

Haringey Association for Independent Living Limited

Hail - Great North Road

Inspection report

68 Great North Road
East Finchley
London
N2 0NL

Tel: 02083406035
Website: www.hailltd.org

Date of inspection visit:
26 October 2022
16 November 2022

Date of publication:
09 February 2023

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

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

HAIL- Great North Road is a residential care home providing accommodation and personal care for up to 5 people who have a learning disability. At the time of the inspection, there were 4 people living at the home which is in 1 adapted building.

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

Right Support

People were not supported to have maximum choice and control of their lives. Staff did not support them in the least restrictive way possible and in their best interests, the policies and systems in the service did not support this practice.

Staff supported people to take their prescribed medicines, but this was not consistently managed safely and in people's best interests. People could not always choose how they wanted to spend their time, whether they wanted to be with other people or in their own space. Although most people had support to go out and enjoy their choice of activity during the day, there were less opportunities in the evenings and at weekends. People sometimes went to bed early and spent the evening alone in their room when it was not clear whether this was their choice.

Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice.

Right Care

There were some positive caring interactions where staff were kind and supportive to people. Some staff were very caring to people living in the home. There was a lack of assurance that staff were trained in understanding learning disability and people's rights.

One person spent an afternoon and evening in bed with no personal care and staff did not recognise that this was unacceptable care. Staffing did not always meet people's needs and preferences. Care was sometimes delivered in a routine and task-centred rather than person-centred way.

Right Culture

There was a lack of evidence of a positive person-centred culture which promoted people's rights and autonomy. The service was not able to demonstrate they were meeting the underpinning principles of right

support, right care, right culture. Staff were not aware of the right support, right care, right culture guidance.

Management oversight was ineffective, and although systems were in place to monitor the quality of care provided by the service, we found concerns their systems had not effectively improved. There was a lack of formal engagement with people, staff, professionals and relatives.

Recruitment practices were not consistently safe as some required checks had not been completed before staff worked at the service however the provider advised that no new staff had been employed since the last inspection and they would be operating safe recruitment going forward.

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

At the last inspection we rated this service inadequate (published 27 April 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made but the provider remained in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We have found evidence that the provider needs to make improvements.

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 HAIL - Great North Road on our website at www.cqc.org.uk

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.

Enforcement and Recommendations

We have identified breaches in relation to providing safe care, medicines management, person-centred care, staffing and the overall management of the service at this inspection. We served a warning notice in relation to safe care and medicines management.

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

We have made 2 recommendations. We recommended the provider improve their recruitment practice and in line with best practice and ensure people have opportunity to make end of life care plans.

Follow up

Due to the seriousness of our concerns, we have requested an urgent 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 overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of

inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe. Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective. Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring. Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive. Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led. Details are in our well-led findings below.

Hail - Great North 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 team consisted of 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They assisted the inspection by making calls to seek feedback on the service.

Service and service type

HAIL- Great North Road is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Hail – Great North Road 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 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 a registered manager in post.

Notice of inspection

Inspection activity started on 27 October 2022 and ended on 6 December 2022. We visited the service on 27

October and 16 November. Both visits were unannounced. On 16 November we carried out a visit during the evening to see how people spent their evenings in the home.

What we did before the inspection

Before our inspection, we reviewed the information we held about the home.

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 spoke with the registered manager and 10 support workers, 3 of whom worked as day operations staff who came to the home to support some people to go out during the day. We met the 4 people living in the home. We were able to speak with 2 people. We spent time observing staff interactions with all 4 people to help us understand the experience of people who could not talk with us. We also observed a mealtime. We looked at 3 people's care records and medicines records for all 4 people; we also looked at various documents relating to the management of the service. This included staff training, provider audits and health records.

We completed a tour of the building and we looked at medicines' management and food safety. We received feedback from 3 relatives, 1 advocate and 1 professional on behalf of people living in the home to get their views on the service.

We had meetings with the registered manager and regional manager.

We requested further information from the registered manager and provider which we reviewed as part of the inspection and we held a further meeting with them to discuss concerns.

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 remained inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

At our last inspection the provider had failed to demonstrate that medicines were effectively managed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not managed safely.
- On the second day of our inspection, staff on duty had given one person their night-time medicine at 6pm, without authorisation from GP/pharmacist that this is acceptable and advisable. No reason was recorded for this and staff told us this was their usual practice. We found this had happened on previous occasions.
- Another person's medicine had been signed for in advance and staff told us they hadn't given it yet but had signed in advance in error.
- Another medicine written on the medicines administration chart to be given at 10pm was given at 8pm, again with no evidence that this had been checked with the GP or pharmacist.
- Two staff told us night staff did not give medicines. This was given as the reason why one person was given their 10pm medicine at 8pm. The regional manager told us night staff were trained to give medicines so should be giving medicines prescribed for 10pm rather than day staff giving it 2 hours early.
- There was a lack of knowledge about people's medicines and why they were prescribed. The registered manager said one person had been taking paracetamol daily for 3-4 years but staff were unable to explain what pain this was prescribed for. Staff did not know what medical conditions all the medicines were for.
- Written protocols for topical medicines (creams, drops etc) did not give sufficient details about which part of the body they were for.
- Relatives were not confident that medicines were managed safely.
- We discussed the concerns about medicines immediately with the registered manager and regional manager on behalf of the provider. They were aware this had happened before. They confirmed that night staff would be giving 10pm medicines from now on.
- They told us they then checked with the GP and had verbal confirmation that both people's night medicines were able to be given earlier but they did not provide any written confirmation of this advice when we requested it.

This failure to manage people's medicines safely left people at risk of harm of not receiving their medicines as prescribed. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff did not administer medicines until they were trained to do so. The registered manager had assessed staff competence at administering medicines.
- Medicines were stored securely. There were suitable arrangements for ordering, receiving, and disposing of medicines.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- There were risk assessments in place outlining risks to people's safety and advising staff on how to mitigate the risks however these were not comprehensive. One person had been assessed as at high risk of pressure ulcers as a result of this concern being raised at the last inspection. The risk assessment had been completed but no risk management plan or care plan was in place to advise staff on how to support the person. The registered manager told us repositioning records were put in place after our first inspection visit but at the time of our second visit two weeks later there was a lack of evidence of these records or of staff knowledge of what they needed to do to support the person to prevent pressure sores.
- On our second visit, we found a person to have been left in bed with no personal care provided and no evidence of being supported to change position for 7 hours. This person was also given their evening meal sitting up in bed when their eating and drinking guidelines stated they should be sitting upright in their wheelchair to eat. There was no explanation why staff could not have supported the person to get out and eat in their wheelchair in the dining area with other people as per their usual routine. This was not safe care.
- One person had medical conditions that were not included in a risk assessment so there was no guidance to staff on specific related risks or symptoms to look out for that may require medical attention.

Preventing and controlling infection

- The service did not fully protect people from risks associated with infection.
- We were not assured that the provider was ensuring Personal Protective Equipment (PPE) was used effectively and safely. Although the PPE guidelines were clear that staff should wear masks when within 2 metres of people, and the regional manager advised us that staff wore masks, staff were not wearing masks when we arrived on the first day of the inspection, but put them on once we arrived. On our second visit staff were not wearing masks at all.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure safe care. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had been trained in preventing and controlling infection.
- We were assured that the provider's infection prevention and control policy was up to date.
- The home was cleaned to a good standard.

At our last inspection the provider had failed to ensure the premises were properly maintained and safe. This was a breach of regulation 15 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 15.

- The home had been completely refurbished with a new kitchen and bathrooms, safe radiators and redecoration, so the environment had improved for people and there were no observed risks to people's safety.

Staffing and recruitment

- Staff were not effectively deployed or recruited in a safe way.
- There was a lack of evidence that staff recruitment practice had improved since a breach of regulation 19 at the last inspection. However, the registered manager told us that no new staff had been employed and they would ensure evidence of safe recruitment was available in the home for any new employees therefore we have not repeated this requirement.

We recommend that all recruitment is carried out in line with best practice.

- There were 2 staff on duty 24 hours a day with a 3rd member of staff where needed for specific appointments and activities. For 1 person there was a lack of evidence from written records that they were provided with their agreed 20 hours a week staff support for activities.
- We were not assured there enough staff to provide safe staffing levels as at least one staff was working excessive hours of up to 90 hours a week.
- The regional manager assured us that they had staff who had been away but returning imminently to the service so they could ensure staff did not work excessive hours to cover the rota going forward.
- We were informed there had been occasions where a member of staff would leave their shift early without permission.
- Staffing was not always planned in a way to meet people's needs and preferences. There had been 5 occasions during the two months prior to the inspection where 2 men had been on duty who did not meet the needs of a woman living in the home. On the second day of our inspection staff told us that a person had been left in bed for 7 hours as there were no female staff to meet her personal care needs.
- There were 3 further shifts planned on the rota for November for 2 male staff to work together. This contravened the provider's personal care policy which stated that every effort should be made to offer same sex support where at all possible.

This was breach of Regulation 18 – Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2022.

- After 2 meetings with the registered manager and regional manager about this concern, they informed us they would ensure a female staff member was on duty at all times going forward in order to meet personal care needs. They also started an investigation into the incident where a person received no personal care for 7 hours.

Visiting in care homes

- Staff assured us that people could have visitors at any time. A relative told us they were able to visit when they wanted to. There were no restrictions in place.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- Staff had been provided with training in safeguarding. One staff member showed good knowledge of abuse and how to follow safeguarding procedures. Some staff did not recognise or raise concerns about

poor quality care.

- We raised a safeguarding alert about a person's personal care being neglected on the day of our inspection.

Learning lessons when things go wrong

- The service had a system in place to monitor incidents and the registered manager was able to explain how they used them as learning opportunities to prevent future incidents. However, some of the concerns from the last inspection had not improved so we were not assured that lessons were always learned when things went wrong.

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 has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- We were not assured that all staff were suitably trained and supported to carry out their duties effectively.
- Records showed staff had completed mandatory training. It was not clear whether staff were trained in basic life support/ first aid as for two staff this was one of four online training courses completed in a day.
- Some staff had completed training on understanding what a learning disability is, but others were not sure if they had. There was no central record of this so we could not be assured staff were trained in understanding a learning disability. The registered manager told us there had been a technical problem which meant that some training records were not accessible.
- Some staff said they would like the opportunity for more development/training especially face to face training which had not resumed since the national lockdown. Others said they thought the training was good.
- Records indicated staff supervision took place regularly. Two staff said it had not taken place for some time and that they would like more structured supervision. The registered manager told us no appraisals had taken place in the last 3 years. There was no explanation given for this.

Although there was no evidence of harm, the lack of effective staff development in the form of training, supervision and appraisal was a further breach of Regulation 18 – Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were supported with their health and access to health services, but some health needs may not have been fully met.
- People had care plans outlining their health conditions and health needs. One person had an acquired disability on which there was no information recorded. The registered manager did not know the nature of the injury or what ongoing symptoms this may have for the person. They had not requested this information from the local authority. Another person had health conditions that had not been assessed for risks to their safety. This is addressed in the safe action of this report.
- People had hospital passports which were to ensure healthcare professionals would know important information about the person in the event they had to go to hospital. We noted the information on one person's passport about how they took their medicines was out of date. The registered manager told us they corrected this immediately after the inspection.

- Staff supported people to arrange and attend appointments with their GP, hospital consultants, dentist, optician and chiropodist as needed. However, we were not assured their health needs in this respect were always fully met. One person's record of dental appointment from March 2021 stated that staff were to arrange a six monthly visit which had not been done. Although the registered manager told us an appointment was booked for November 2022 this was 14 months after it was recommended.
- For another person, there was a lack of information about any visual impairment. Records showed they had seen a hospital ophthalmologist but there was a lack of information about their vision and what reasonable adjustments they may need in their care plan. The registered manager said the person had glasses but did not want to wear them. No evidence was provided that they had any glasses or that they had decided not to wear them. No evidence was provided that the person had been supported to have further appointments at the hospital as mentioned on the appointment record. We discussed this with the registered manager and regional manager. We did not receive any update as to whether they had acted on this.

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

- Oral care had improved since the last inspection after this was raised as a concern. We saw that there was clear guidance for staff on how to support people with their oral care.
- People had an assessment and care plan in one document. The care plans in place outlined their needs. One person's care plan was very comprehensive and gave good information about their holistic needs. The other care plans contained less detail.

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 authorizations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We checked one DoLS and there were no concerns. The registered manager informed that all the other DoLS had expired, new applications and assessments had been completed and they were waiting for the local authority to send these to the service.
- Staff had some understanding of the MCA. Care plans lacked evidence of assessing people's capacity to make decisions and choices in their day to day life for example whether they wanted to go to bed at a specific time or only when they were ready to sleep. This is addressed in the responsive section of this report.
- Staff said they understood mental capacity and that they gave people choices daily.

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

- People were supported with eating and drinking.
- People had eating and drinking guidelines written by a speech and language therapist due to having

swallowing difficulties. We observed one mealtime and saw that these guidelines were followed to ensure safe eating. The guidelines were kept in a cupboard at both visits so were not easily accessible to remind staff of each person's requirements. However staff on duty knew people's individual requirements.

- Staff were knowledgeable about what people liked to eat and drink. There was relaxed atmosphere at the meal table and staff were attentive to each person to ensure they received the support they needed, which ranged from help to eat to gentle prompting.
- Staff responded to people's requests relating to eating and drinking. For example, one person didn't want to eat their meal and said they would have it later. Staff respected this and offered the person a cup of tea which they accepted. Another person was reluctant to eat, and staff gently encouraged them. We saw they ate when prompted and appeared to enjoy their meal.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other professionals and followed their advice or provide effective care. No concerns were raised by professionals and one told us they thought staff communicated well with them and followed their recommendations.

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

- The home had been refurbished to meet people's current needs.
- Since the last inspection there had been significant improvements in the physical environment of the home. There had been adaptations to meet the needs of those with a physical disability. Both bathrooms had been refurbished and now met people's support needs. The rest of the home had been redecorated. A new kitchen had been fitted. New flooring was being laid during the week of the inspection to further improve the environment.
- There was a stairlift available and a ground floor bedroom which was fully accessible. Another ground floor bedroom was being used to dry laundry, but the registered manager told us there were plans to install a sensory room there.
- People had personal items, for example, family photographs and televisions, in their bedrooms.

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 has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- We noted records showed on two occasions in the week of the inspection night staff recorded they had supported a person in the early morning to shower and get dressed and go back to bed. There was no record why this person might choose to get dressed then go back to bed. There was no record made that they were offered to get up, to have a drink or breakfast.
- Staff had taken one person to bed in the afternoon when this was not their expressed choice. This was an example of a person not being well treated and is addressed in the responsive section of this report.
- There was limited evidence of two people's cultural and religious backgrounds being reflected in planning their care and their lifestyle. The registered manager was not aware of one person's specific cultural background or whether they had any related preferences.
- During a mealtime we saw staff encouraging people to be as independent as they were able. Staff told us they ensured people's privacy and dignity were respected when they supported with personal care.
- Staff knew people well and when we visited, we saw some positive interactions. Some staff were very caring towards people and when they talked about people. They told us they thought of people in the home being like family members.

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

- We saw that people felt able to express their views to staff and to us during both visits which was a sign they felt comfortable enough to do so. However there was little evidence of people being supported to express their views on or be involved in planning their care.
- Although people could communicate their preferences if staff were familiar with their communication styles it was not clear whether people had been involved in decisions about daily routines. There was no evidence of involvement in the care plan by their representatives for 3 people.
- Some staff were very caring in the way they treated people and spoke about them.
- Relatives confirmed that some staff were caring and empathic.

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.

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

- People's preferences were not fully assessed and they appeared to have limited choices and control in their daily lives.
- We found practices which did not indicate the service promoted or supported people with personalised care.
- Night staff told us people were always in bed when they came on duty which we discussed with the registered manager and regional manager as this was early for 4 adults to be in bed. We asked if this might be an institutionalised practice in the home and they said they would look into this.
- Prior to our second visit we were informed that one staff member assisted people to go to bed straight after their evening meal which was of concern.
- When we arrived at 7pm on the second inspection visit, staff had already supported 3 people to bed. This was an indication that the information we received may have been correct.
- Inspection of night care records showed that 3 of the 4 people were still awake at 10pm. One member of staff told us people were often awake until after midnight. We were not assured there was a good reason why people were in bed so early other than one person whose care plan was clear they liked to go bed very early.
- Night records showed night staff monitored people's safety all night through use of audio monitors and epilepsy sensor technology. Records showed they checked on people and supported them with any personal care needed every 2-3 hours. Records did not indicate why this particular time period was chosen for any of the 4 people. Records showed that people were supported with continence needs during the night. If someone was awake in the night, there was no record of checking whether they were thirsty or hungry.

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

- There was little evidence of people's protected characteristics being assessed and addressed for example religious and cultural backgrounds. A relative, the registered manager and staff told us that one person liked to attend church and there was no explanation given as to why staff did not support this person to do so.
- Three people went out during the day on weekdays to a variety of activities and a daycentre, supported by day operations staff, employed by the provider. Relatives confirmed that people went out to activities they enjoyed.
- On the first day of the inspection people had been out on an individual basis and then to a party with people in another local care home. They returned home in a good mood and staff said they had enjoyed their day.

- The other person had less opportunities to take part in activities.
- The local authority paid additional money for people to have specific hours of staff support for activities each week. We did not request records to evidence these hours were provided for three people. For one person there was no evidence to show they received their agreed hours of support each week.
- There was a lack of social activity for people in the evenings and at weekends with no clear reason for this.

There was no evidence people were harmed but there was a lack of evidence that care met people's needs and reflected their preferences. This amounted to a breach of Regulation 9 – Person-centred care, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

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

- Staff knew people well and were able to communicate with people verbally. For people who had sensory loss there were no records of any reasonable adjustments they may need to ensure good understanding.

Improving care quality in response to complaints or concerns

- We saw the provider had made improvements in response to complaints, concerns and safeguarding alerts.
- Where someone had raised concerns about the quality of care, we were not assured that they were always respected for doing so.

End of life care and support

- The service was not yet prepared to meet people's end of life wishes and needs.
- One person had a funeral plan in place.
- Despite some people being older, the service had not developed end of life care plans to plan ahead for where people might prefer to be cared for during illness and at the end of life, what would be important to them and what their specific wishes and preferences would be both for end of life care and in the event of their death.
- The regional manager told us that end of life care planning was in progress.

We recommend that end of life care planning is offered for all people in line with best practice.

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 inadequate. At this inspection the rating has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At the last inspection, we found systems were either not in place or robust enough to demonstrate that there was adequate oversight of the service.

This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A warning notice was served on the provider and the registered manager.

Not enough improvement had been made and the provider was still in breach of Regulation 17.

- There was a governance framework in place. This included a selection of audits and checks carried out by the registered manager and the provider. A number of improvements had been made since the last inspection but some of the issues identified were still outstanding.
- During this inspection we found issues with staffing, person-centred care, risk management, medicines, infection control which had not been addressed effectively by the provider.
- The provider showed us evidence they were aware of some of the concerns in this home, had carried out extra monitoring visits and had taken action, including disciplinary action against staff. However, these concerns were still present and this indicated a lack of effective systems in place to improve.

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

- The registered manager had not completed a management qualification started some time ago so was not suitably qualified.

This was a breach of Regulation 7 – Requirements relating to registered managers – 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;

- We were not assured that the culture in the home was person-centred and empowering.
- There were indications that evening, and night routines lacked a person centred approach.
- There was a lack of emphasis on positive outcomes for people in care plans and staff had not been

provided with training or information about Right support, right care, right culture.

- The regional manager told us that the provider's values were promoted in the home. One staff member was able to talk about the provider's values which was positive.
- We had mixed views from staff and relatives as to whether the registered manager was approachable and supportive.

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; Continuous learning and improving care

- The registered manager knew the requirements of the duty of candour.
- The regional manager on behalf of the provider told us they were working to continually improve this service. They gave us examples of this happening in practice so we were assured of the provider's intention to improve the safety and quality of the service. The regional manager attended the service on a weekly basis and outside of office hours to monitor quality of care when the registered manager was not present.
- The provider had worked with the landlord to ensure the building was improved since the last inspection where a warning notice was issued in respect of this. We saw that there had been refurbishment of kitchen and bathrooms and redecoration throughout to provide a safer, cleaner and more homely environment for people to live in.

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

- There had been no formal engagement exercise with people, their relatives and advocates and visiting professionals for gathering people's views of the service.
- We received mixed feedback in our contacts with relatives, advocate and professionals. One professional said that staff acted on their recommendations and communicated clearly.
- Staff meetings were held to give staff the opportunity to express their views and opinions on the day-to-day running of the service and for the provider to ensure staff knew expectations of them.

Working in partnership with others;

- Staff worked with other professionals to ensure people were supported such as speech and language therapists.

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 The registered persons did not ensure care always met people's needs and reflected their preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons did not operate effective systems and processes to assess, monitor and improve the safety and quality of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 7 HSCA RA Regulations 2014 Requirements relating to registered managers The registered manager did not meet all the requirements of a registered manager including being suitably qualified.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered persons did not always effectively deploy staff to meet people's needs. Staff were not all suitably trained, supervised and appraised to ensure they were appropriately qualified, competent and skilled to carry out their duties.

