

# Isle of Wight Council

## Carter Avenue

### Inspection report

31 Carter Avenue  
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Isle of Wight  
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Tel: 01983867845

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Carter Avenue is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Carter Avenue is registered to provide accommodation and personal care for up to six people and supports people living with a learning disability. At the time of the inspection there were five people living at the service.

Best practice guidelines recommend supporting people living with a learning disability in settings that accommodate less than six people. The service model at Carter Avenue was therefore aligned to the principles set out in Registering the Right Support. The service goals for people using the service reflected the principles and values of Registering the Right Support including; choice, promotion of independence and inclusion. Overall people's support was focused on them having as many opportunities as possible, to have new experiences and to maintain their skills and independence.

People's experience of using this service:

A person told us they enjoyed living at Carter Avenue. They said they felt safe and staff were nice. People's relatives were also positive about the service. People were supported to participate in a range of activities of their choice.

Although we found areas of improvements since the last inspection, we also found some areas of practice that had the potential to place people at risk. Where marks or bruising had occurred, these were not promptly investigated by the registered manager meaning that action to mitigate any risks or causes of injuries may be delayed. People received their medicines safely and as prescribed, although audits had not identified that these may not always be stored at safe temperatures. Governance systems used to assess the quality and safety of the service did not always identify concerns and drive improvement.

People received support which met their needs, staff knew what was important to people. People's dignity and privacy were respected.

People's rights to make their own decisions were respected. Staff supported people to make choices in line with legislation. However, people could not access the rear garden independently due to steps and uneven surfaces. This provided an unnecessary restriction for people.

The environment was generally clean, and plans were in place for a major redecoration and refurbishment of the kitchen and other areas of the home.

People and family members knew how to complain and were confident that if they raised concerns, the registered manager would act promptly to address these.

At this inspection the service met the overall characteristics of requires improvement; more information is in

the full report.

Rating at last inspection: The service was last inspected in February 2018 where we undertook a full comprehensive inspection (report published May 2018). It was awarded a rating of Requires Improvement.

Why we inspected: This was a planned inspection based on the previous inspection rating.

Follow up: We found two breaches of regulations. The service remained rated as requires improvement. We will request an action plan from the registered provider about how they plan to improve the rating to good and meet the requirements of the regulations. In addition, we will meet with the provider to discuss their plans to make improvements. We will also continue to monitor all information received about the service, to review any risks that may arise and to ensure the next planned inspection is scheduled accordingly.

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Carter Avenue

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was conducted over two days and was completed by one inspector.

#### Service and service type:

Carter Avenue is registered to provide accommodation and personal care for up to six people. At the time of the inspection five people were living at the home. The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection:

We did not give notice of our inspection.

#### What we did:

Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the action plan the provider sent us following the previous inspection.

#### During the inspection we gathered information from:

- Observations of care staff and all people using the service.
- Speaking with two people who used the service.
- Four people's care records.

- The registered manager, the nominated individual and two members of the provider's management team.
- Seven members of care staff.
- Records of accidents, incidents and complaints.
- Audits and quality assurance reports.
- Records of recruitment, training and supervision.

Following the inspection, we gathered information from:

- Two relatives of people using the service.
- Three external healthcare professionals.
- One social care professional.

# Is the service safe?

## Our findings

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

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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management:

- People were not always protected from risks.
- Individual risk assessments had been completed which were comprehensive and individual to the person. However, staff were not always following these risk management guidelines. One person was assessed as a risk to themselves and others, and this was managed by the allocation of a staff member to be with them at all times. However, on two occasions the person was seen to walk up the stairs without their nominated staff member being aware of what they were doing or where they were. This placed the person and others at risk of harm.
- Staff were recording the amount some people drank on fluid recording charts. A staff member in charge of the home was unaware of the desired amount the person should drink in a day and suggested "about 1000 millilitres". The fluid records were not being fully completed or added up at the end of each day. We totalled some of the recent fluid records and found that the person had not received the amount specified by the staff member and no action had been taken. The person's risk assessments did not include their risk of dehydration and how this should be managed. The failure to ensure accurate records were maintained meant prompt action may not be taken when required. The registered manager acted to address poor record keeping with staff and initiated procedures to ensure records were more closely monitored.
- Where people had fallen or suffered injuries to their head/face during a seizure, records did not always show that appropriate post head injury monitoring was undertaken. This had also not been identified during care file audits. A failure to monitor people following a head injury means any complications may not be promptly detected and medical attention sought.
- Most risks from the environment had been assessed and identified where actions were required. However, for some risks such as the risk of legionella all actions necessary had not been taken. The registered manager had been in contact with the landlord for the building requesting this was completed. They told us they had not received a response meaning we could not be assured of people, staff or visitors' safety from the risk of Legionella. Staff were responsible for checking the fire detection equipment weekly. Records showed that this had not always occurred and that it had taken the registered manager several months to identify and rectify this situation.
- Not all substances that were potential harmful to people were stored safely. Cleaning products used in the laundry area were kept in a cupboard which would be accessible to people. The cupboard was not locked although a lock had been fitted to it. We raised this with the registered manager who identified that the key was upstairs and ensured the cupboard was then locked.

The failure to ensure all risks were managed safely was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were fully involved in the completion of fire drills and staff had received fire training. Personal emergency evacuation plans (PEEPs) were in place. PEEPs are used to identify what assistance each person would need to safely leave the building, in the event of an emergency.
- Business continuity plans were also in place to ensure that people were prioritised in terms of risk during crisis situations.

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

- People were not always protected from the risk of abuse or inappropriate treatment.
- During the inspection we noted occasions when a person was not treated correctly by staff. We saw a staff member pulling a person by the arm when walking in the community and within the home. We immediately informed the registered manager of this and they took prompt action in respect of the staff member.
- Staff had received safeguarding training and were aware of the actions they should take should they have a concern about people's safety.
- The registered manager was clear about their safeguarding responsibilities and actions they would take if they had safeguarding concerns. When necessary they had reported concerns to the local safeguarding authority and to CQC and taken action to promote people's safety.
- One person told us they felt safe. Both family members confirmed they felt their relative was safe.

Learning lessons when things go wrong:

- Immediate action was not always taken to investigate and make any necessary changes when bruises or injuries were noted.
- When staff noted bruises or marks on people they completed a body map however, there was a delay of up to a month in the registered manager monitoring these. For some records we viewed, it was not evident that the registered manager had reviewed these as the section for them to sign remained blank. This meant injuries may not be picked up immediately and prompt action taken to ensure people's safety. Following discussion with the registered manager they arranged to change the procedures to ensure all marks or injuries were reviewed promptly.
- The registered manager took immediate action following a person falling early in the morning. The action taken ensured two staff were available from 6am, as people were waking up early and it was identified that one member of staff was insufficient to ensure people's safety at that time.

Using medicines safely:

- Medicines were not always managed safely.
- When medicines are not stored at correct temperatures there is a risk they will not be safe for use. Staff were usually recording the daily maximum and minimum temperatures medicines were stored at. However, when these temperatures were above the manufacturer's recommended safe level, no action had been taken to ensure these medicines were safe for use, or that in future they were stored at a safe temperature.
- Topical creams and solutions are only safe to use for a specific time after opening. Whilst most topical creams and solutions had an opening date on them, two did not.
- Audits of medicines management were completed by the registered manager or a senior staff member however, these had not identified the above concerns meaning the auditing process had failed to ensure people's safety. Once we made the registered manager aware, they acted to rectify the situation.
- Staff had received medicines management training and a competency assessment had been completed. We observed staff administering medicines on both days of the inspection and saw this was completed safely. A checking system by a second staff member was in place following the administration of medicines, to ensure people had received these correctly.

Preventing and controlling infection:



- People were not always protected from the risk of infection.
- The laundry room did not have a wash basin, meaning staff were unable to wash their hands following handling laundry. The nearest hand wash basin was in the ground floor bathroom which would not always be available and its access from the laundry was through a dining room. The provider told us that in August 2018 they had identified the need for hand washing facilities in the laundry room. However, no action had been taken to reduce this infection control risk until we raised this with the management team. The provider arranged for a wash basin to be fitted to the laundry as part of other refurbishments planned for the weeks following the inspection.
- There were also no facilities, other than the bathroom, should staff need to wash buckets or other items used in cleaning. On the second day of the inspection we saw the kitchen dustpan and brush was used in the laundry and then washed in the same bath used by people when bathing. Although the bath was cleaned following this the failure to have suitable facilities to clean potentially contaminated items other than a bath used by people on a daily basis meant there was a risk of cross contamination.
- The provider's policy was for all staff to be 'bare below elbows' and signs were positioned around the home reminding staff of this. This stated that fingernails should be free from varnish however we noted two staff with nail coverings. Once we identified this to the registered manager they acted to enforce this policy. The failure to enforce this policy had placed people at risk of infection and meant best practise guidance for infection control was not being followed.
- Care staff completed all cleaning of the home and had a cleaning schedule to follow. Overall the home was clean, although we found there was a need for additional cleaning which was completed during the inspection under cupboards in the laundry area. All staff had access to personal protective equipment, including disposable gloves and aprons, which we saw they used whenever needed. Secure facilities were available for the safe storage of waste pending its removal from the service.
- An infection control audit had been completed by the registered manager which covered all areas of the home, however this had not identified the need for hand washing facilities in the laundry area. The registered manager was unaware of the need to complete an annual infection control statement and subsequently arranged to complete this.

The failure to ensure all infection risks were managed safely was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care staff had completed infection control training.
- The local environmental health team had awarded the home five stars (the maximum) for food hygiene.

#### Staffing and recruitment:

- There were sufficient numbers of staff available to meet people's needs. A staff member said, "We have time to spend with people." A family member told us, "There seem to be enough staff."
- The registered manager told us that staffing levels were based on the needs of people living at the home. We observed that people were given the time they required and were not rushed by staff. On both days of the inspection people could access the local community with staff support.
- The registered manager told us that short term staff absences were covered by existing staff members, staff from the provider's other homes and regular agency staff. This meant that people were supported by staff they knew.
- Recruitment procedures were robust to help ensure only suitable staff were employed. People were involved in the recruitment process as they were given the opportunity to meet potential new staff as interviews were held at the home. The registered manager said they considered how applicants interacted with people when making decisions about the appointment of new 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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- Staff did not always apply learning effectively in line with best practice which meant good outcomes for people were not always ensured. Further detail about this is included in other sections of the report in relation to infection control, managing risk and medicines.
- Assessments and care plans identified people's needs and the choices they had made about the care and support they received. People and family members, if appropriate, were involved in the assessment process.

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

- The service was small and homely and people could move around freely within the home. However, most people were unable to access the rear garden without staff support. Staff also identified that the rear garden lawn was 'bumpy' and may present a falls risk for people. The failure to ensure the environment was suitable for people, was restricting people's freedom to access external spaces independently whenever they wished to do so. The provider informed us they had been aware of the risks and restrictions posed by the environment since August 2017. However, other than informing the owner of the property, the provider had not acted to implement the necessary changes to reduce the risks and restrictions for people. The provider informed us this was on the registered manager's service improvement plan.
- Carter Avenue did not have internet access for the people who lived there. Staff described how one person had been very interested in accessing information via the internet, when shown this shortly before the inspection. The provider was looking at how this could be provided for people, which would mean they could use technology to support their interests and keep in contact with family or friends.
- People had their own private bedrooms equipped with a wash hand basin and there was a communal lounge, dining room, and kitchen so that people could choose to socialise or to spend time in the privacy of their own room.
- People had been involved in choosing the décor of their own bedrooms, which we saw were individual and met their preferences.

Staff support: induction, training, skills and experience:

- Staff received an induction into their role, which included essential training. New staff worked alongside more experienced staff until they felt confident and were competent to work directly with people.
- Family members were confident in the staff's abilities. One described how they supported their relative who had sight impairment saying "They [staff] talk to him all the time, count the stairs one by one as he goes up and down, lead him gently when he needs to move around the house."
- Staff told us they received training which helped them to provide appropriate care to people and

understand their needs. A staff member said, "We get lots of training, some of its on line and some in a group."

- Training staff had completed included; infection control; medicines management and food safety. Staff were booked to undertake epilepsy training. We identified some additional training that was specific to people's individual needs, which staff had not completed. The registered manager subsequently contacted the provider's training team. They suggested routes for further specific staff training such as common health conditions of older people.
- Staff told us they were well supported in their roles and they received one to one sessions of supervision with the registered manager. Staff records confirmed that one to one sessions of supervision were robust and highlighted that staff care practices and development opportunities, were discussed. A staff member said, "We are well supported by the manager, I get supervision regularly."

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the previous inspection undertaken in February 2018 we found that the provider had failed to meet the requirements of the Mental Capacity Act 2005. We told the provider they must take action to rectify this. At this inspection we found action had been taken. Formal assessments of people's ability to make specific decisions had been undertaken and where necessary, best interest decisions involving family members and health or social care professionals, had been made.
- Staff understood how to protect people's human rights. Staff described how they sought verbal consent from people before providing care and support. A staff member told us, "I always give people a choice and ask them what they want to do."
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the provider's policies and systems supported this practice.
- Where necessary the registered manager had appropriately applied for DoLS and systems were in place to ensure these were reapplied for when necessary. No additional conditions had been applied to any DoLS and people were supported to access the community on a frequent basis.

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

- People were provided with enough to eat and drink although this was not always fully recorded. A staff member said, "There is enough food for people and they get plenty of choice." They added "We take them to the shops so they can choose things they want."
- Staff were clearly aware of people's dietary requirements, likes and dislikes, which were included in their care plans. We saw a staff member offering a person the visual choice between two lunch time options, before preparing the meal. We saw supplies of a dairy milk alternative were available for one person and

staff knew another person should not have a specific type of food.

- Staff encouraged people to make healthy food choices to help them maintain optimal health.
- People could choose where they ate their meals and dining style tables were available in both communal rooms.

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

- Records showed that staff sought support from external health and social care professionals, when needed for people. Care records confirmed people were regularly seen by doctors, specialist nurses, dentists and chiropodists.
- A healthcare professional told us that the staff contacted them appropriately and in a timely way and followed advice given.
- Carter Avenue had an effective policy for transferring people between services. The registered manager told us that should a person need to attend hospital, then a staff member would accompany them and remain until the person was either discharged or settled on a ward.
- Information about personal and health needs was included within a communication passport, which could go with the person to hospital, to help hospital staff meet the person's needs consistently.

## 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

People did not always feel well-supported, cared for or treated with dignity and respect.

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

- A person told us they liked living at Carter Avenue and we saw they and other people, were supported by staff who knew them well and generally treated them with kindness and compassion. We observed some instances when this was not the case as detailed in the safe section of this report. We also observed an instance when a staff member was talking with another staff member and did not ask or acknowledge a person, before placing a clothing protector over their head and giving them a drink. When we identified occasions when people were not treated appropriately to the registered manager, they acted to address this appropriately.
- Family member's spoke very positively about the care their relatives received. Comments included, "I have no concerns- I'm very happy with all they do." Another relative said "[Person's name] was made welcome and settled in without any difficulty which was remarkable in the circumstances." They added "The carers are incredibly patient and encouraging."
- A healthcare professional told us, "The staff appear to be very caring towards the residents."
- A social care professional said, "The people I visit there seem happy and go out frequently to the local community."
- People had keyworkers who were key members of staff that were allocated to provide additional support to a named person. Their role included supporting the person to maintain contact with family members and friends and to access activities, that the individual person may enjoy.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments. For example, we saw that people's religious beliefs had been considered and people were supported to maintain their faith where required.

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

- On most occasions staff respected people's decisions however, we also observed an occasion when this was not the case. A staff member was trying to get a person to have a drink. The person was clearly not interested, but the staff member kept persisting even though the person was actively pushing the staff member away and turning to sit with their back to the staff member. Finally, the person got up and left the room. We told the registered manager about our observations and they took prompt action in respect of the staff member.
- People were involved and supported to make decisions about their care. One person told us about how they were supported to go to Church with a friend. Care staff told us how they had obtained brochures about various places of interest to visit, to help people make choices about where they wanted to go on outings.
- Information recorded in people's care plans demonstrated that they had been involved in making decisions about their care. For example, a section of a person's care plan stated, 'I like to go to bed at about

8pm.' People could get up when they wanted, and we saw a range of times people had got themselves up each morning. One person liked to have a lie in and we saw they regularly got up later than other people.

Respecting and promoting people's privacy, dignity and independence:

- The service had been developed and was in line with the values that underpin Registering the Right Support. These values include choice, promotion of independence and inclusion.
- Most staff treated people with dignity and respect and provided support in an individualised way.
- People were supported to be as independent as possible. People's care plans provided information for staff about what people could do for themselves and where additional support may be required.
- Staff respected people's right to privacy. A staff member told us they would, "Always shut the door and close the curtains when providing care for anyone."
- The registered manager ensured people's confidentiality was respected. People's care records and personal information was only accessible to staff who had the authority to see them.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Staff knew people well and had a good understanding of their needs.
- Family members felt staff provided people with personalised care and they had the opportunity to be in control of their lives as far as possible.
- People were supported to live their lives in accordance with their own choices. Care plans were detailed, person centred and people and their families, where relevant, were involved in reviews of their care and support.
- People's likes, dislikes and what was important to them were recorded. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- People and their relatives said staff were good at communicating with people. We looked at how the service was meeting the requirements of the Accessible Information Standard (AIS). This requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. People's communication needs had been assessed and people had a communication care plan which detailed what support they required to communicate effectively. Care staff were able to interpret people's communication.
- People were provided with opportunities to participate in a range of activities of their choice both within the home and on regular outings to the local community. The provider had arranged for a suitable vehicle to be available for everyone to use.

Improving care quality in response to complaints or concerns:

- People's views about the service were welcomed by the provider. There was a suggestion box into which comments could be placed by people, visitors or staff. People were asked about their views in group and individual meetings and care plan reviews.
- People were provided with information about how to complain or make comments about the service. This information was available for people in suitable an easy read format. The registered manager was aware of how to access advocacy services, should people require support to make a complaint or have their views heard.
- Relatives told us they had not had reason to complain but knew how to if necessary. They said they would not hesitate to speak to the staff or the registered manager.
- Should complaints be received, there was a process in place which would ensure these were recorded, fully investigated and a written response provided to the person who made the complaint.

End of life care and support:

- At the time of the inspection, no one living at Carter Avenue was receiving end of life care.

- The registered manager provided us with assurances that people would be supported to receive good end of life care and be supported to help ensure a comfortable, dignified and pain-free death. Furthermore, they told us they would work closely with relevant healthcare professionals and family members.



# 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

Service management and leadership was inconsistent.

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

- Quality assurance processes including a range of audits completed by the registered manager and senior staff were in place however, these had not identified the concerns we found during this inspection. These included concerns in relation to ensuring people's safety, record keeping, risk management, the environment, medicines, infection control and the actions of staff. People could not access the rear garden independently due to steps and uneven surfaces. This provided unnecessary risk and restrictions for people. The provider informed us they had been aware of the risks and restrictions posed by the environment since August 2017. However, other than informing the owner of the property, the provider had not acted to implement the necessary changes to reduce risks and restrictions for people. Although this had been identified on the registered managers improvement plan no date for complete had been set.
- At the previous inspection in February 2018 the service was rated overall as Requires Improvement. The service has again been rated as Requires Improvement and action has not been taken to ensure the service is safe, effective, caring or well-led.
- Since the previous inspection in February 2018, the provider had strengthened their quality monitoring and assurance procedures. This included monitoring visits by the providers senior management team. Reports from these visits and monthly reports sent by the registered manager did not detail the concerns we found.

The failure to ensure that quality monitoring systems were robust in identifying areas for improvement was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other areas of improvement, such as the need to refurbish the kitchen and other areas of the home, had been identified by the provider. The provider had ensured action to address this was arranged.
- The registered manager was supported by the provider's management team who they had regular meetings with. The registered manager told us they were involved in decisions the provider made, such as the introduction of new policies or procedures. The nominated individual (provider's legal representative) attended the home for the second day of the inspection. Care staff said that if needed, they had contact numbers for the nominated individual and other members of the senior management team and felt confident to approach them.
- Where we identified areas for improvement during the inspection, action was promptly taken by the management team. This showed the registered manager and provider were open to suggestions and acted when required for the benefit of the service and people who lived there.

Planning and promoting person-centred, high-quality care and support with openness; and how the

provider understands and acts on their duty of candour responsibility:

- There was a clear management structure in place, consisting of the provider' nominated individual, senior management team and the registered manager.
- Staff understood the provider's vision for the service and they told us they worked as a team to deliver support that met the needs of individual people. A whistleblowing policy was in place, which was available to staff. Staff were aware of the whistleblowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.
- People and their relatives were happy with the way their care was delivered and spoke positively about the registered manager. One relative said "I have been impressed by the positive and helpful attitude of the registered manager, [name of registered manager]. She has made countless changes for the good at the home."
- The registered manager demonstrated a commitment to providing person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- Staff were positive about the running of the service and spoke highly of the registered manager. Comments included, "We are very well supported by [name of registered manager]; we can talk about anything", "I would recommend the home to work at" and "I love working here. It's well run."
- Health and social care professionals were also positive about the running of the home.
- The previous performance rating was prominently displayed in the entrance of the home. The registered manager notified CQC of all significant events.
- The provider had a duty of candour or policy that required staff to act in an open and transparent way when accidents or incidents occurred. This was discussed with the registered manager who was able to demonstrate their understanding of their responsibilities in relation to this.

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

- People and their families were given the opportunity to be involved in the running of the service.
- Family members felt included and involved in their relative's care although one said, "My one complaint is that I do not get any reports about [person's name], health and activities etc from the registered manager, either by email or post despite my having asked for them." The registered manager told us during the inspection that keyworkers would now be sending monthly reports to people's relatives where they had said they would like to receive these.
- The registered manager created opportunities for people to provide feedback. For example, there were meetings held for people who used the service and quality assurance questionnaires were sent to people, families, staff and professionals annually.
- Where staff had made suggestions or shared ideas about the running of the service, these were taken seriously by the registered manager, considered and if appropriate, acted upon.
- People's individual life choices and preferences were met. The registered manager was clear how they met people's human rights. For example, supporting people to attend religious services and supporting relationships.
- Staff were kept up to date through regular staff meetings; supervision and handover meetings between shifts.

Working in partnership with others:

- The service worked well and in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision. A health professional said, "I have been working closely with Carter Avenue and I would say they have been very good in managing the people there. We do communicate regularly from telephone contact, face to face visits and even emails."
- Staff supported people to attend local community events and to access activities and support from

external agencies.

- The service had links with other resources and organisations in the community to support people's preferences and meet their 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 12 HSCA RA Regulations 2014 Safe care and treatment  People who use services and others were not protected against risks including the risk of infections. Regulation 12 (1) (2)(a)(b)(h).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered person has failed to operate effective systems and processes to make sure they assess and monitor the service against Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended) and ensure compliance with all regulations. Regulation 17 (1)