the quality of the service following our last inspection. At this inspection the provider has complied with all previous breaches of regulation. The pace of improvement clearly demonstrated the providers commitment to ensuring people received support based on transparency, respect and inclusivity. We continue to monitor improvements through their submission of a monthly report. This is in accordance with the positive conditions currently imposed on this services registration with CQC.

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. The provider had reviewed their oversight of the service and improved engagement with health and social care professionals. This ensured people's needs were effectively managed through a multidisciplinary approach.

- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. Staff were consistently positive about service improvements and the support they had received from senior managers. One said, "There are so many people coming in now and we now have a manager whose here all the time". Another told us how improvements had impacted on people, "Having a manager that's here all the time is really helpful, much more activities with people".

- Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives. The interim manager had told us how they were developing the values and culture within the team and this was achieved partly through regular meetings with staff. One staff member said, "We've been doing team building and feel that we work as a team. We needed the right leader...I can say we have a good leader to help us achieve things." Another staff member told us, "[The interim manager] is really good." Stakeholders had consistently provided positive feedback on the improvements within the culture of the home and the impact this has had on outcomes for people.

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; Working in partnership with others

- The service apologised to people, and those important to them, when things went wrong. The provider had acted upon the concerns raised at the previous inspection and shared these openly with stakeholders. The operations director told us how one of the people had shared the impact this had for them and was supported to speak at one of the providers managers events.
- The interim manager promoted transparency and honesty. They had an open-door policy and staff confirmed they always felt able to speak to any of the management team.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate. Records confirmed the provider was now appropriately reporting to the local authority and CQC as they are required to do.
- The service worked well in partnership with health and social care organisations, which helped to give people using the service a voice and improve their wellbeing. It was evident that referrals were being made to health professionals. Relatives confirmed how they had been involved in referrals and reviews. The provider was engaging with CQC to keep up to date with current practice.