

Avenues London

Avenues London - 1a Webb Road

Inspection report

1A Webb Road
London
SE3 7PL

Tel: 02083051920
Website: www.avenuesgroup.org.uk

Date of inspection visit:
12 January 2023
17 January 2023

Date of publication:
12 April 2023

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

Avenues London - 1a Webb Road is a residential care home that provides accommodation and personal care support for up to six people with complex learning and physical disabilities. At the time of our inspection the home provided support to six people in a purpose built building.

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

Right Support:

The model of care and setting did not always maximise people's choice, control and independence. There were not always enough staff to meet people's needs. People were not always supported to maximise their independence or participate in activities of their choice within their local community. Activities were often group based rather than a reflection of people's personal choices preferences and hobbies.

Risks to people were not always identified and there were not always risk management plans in place.

Staff understood their roles under the Mental Capacity Act staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

People had personalised plans for their care but these were not always up to date. Records did not evidence if or how people were supported to identify or achieve their aspirations and goals.

Staff knew how to protect people from poor care or abuse. Medicines were safely managed. People were protected from the risk of infection. People's nutritional needs were met. Staff received appropriate training to meet people's needs. Staff enabled people to access health and social care support in the community. The service worked with people to plan for when they experienced periods of distress or anxiety. Staff had training on equality and diversity, and they considered people's diverse needs.

Right Culture:

It was not evident that people were engaged or consulted about the running of the service. There were no residents' meetings. Records of key worker meetings did not evidence how people's views about the service were sought or acted on.

The service did not proactively consider aspects of people's support needs with a view to increase their

autonomy, their participation in activities of their preference, or empower them to lead fuller lives in the community.

The provider audited the quality of support provided to people. An action plan had been developed to address areas they had identified for improvement. However, this had not always identified issues we found, or actions had not always been addressed in a timely way.

Feedback about the new manager was positive. They and the provider were open and honest about the current shortfalls with the service. They had made some improvements to the service prior to the inspection. The provider and manager showed us how they had been working to address the culture and were aware it was a work in progress.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Good (published 28 August 2019).

Why we inspected

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Avenues London, 1A Webb Road on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to staffing levels, identifying risk, person centred care and governance of the service at this inspection.

We have made a recommendation the provider seeks best practice guidance on supporting people to lead more independent, fulfilled lives.

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 always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement ●

Avenues London - 1a Webb 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 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 site visit was carried out by a single inspector. An Expert by Experience made calls to relatives during 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

Avenues London - 1A Webb Road 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection

Registered Manager

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

At the time of our inspection there was not a registered manager in post. A new manager had been in post for one month and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 12 January 2023 and ended on 17 January 2023.

What we did before the inspection

We reviewed the information we held about the service. We contacted local authority safeguarding and commissioning team who worked with the service to gain their feedback

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We visited the service and spoke with people living there. Most people were not able to express their views verbally about their care. 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 spoke with 3 care workers, the manager, the assistant services manager and a senior operations manager. The Expert by Experience made calls to four relatives to gain their views.

We looked at 3 people's care plans, risk assessments and logbooks. We reviewed other recorded related to the management of the service, such as staff training records, audits and environmental checks.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

Staffing and recruitment

- There were not always enough suitably qualified staff on duty to meet people's needs. Some staff said there were not enough staff to support people in the service, because they were also needed to complete domestic tasks. One staff member commented, "The workload is very heavy here, the cleaning, making beds, cooking and using hoisting equipment. You are so rushed staff end up getting sick." Other staff thought there were enough staff to meet people's physical needs but not to support them with activities in the community on a regular basis. A provider review in November 2022 had identified a shortage of staff to meet people's needs.
- We observed at lunchtime on the second day of the inspection, there was an occasion when one person needed to wait for support to eat as staff were busy with other people. There were periods when staff were engaged in domestic tasks and not interacting with people. There was a high level of agency staff use. On the first day of the inspection the 4 care workers on duty were all agency workers. The senior operations manager said they used the same agency regularly, which we confirmed with the agency staff. The assistant services manager was due to be completing a 'paperwork day' but told us they needed to work with the agency staff as there were no permanent staff on duty.
- People's care plans included that they should be supported with community activities. Records showed this was not happening. The provider told us this was due to the lack of funding for appropriate community support. We saw they were escalating this issue with the local authority.

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

- The senior operations manager told us current staffing levels were based on historic assessments of need and local authority funding. Therefore this was no longer reflective of people's current needs. The provider had raised with the local authority over previous months, that further funding was needed to meet people's needs. The provider had completed new dependency assessments and was in discussion with the local authority about this funding. The provider showed us they continued to escalate their concerns about staffing levels with the local authority after the inspection.
- Relatives gave us mixed feedback about staffing levels. One relative commented, "There are enough staff in the home, not always enough staff to do activities out of the home." Another relative said, "There were enough staff when I visited."
- Recruitment checks were completed before staff started to work at the service to ensure people were

protected from unsuitable staff. The provider had recently recruited new staff and had offered new incentives to their bank staff.

Assessing risk, safety monitoring and management

- Risks to people were not always clearly assessed or identified and up to date plans were not always in place to reduce risk. There were no call bells in the bathrooms and toilets for people or staff to call for help. This had been identified by the provider the previous week, through a recent safeguarding investigation but not yet implemented. This was addressed at the inspection and staff were provided with walkie talkies as a temporary measure. The provider told us they had contacted the housing association to address the missing call bells.
- Some risks to people such as choking risks or other health risks had been recently assessed. However, we found gaps where some risks such as falls had not been clearly assessed with guidance for staff to reduce this risk. The manager told us they were aware that risk assessments needed updating. We saw they had an action plan in place and had identified this area as a priority. On the second day of the inspection we saw they had reviewed some risk assessments although this remained a work in progress.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Permanent staff knew people well and understood possible risks. There was information available about specific risks for agency staff. Most relatives said staff understood risks to people and acted on them. One relative remarked, "They took my family member to hospital. I'm quite confident they would notice if something was not right." However, another relative remarked, "I'd like to see more evidence that staff know people rather than they can read about this in a book. "

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- There were systems to protect people from abuse or neglect. We were aware of recent safeguarding investigations that had raised concerns about the culture of the service. The provider had supported staff with safeguarding and closed culture training following the concerns. Further training and workshops were planned to ensure an open culture was embedded at the service and ensured that staff would report any concerns they had.
- Relatives told us they thought people living at the service were safe. One relative remarked, "Yes definitely, they are safe. Staff there are well aware of their safety."
- Staff told us they had received safeguarding and closed culture training. They were aware of the different types of abuse that could occur and the action to take if they suspected abuse. They confirmed they were aware of the importance of reporting anything of concern and completing accident and incident reports.
- The provider looked to identify and learn from safeguarding and other incidents to improve safety. The manager had reintroduced a clear monitoring system with original copies of accident and incident reports saved and then uploaded to the system to ensure the provider was aware of them. The provider and manager reviewed incidents and accidents and analysed them for any learning or patterns and trends.
- During the inspection we saw a staff meeting agenda item was to discuss learning from a recent safeguarding. The provider also shared learning from other services to reduce risks to people.

Using medicines safely

- People received their medicines as prescribed. Staff followed safe systems to administer, record and store medicines safely. A relative commented, "There are no problems at all. The staff have it off to an art, they know about my family member's medicines."
- Staff were trained, and their competency was assessed to ensure they understood how to safely

administer medicines.

- Medicines were stored securely and safely. Regular medicines audits were completed to help ensure medicines were administered and any errors identified and acted on.
- There was guidance for staff to follow on the use of 'as required' medicines.

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 supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was following current guidance in relation to visiting. Relatives confirmed there were no visiting restrictions at the service. A relative told us, "There are no problems visiting. It is always good, and I have a cup of tea and cake."

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good.

This meant people's outcomes were 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 before they came to live at Avenues London - 1A Webb Road. Most people had lived there for several years. Their care plans included assessments of their needs.
- The senior operations manager told us that if a vacancy arose they would carry out a full assessment of their needs which would gather information from the service user, the family, relevant health professionals and the local authority to consider if the service could meet people's needs safely and to ensure their individual needs were considered and addressed.
- The provider would also consider how their needs would balance with the needs of other people living at Avenues London - 1A Webb Road.

Staff support: induction, training, skills and experience

- People were supported by staff who were sufficiently trained and supported in their roles. Staff received regular training in areas of care that were central to their role. Records showed that training was monitored. Where staff were overdue to attend training, this was booked. Staff received specific training on learning disabilities, epilepsy and autism to ensure they had specific training related to people's needs at the service.
- Relatives said they thought staff were trained and experienced in their roles.
- New staff received an induction which included shadowing experienced staff. Agency staff confirmed they completed an induction when they first worked at the service.
- Staff told us, and records showed they received supervision to support them in their jobs.

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

- Staff had received training on food hygiene and were aware of people's dietary needs, risks and support they may require. A relative commented, "Some things [my family member] can't eat they would cough. The staff have instructions they follow."
- We observed the lunchtime experience and where people required a specific diet saw this was followed to reduce any risk of choking. People's weight was also regularly monitored.
- We observed staff offered people choices of food or snacks by showing the choices. There were pictures of food to assist in some choices. People were supported to eat independently where possible through the use of adaptive equipment.

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

- Staff worked in partnership with health and social care professionals to support people's health needs. Records showed people attended health checks and appointments and advice provided by health professionals was communicated to staff and included in their care plans.
- People had hospital passports in place which detailed their health care and support needs for professionals. This information was readily available and shared with health care professionals when required such as doctors and nursing staff.
- Relatives said they thought staff understood their family members health needs. One relative remarked, "They recognise if [my family member] has a cold or others do. Staff get in touch with the doctor straight away if they need to."

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

- The building had been adapted and decorated to meet people's needs. The provider had identified some limitations with the building as people's needs had increased and was working to address these. For example, there was limited garden space that could be accessed by wheelchairs for people to fully enjoy the garden area and take part in gardening activities. This had been identified by the provider who had been investigating sources of funding to improve this.
- People had their own rooms and access to communal areas, where they could relax and spend time with other residents. People's rooms had been personalised with items and photographs that were meaningful to them and in line with their preferences.
- At the time of the inspection staff were in the process of creating a sensory area for people to enjoy.

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.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff told us they asked people for consent before they provided care and understood their nonverbal cues that would indicate their agreement. Staff training records showed they had received MCA training.
- Care plans included capacity assessments for specific decisions about people's care and best interest records where these were appropriate.
- Appropriate authorisations to deprive someone of the liberty for their own safety were in place or had been applied for from the local authority.

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good.

This meant people were supported and treated with dignity and respect.

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

- People received care from staff who treated them with care and consideration. We observed people interacted positively with staff and showed signs of being at ease in staff company. Relatives commented they thought their family members were happy and well treated at the service.
- Staff had received training on equality and diversity and told us they would provide care in a way that met people's equality and diversity needs. Care plans included people's wishes and preferences in relation to their disability needs, or cultural or religious preferences.

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

- People were supported to make choices and decisions about their care. We observed that staff asked people about their preferences for example in relation to their meals or snacks or activity. Where people may not be able to express their views verbally, permanent staff were able to interpret the signs people made and we observed them explaining these to agency staff when needed.
- The service involved people and their families in reviews of their care with the local authority. Relatives confirmed they were contacted and updated about any changes in their family member's needs.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a way that promoted their dignity, privacy. We observed staff knocked on people's doors and spoke with people respectfully. They understood people's body language and gestures. They told us how they supported people's dignity when they provided personal care.
- Relatives said they thought staff treated people respectfully. One relative remarked, "When we were in [my family member's] room, they knocked on the door and we heard that they knocked on others' doors. Staff do show respect."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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 needs to be involved in their community and take part in relevant activities were not always met. People had individual activity programmes in their care plans, but these were not always being followed. People were not always regularly supported to attend activities such as football or a local club of their choice.
- We were told some activities had stopped following the pandemic. However, where activities had restarted, people were not supported to enjoy them regularly. New opportunities had not been sought to support people to remain active members of the community and pursue activities they enjoyed.
- We were shown a group activities programme in which each person had a set day when staff would support them to go out, for a few hours, rather than people being supported to participate in community activities of their choice. On the first day of the inspection we observed one person went out but on the second day no one was observed to go out.

These issues were a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We had mixed feedback from relatives about people's involvement in activities. One relative commented, "Sometimes they are stuck in 1A Webb Road all day." Another relative said, "Before, people sat watching television and staff were not talking to them, but there's a complete change with staff. We're happy they are in good hands."
- The group activity programme included session with an activity coordinator twice a week and a visiting musician. We observed people enjoying and positively engaging with the activity coordinator and staff in a music activity on the second day of the inspection.

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

- People had an individual plan for their care across all their needs. However, improvements were needed to ensure these met their needs and wishes and provided an accurate plan of support to meet these needs. For example, some care plans we viewed referred to people attending day centre activities to meet their needs for socialisation and their interests. The manager was open about the need to update care plans at the inspection, and we saw they were working to address this.
- Where people had positive behaviour support plans these had been reviewed by the home's manager to

ensure they reflected their current needs. Positive behaviour support planning (PBS) is a recognised approach to support people's distressed or anxious behaviour in a person centred and least restrictive way. Where their behaviour needs and changed referrals were made to the provider's PBS team to address this

- It was not evident at the inspection that people were working towards agreed goals or ambitions in line with Right Support, Right Care Right Culture principles. Following the site visit we were shown records of planning meetings from April 2022 where goals had been agreed and set. However, there was no evidence of how these were prioritised, reviewed, broken down to be achievable, or, of support for staff to plan for the goals and support people to make progress. One goal from 2022 referenced spending time in the sensory room which was not yet completed at the time of the inspection January 2023.
- Records of care did not show showed people were empowered to develop skills across aspects of their care and support, such as making a drink. Records of key worker meetings were not regularly completed and did not demonstrate that people were supported to develop goals or be actively involved in some areas of their daily life, such as meal choosing, or, doing their laundry.
- The provider told us about the 'Active Support' model they had been developing with the Tizard Centre (an academic centre working in autism, learning disability and community care). They told us this would support staff to deliver more enabling and meaningful engagement with people to increase their skills. This approach was in very early stages and we will report on its impact at the next inspection.

Meeting people's communication needs

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

- People's communication needs were identified through assessments and support plans. This included people's needs with regards to their hearing, sight and speech. People had detailed communication passports which provided staff with clear guidance on their communication needs.
- We observed permanent staff were knowledgeable about people's communication needs and able to interpret their gestures and body language. During our inspection we observed permanent staff and some agency staff took time to listen and engage with people.
- Information about the service was available to people in accessible formats such as easy read.

Improving care quality in response to complaints or concerns

- There was a system in place to manage and respond to complaints. People had information about complaints in accessible formats. The manager told us there had been no formal complaints made about the service.
- Relatives said they had not needed to raise a complaint but knew how to raise concerns if they were unhappy about the service. They told us they would speak to the manager if they had any concerns.

End of life care and support

- There were arrangements to support people at this stage in their lives when this was needed.
- People's care plans included information on how they would like to be supported at the end of their lives. This included consideration of their equality and diversity needs.
- The registered manager told us no one currently using the service required support with end of life care. If this arose, they would work with people, their family members and health professionals to make sure people were supported in line with their wishes.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent.

Continuous learning and improving care

- The provider had a system to monitor the quality and safety of the service and had identified some improvements that were needed. However, the risks in relation to the absence of call bells had not been identified through previous regular health and safety audits. Once identified there was no recorded action that had taken place to address this risk. Emergency lighting fire safety checks were not fully recorded as required. This was addressed by the manager during the inspection.
- Some progress to address some of the actions identified was seen. However, we were not assured of the quality of the provider's oversight over progress at the service. This was not evident from the improvement plans or action plans or minutes of regular internal meetings being held to address concerns. For example, actions identified in February 2022 in the improvement plan had not been addressed or any update recorded. Other actions on the improvement plan had not been progressed three months after being identified. An action to update all care plans and risk assessments had been recorded as completed by the provider a few days before the inspection, but the issues we found with people's care plans and risk assessments had not been identified by the provider.
- Accurate records were not always maintained. Risk monitoring records such as food intake or bowel monitoring charts were held across paper and electronic records which made oversight of these difficult. We identified some gaps in the completion of these records on both systems and other records such as health action books. Records did not evidence that people were regularly supported to meet their spiritual needs where this was part of the plan for their care. Accurate records of people's care were not consistently maintained.
- Some agency profiles were not sufficiently detailed to verify the agency staff had received the specific training relevant to the service such as learning disability or epilepsy training. This had not been identified by the provider.
- The provider had introduced an electronic recording system and staff had received some initial training, but this was not embedded. Staff told us they were hesitant and unsure of how to use the system. The provider had not identified this as an area for action or further support. However, during the inspection they told us they would organise further training and support for staff to develop their confidence in using the system.

These issues were a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The new manager and senior operations manager were working to address areas identified as needing action. We saw several areas of progress had been made; for example, in relation to the recording of accidents and incidents and other checks at the service. However, the manager was still managing another of the provider's services at the time of the inspection which meant their time was shared across two services. We observed on the first day of the inspection they needed to take at least three involved phone calls in relation to the other service. This distracted them from the issues they were trying to focus on. We discussed this with the provider and the need for stable and effective leadership. On the second day of the inspection we were told it had been agreed who agreed that the manager would become full time at Avenues London-1 A Webb Road to focus on the improvements needed at the service.
- The manager and provider carried out a range of regular checks and audits across the service to identify areas for improvement. Areas identified from these audits were included in the action plan.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The new manager and senior operations manager were open and honest about the need to improve the culture of the service and work had been undertaken to address this. Staff had received training and further workshops were planned. The new manager used staff meetings to encourage open discussion and explained plans to increase staff responsibility and involvement in the running of the service. They told us they hoped an increase in funding and the staff team would also support improvements to the culture at the service.
- Most staff said there had been improvements at the service and they felt able to raise any concerns or issues and were confident these would be addressed.
- We observed some improvements were needed to support staff to work in an empowering way to increase people's choice and independence in line with the principles of right support, right care, right culture as people were not actively consulted or involved in the running of the service. There was an institutional feel to parts of the support provided. Information about some specific needs was displayed visibly in the communal areas rather than kept discreetly for staff to refer to.
- Relatives said they were consulted about the running of the service. A relative remarked, "We are asked about our views. Avenues keep you updated about changes and send newsletters about what's going on." Some relatives said they thought there had been recent improvements at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: 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 manager understood their role, the requirement to notify CQC of significant events and their responsibilities under the duty of candour. They were aware of the areas of improvement needed at the service, motivated to address these and had taken action to resolve gaps in records before and during the inspection.
- Staff were aware of their roles and were positive about the new manager. One staff member said, "Oh my they are great. They know what they are doing. They are very responsive and gets things done."
- Most staff said although there had been a lot of sickness among staff and regular agency staff, there was good communication and they worked well together as a team.
- The manager held staff meetings which we saw shared information and learning from safeguarding and encouraged staff involvement in the running of the service.

Working in partnership with others

- The service worked in partnership with relatives, the local authority and with healthcare professionals to

support people's needs.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care Care and treatment provided did not always reflect people's preferences or needs. Regulation 9 (1) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way as risks to people were not always identified or updated guidance provided to staff to reduce risk. Regulation 12 (1) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Systems to monitor the quality and safety of the service were not always effectively operated. Regulation 17(1) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably qualified staff were not always deployed to meet people's needs. Regulation 18(1) |

