

The Brandon Trust

Fallodon Way

Inspection report

33 Fallodon Way
Bristol
Avon
BS9 4HX

Tel: 01179629899

Date of inspection visit:
31 March 2022
04 April 2022

Date of publication:
04 May 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

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

Fallodon Way is a care home providing personal care to ten people with a learning disability. At the time of our inspection there were eight people using the service.

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

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. The new provider had an action plan which was making improvements to the service including involvement of people and the planning of care in particular activities.

Right Support

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, improvements were needed to activity planning to ensure that people could pursue their interests in a more meaningful way.

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and viewed people as individuals. People had care that supported choice in how they wanted to live. People's routines were promoted, supported and captured in their care plan and how the staff supported them.

People's care was planned with them. Fallodon Way provided a homely atmosphere for people. Improvements were being made by the new provider to the general décor of the home. Some works had been completed, such as redecoration of the communal areas of the home. Plans were in place for this to extend to people's bedrooms and personal space. People had personalised their bedrooms with personal affects, but rooms were looking dated.

Some safety aspects had not been identified and mitigated prior to the inspection. The risk to people from hot, uncovered radiators had only been addressed in response to our findings. There were significant gaps in the recording of daily cleaning, water and fridge temperatures, which potentially could put people at risk of harm. Whilst the provider's audits had identified these concerns, action had not been taken promptly to mitigate any risks.

Right Care

People's healthcare needs were being met. Other health and social care professionals were involved in the care and support of people. People were supported with healthy eating and received effective support in relation to monitoring their healthcare. People were supported to receive their medicines safely.

People received care from staff that had been through a thorough recruitment process. Staff were caring in their approach towards people. Staff knew what they had to do to keep people safe and knew what to do if they were concerned. Staff had received training in safeguarding adults and were confident that if they had concerns these would be acted upon.

New staff had received a comprehensive induction. There was a training plan in place for all staff which was being monitored. Staff confirmed they had received ongoing training since the changeover to the new provider.

Right culture

There had been a change of provider and some of their values and ethos were still being implemented to ensure there was a positive culture within the team. A team building day was taking place to develop the team. In addition, further staff training was being arranged such as positive behaviour support and mental capacity, which would enhance the skills of the staff and improve how people were being supported and engaged.

Relatives were happy with the care and support that was in place, although they recognised improvements were needed in supporting people with meaningful activities. They understood the pandemic had stopped some external activities taking place. They were positive about the communication they received.

The provider had systems to monitor the quality of the service. However, some of the concerns we had found had not been picked up by the provider's assurance processes or completed in a timely manner such as the gaps in recording. This included records relating to safety such as water temperatures, fridge temperatures and those records relating to capturing people's experience in meaningful activities and occupation.

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 the service under the previous provider was good, published on 20 March 2020. The service has now been rated requires improvement.

Why we inspected

This was a planned inspection due to a change of provider. We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

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 see what action we have asked the provider to take at the end of this full report.

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

Enforcement and Recommendations

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

We have identified breaches in relation to relation to the governance arrangements of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was not responsive.

Details are in our responsive findings below.

Requires Improvement 

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Requires Improvement 

Fallodon Way

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

The inspection was carried out by one inspector.

Service and service type

Fallodon Way is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Fallodon Way is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since March 2021 when the provider took over the service. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided and spent time with others observing interactions with staff. We spoke with eight members of staff including the registered manager, the team leader, care staff, a compliance co-ordinator and the area manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records, daily records for everyone using the service and a number of medication records. We looked at two staff files in relation to recruitment and staff supervision. 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 emailed three health and social care professionals for their views on the service, but we did not receive a response.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- On day one of our inspection we found two exposed radiators in a bathroom and small toilet on the first floor, which put people at potential risk of burns and scalds. This was not actioned until raised at the first day of inspection. When we returned on day two, work had started to ensure these had been covered and made safe. This meant the risk had been minimised.
- We noted that staff were not checking and recording water temperatures when providing personal care. The home's risk assessment expected staff to record on the person's daily record the temperature of the water in line with the provider's expectations. This shortfall had been identified by the provider's quality assurance systems in February 2022, however had not been actioned.
- On the first day of the inspection we reviewed a person's care plan that had not been updated since 2019. This person was at high risk of falls and this had not been captured in the person's risk assessments. The format of the risk assessments was not in the format of the new provider. Whilst it was clear the person had been made safe because they had been moved to a ground floor room and staff were now supporting with personal care to keep the person safe. This had not been captured in the person's current planning for life file. On our second day the file had been updated and the new risk assessments and care plan had been put in place.
- Environmental risk assessments were in place, which included radiator covers. Radiators in communal areas, hallways and bedrooms were covered. Other risk assessments included safe systems for the laundry, various activities within the home and when people were out and about.
- Staff understood the risks to people and knew the actions to take to keep people safe. Recording in some areas could be improved such as water temperatures when supporting people with personal care. There were also gaps in the recording of fridge temperatures, which potentially put people at risk in relation to food hygiene practices.
- Emergency plans were in place to ensure people received the support they needed in the event of a fire or other incidents. Staff took part in regular fire drills to ensure they knew what to do in the event of a fire.
- Checks were completed on fire equipment, gas and electrical appliances. The social landlord also completed monthly checks on the water temperatures and the environment.
- Moving and handling equipment was checked regularly by the staff to ensure it was safe and fit for purpose. This was in addition to external contractors that serviced the equipment. The new provider had put in a new overhead hoisting to help with one person who needed support with their mobility.
- People had an individual profile on how they were supported with moving and handling, detailing the equipment and the staff support they needed to keep them safe.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware that they needed to do to keep people safe from the risk of abuse. They were confident that the registered manager and the team leader would act on any concerns. Staff had received training on safeguarding adults.
- Relatives were confident that their family member was safe. People looked comfortable in the presence of staff and each other.
- Easy read information was available to enable people to understand how to keep themselves safe and how to raise concerns.
- Policies and procedures were in place to guide staff on what to do if they suspect abuse and what to look out for. There was a whistle blowing policy for staff to raise concerns.
- The registered manager and staff reported any incidences of suspected abuse or abuse to the local authority safeguarding team.

Staffing and recruitment

- The provider completed checks on the suitability of potential staff. This included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.
- People were cared for by suitable numbers of staff. Staffing was planned and contingency plans were in place to ensure safe staffing was in place. For example, the registered manager said they had used familiar bank and agency to ensure continuity of care.
- We observed staff supporting people when needed. The registered manager told us they were in the process of recruiting a cleaner. In the meantime, care staff were having to take on this additional role along with the catering, due to the cook being on a long leave of absence.
- Staff said staffing levels were 'alright' but often it was busy and meant people did not get out as much as they would want them to. However, they said now it was getting warmer this would change as people were happier to go out when it was sunny.
- The registered manager said there had been some workforce pressures in relation to recruitment. They had vacancies for two-night staff, one day care worker and a domestic post. They were actively working with the human resources department to fill the vacancies. In the meantime, regular and familiar agency and bank staff were covering the care hours.

Using medicines safely

- Medicines were safely managed. There were systems for ordering, administering, and monitoring medicines. Where medicines errors had been made, these were quickly found and resolved to keep people safe.
- Medicines were secure, and records were appropriate. Monthly audits were completed to ensure people received their medicines safely.
- The provider had enabled people to store their own medicines in their bedrooms and lockable storage had been purchased.
- Only staff who had been trained and their competence checked would help people with their medicines. This was reviewed annually to ensure staff were competent.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Overall, the home appeared visually clean and we observed staff regularly cleaning high touch points, however, cleaning schedules contained a significant number of gaps.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Relatives confirmed they were supported to visit in line with government guidance. They confirmed contact was maintained during the first lock down with garden visits, telephone and video calls, this progressed to visits in the home. Relatives were positive on how the management and staff had managed over the last two years keeping their loved ones safe. There was an individualised approach to visiting arrangements such as end of life care, which had been promoted throughout the last two years. A relative told us about how visits had been promoted to the person's family home over the Christmas period. Another relative told us staff had supported their loved one to attend a recent birthday party. It was evident this was very much person led.

Learning lessons when things go wrong

- Accident and incident records were documented and showed appropriate actions to address concerns had been put in place. For example, a person who was at risk of falls had moved to a vacant room on the ground floor.
- The registered manager had reviewed incident forms and shared learning from these with staff.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed and were being continually assessed to ensure Fallodon Way was a suitable place to live.
- One person told us they were moving due to the access arrangements. This was because their wheelchair was becoming more difficult to manoeuvre around their home. It was evident they had been very much involved in the decision process and were looking forward to moving to another Brandon Trust home, which they had visited.
- People's equality and diversity needs were identified within their care plans. Staff received training in equality and diversity to be able to meet people's individual and diverse needs. There was a person-centred approach to the delivery of care.
- The registered manager and the team leader were knowledgeable about supporting people with learning disabilities and autism. They were aware of the legislation that underpins what they needed to do to support people and provide a quality service. This included guidance about reducing medicines using the principles of STOMP. STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines.

Staff support: induction, training, skills and experience

- New staff completed an induction, which included shadowing more experienced staff and completing a combination of online and face to face training. A member of staff spoke positively about their shadowing experience and how they had got to know the people living in Fallodon Way and the staff team.
- Staff completed ongoing training covering a wide range of topics enabling them to support people effectively. This included supporting people with learning disabilities and autistic people. The registered manager said staff were completing positive behaviour approach training in May 2022. This was bespoke training around the support needs of one person in particular.
- Staff competency was regularly assessed to ensure they could meet people's needs and they were working to the expectations of the provider.
- Staff confirmed they received regular one to one supervision, from either the registered manager or the team leader. Staff said they felt supported in their roles.

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

- People were supported to eat and drink sufficient amounts.
- People were asked what they wanted to eat on a Sunday evening, and this was incorporated into the weekly menu. Staff told us people could have an alternative to the planned menu if they did not like what was on offer. Fruit and snacks were available to people when they wanted.

- One person told us they had enjoyed their lunch. People had been offered drinks throughout our inspection. A person was observed making their own drinks independently in the kitchen.
- Food and fluid records were maintained consistently for each person as part of their daily records. Weights were monitored, although this had not been completed consistently every month in accordance with the person's care plan. No one was at risk of malnutrition at the time of the inspection.
- Care plans included what support people needed in relation to eating and drinking and any specialist equipment required. The care plan included recommendations from the speech and language team in minimising risks relating to choking.

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

- People were registered with a GP, dentist and optician. Staff maintained records of health appointments, the treatment and the outcome. People were supported by the community learning disability team and specialists such as an epilepsy nurse and speech and language therapist.
- People attended regular dental appointments and were encouraged to maintain good oral hygiene. Oral health care plans were in place for people.
- Annual health checks were completed with the GP practice, and each person had a health action plan. People had a hospital passport. This is a document containing important information about the person, which is shared with hospital staff to ensure a consistent approach and smooth transition from one setting to another.
- A relative said they were kept informed of any health appointments and the outcome. Another relative spoke positively on how they were meeting their loved one's healthcare needs. They said, "They sort it and always keep me informed." They said they found this very reassuring.

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

- The home was in keeping with the local area. It was in close proximity to local amenities and a bus route.
- The home was purpose built and provided people with individual bedrooms both on the ground floor and first floor of the building. There was a stair lift to enable people access to the first floor. People had access to shared space, including a dining and lounge area and an enclosed garden.
- People's rooms were personalised with their own furniture, pictures and ornaments. There were signs on bedroom doors and communal doors including the bathroom and toilets to help orientate people.
- There was a refurbishment plan in place as some bedrooms were dated and needed new flooring and furniture. This work had commenced with one person's bedroom recently being redecorated and new flooring and furniture having been purchased. Some areas of the home had been redecorated including the dining room, the lounge, bathrooms and hallways.
- The registered manager said that the home was not suitable for people who were less mobile due to the difficulties in putting handrails into the corridor on the ground floor. People's needs were being reassessed when people were experiencing difficulties with mobility and were at risk of falls.

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.

- Staff were aware of the principles of MCA. One member of staff told us, "People will let us know if they are not happy or do not want to do something either verbally or through their body language". Staff understood the importance of gaining consent before supporting a person.
- Where people lacked capacity, MCA capacity assessments were completed, and these were specific to the particular decisions that needed to be made. For example, in relation to receiving care, vaccinations and support with medicines.
- Staff had received training on MCA and the deprivation of liberty safeguards. Further training was planned for May 2022.
- We also saw applications had been submitted to the local authority where the registered manager believed that people's liberties may be restricted.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People told us and indicated they felt the staff were kind, caring and respectful. We observed positive and inclusive communication between people and staff. Staff were engaging with people more on the second day of the inspection and the interactions were fun with lots of laughter when a group activity was taking place.
- Staff told us they enjoyed working at the home and spoke about people positively and in a way that showed they respected their rights. A member of staff said, "It is all about the individuals living in Fallodon Way, it's their home. I love my work and feel I have a real sense of purpose".
- Relatives felt their loved ones were well cared for. Comments included, "I have no concerns, X is happy, which makes me happy", "They have settled really well, it is their home, the staff are caring and know X well" and "Staff really look after her, they are on the case".

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

- People were involved in making decisions about how they wanted to be supported. Their views were sought on how they wanted to spend their time, what they wanted to eat and other day to day decisions.
- People had access to advocacy services. An advocate helps people to access information and to be involved in decisions about their lives.
- Staff gave people time to respond, listened to them and provided sensitive support to ensure their needs were met. Staff adapted their communication methods to suit each individual. Staff were patient and waited for the person's response. This was very much in place for a group activity where staff were encouraging each person to participate.
- Each person had a key worker who spent time with them on an individual basis. This time enabled them to plan activities, organise trips and spend time with them. It was evident the key workers actively supported people in speaking out on their behalf for example when they were concerned about a person's wellbeing or that their bedroom needed redecorating.

Respecting and promoting people's privacy, dignity and independence

- Staff closed bedroom doors when supporting people with personal care. Staff were heard asking permission to assist people and clearly explaining to them what they were doing.
- Staff promoted and helped people to maintain their independence. For example, providing encouragement when a person was walking as part of their daily exercise or encouraging a person to help with household chores.
- Care plans included information on what people could do and where they needed support.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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's records relating to activities and meaningful occupation were sparse with significant gaps in recordings of what people had done throughout the day. There was no evidence that people had been out of their home from records viewed for the month of March. Staff were expected to complete a record of activities undertaken throughout the day and whether people had enjoyed the experience.
- Two relatives raised concerns about how people were spending their time and that people were not regularly being engaged in activities when they visited. Whilst they understood that clubs had stopped during the pandemic, they felt their loved one could be doing more than just doing colouring.
- People had an activity planner in their care files, which we were told was not being followed as many of the clubs had not started back up. However, people's activity plans had not been updated to reflect this. Whilst one person had detailed information about activities they enjoyed, this was not in place for others and was not captured in the records completed for the person.
- A member of staff said that at times it could be difficult to organise activities due to staffing and the additional roles of cleaning and cooking. However, they said now the weather was warmer and restrictions have been lifted, they were planning to do more with people. Another member of staff said, clubs were now starting up and some people were on a waiting list for hydrotherapy and they were planning to organise holidays for people. Another member of staff said activities were taking place, but recording could be better.
- People were supported to maintain and develop relationships with those close to them and staff recognised the importance of family and personal relationships. Relatives confirmed they were made to feel welcome and part of life at Fallodon Way.
- On day two of our inspection, we explored activities and engagement further. Improvements had been made. Some people had been out for walk and had a fish and chip supper; another person told us they had attended their singing group. Staff had taken pictures of some of the activities and recorded the activities that had been completed over the weekend and whether these were enjoyed.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- On the first day of the inspection, care plans and risk assessments were not in place in accordance with the new provider's expectations. Care files contained out of date records relating to the previous provider. Whilst no one had come to harm, these did not always reflect people's changing needs such as falls and increased support from staff. We were told these were on the home's computer and had not been printed off.
- On day two of our inspection all care files had been updated with the new provider's care planning format.

- People received personalised care from staff that knew them well and understood how to support them. It was evident people had very individualised routines such as getting up and going to bed. One person liked to be very much on their own and would join in with others when they wanted to, and this was respected. Another person liked to have two baths daily, others liked to shower in the morning. This showed that care was tailored to the person and that they were consulted about how they wanted to be supported.
- A member of staff said the next steps were to work with people to find out from each person what their goals and aspirations were. A format was in place to capture this for each individual. We were told this may be activities, holidays, learning new skills, attending college or exploring whether Fallodon Way was the best place for them to live. It was evident that the new provider was driving improvement in this area.

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.

- The registered manager was aware of the accessible communication standards and told us of ways in which the service was meeting the standards.
- Each person had information on how they communicated within their care plan. This included how staff should support people to make decisions. Care plans and some policies were in an accessible format and written in plain English, including pictures and photographs. One person was using Makaton and staff were responding appropriately. Makaton is a sign language for people with learning disabilities.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedures in place, and these were available in an easy-read format.
- Relatives confirmed they would speak with the staff or the registered manager if they had concerns. A relative told us they did not have an updated copy of the new provider's complaints procedure but would speak to staff or Care Direct if they had any concerns.
- The registered manager said they had not received any complaints directly. Although Brandon Head office received a concern about noise levels, when a choir group were singing in the garden during the period when the country was in lock down.

End of life care and support

- The service was not supporting anybody at the end of their life. End of life preferences including spiritual needs had been recorded for each person. Relatives had been consulted and included in the process, for example, we saw a letter from a relative describing their wishes in the event of a death of their family member.
- A relative had sent the staff a thank you card for the support and the care given to their loved one at the end of their life. They stated they were very grateful for the way the staff had provided support at this time. They said the professionalism and friendly approach of the staff was very much appreciated. The registered manager said the family were able to spend time with the person and stay at Fallodon Way and a priest was supported to visit to provide the person with their last rites.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had implemented a number of audits, which were completed on a weekly and monthly basis, depending on the area being assessed. However, these had not identified any of the issues we found on day one of our inspection, such as the exposed radiators and that the care documentation in people's files was from the previous provider and not in line with Brandon Trust's planning for life.
- There were also significant gaps in records relating to activities, cleaning schedules, fridge temperatures and water temperatures. Whilst there were action plans dated February 2022 in place these had not driven improvement in these areas, which should have been rectified by the 31 March 2022.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Fallodon Way was a new service for Brandon Trust. They had been the provider since March 2021. Relatives were aware of the change of provider. Staff felt the communication could have been better at the time of the transition.
- Staff roles had significantly changed under the direction of Brandon Trust, with staff taking on more roles such as activities, cleaning and cooking. They were also more involved in care planning and making day to day decisions as previously this was management led. Some staff had been resistant to the change and as a consequence have left the service. A member of staff said some staff had embraced the change and they had found the change quite positive.
- Staff we spoke to were clear that it was people's home and choice was very much part of their role in enabling people to live the life they wanted to lead. New systems were being embedded, enabling people to plan goals on how they wanted to live.

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

- The registered manager was aware where concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority.
- They were aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.

- Staff knew they had to report concerns to the registered manager and were confident that these would be acted upon.

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

- People, their relatives and stakeholders were being asked their opinion through a survey. The provider was sending this to ascertain how the last 12 months had been for people with the transition to Brandon Trust.
- Relatives confirmed they had regular contact with the registered manager and staff. They knew who the manager was.
- Team and resident meetings had taken place. Staff meetings had taken place every three months however, there had only been one resident meeting since the service had been taken over in March 2021. The team leader recognised that improvements were needed on the frequency of meetings to ensure people and staff were consulted, involved and kept informed. This formed part of the home's action plan.

Continuous learning and improving care

- When people participated in activities, staff were expected to complete a record of what worked well and what could be done differently. These had not been completed, which meant that improvements could not be made to people's experiences.
- The registered manager had arranged a team training day for the week following the inspection to complete some team building exercises. It would also be a forum to enable staff to speak out about the care and the support provided to people, with an aim to drive improvements.
- Staff received regular training and further training was being put in place such as mental capacity act and positive behaviour support training.

Working in partnership with others

- The registered manager and the staff worked effectively with other health and social care professionals to meet people's specific needs. Care plans showed evidence of professionals working together.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met: The provider had not ensured systems and processes were operated effectively to assess, monitor and improve the quality and safety of the service.</p> <p>This is because timely actions had not been taken to address the shortfalls found with records such as fridge and water temperatures and cleaning schedules. There was a lack of recording of activities and meaningful occupation for people. Systems were not in place to monitor and promote meaningful activities for people. Regulation 17 (1) (2) (a) (b) (e)</p>