

Caretech Community Services (No.2) Limited

Church Lane

Inspection report

21 Church Lane
Maidstone
Kent
ME14 4EF

Tel: 01622730867

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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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Church Lane is a residential care home providing personal care adults with a learning disability and/or autistic spectrum disorder. The service can support a maximum of 20 people and there were 19 people living there at the time of the inspection. Some people had sensory impairments, epilepsy, limited mobility and difficulties communicating. The service is split into two separate units. The first floor is called Inglewood Lodge and the ground floor is referred to as Church Lane. Both units had their own kitchens, dining rooms, lounges and shared bath/shower rooms. There were 10 people living in Church Lane and nine people living in Inglewood Lodge.

The service had not been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, independence and inclusion. The service was a large home, bigger than most domestic style properties. This is larger than current best practice guidance. There was a risk that the size of the service had a negative impact on people.

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

Although the provider had improved their oversight of the service we found areas of concern which had not been identified.

Risks had been identified but information was not always recorded accurately to inform staff of the measures they should take to support people consistently. Fire risk assessments had been implemented but information needed to be clearer about the action staff should take in the event of an emergency. Although the provider had worked hard to improve the culture of the service since our last inspection, people continued to not always be fully protected from abuse. Shortly after we inspected we were made aware of another incident where a staff member had spoken unkindly to a person they were supporting. The provider had taken appropriate action to keep people safe. Some people were allocated one to one hours to support their care needs. Hours were not well recorded to show people had received meaningful support.

People's needs were not fully assessed placing them at risk of not receiving the care and support they needed. We reported at our previous inspection that the provider failed to consistently ensure people were supported to achieve their goals and aspirations. This continued to be a concern.

Further improvement was needed to ensure people were treated with dignity and respect. During the inspection we observed a person's clothing exposed their underwear. Some of the language used by staff and in documentation was not dignified.

The service did not always consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for

people did not fully reflect the principles and values of Registering the Right Support for the following reasons; people using the service did not always receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. People were not supported to work towards goals, so they could become more independent and empowered.

Some information in the care plans did not reflect people's current needs. People's goals and aspirations had not been identified. This meant they were not being supported to meet their full potential, become more independent or take as much control over their lives as possible.

Risks around the management of people's health needs had been assessed and measures taken to reduce the risk of harm. There were enough staff to support people with their needs. Staff were recruited safely. Medicines were managed safely. The service continued to be clean, tidy and free from any unpleasant odours.

There was improvement at the service since our inspection in July 2019 where we found poor outcomes for people and unsafe treatment. Further audits were now conducted to provide better oversight and scrutiny of the service. The provider had notified CQC of other incidents that had taken place since the last inspection in a timely manner. Staff told us there had been a great improvement in the culture of the service and the support they received. They felt more empowered and understood their roles. People were given opportunity to provide feedback, relatives fed back positively about the care their loved ones received.

The provider used nationally recognised tools to assess specific health needs. Since our last inspection the support staff received had improved and staff fed back positively about the manager. Staff told us they felt able to undertake their roles safely and effectively. People were supported well with their health needs and care plan information gave clear guidance about how people should be supported with specialised health needs. People told us how they chose what food and drink they had.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. MCA assessments and best interest meetings had been completed to agree the least restrictive measures to support people who lacked capacity with a particular decision.

People told us staff spoke to them with respect and kindness. During the inspection we observed staff and people talk with one another with humour and warmth. People were more involved in the service.

People had more choice and control over the care they received to meet their needs and preferences. People told us they did more and there were more opportunities to go out and do things. People were given information in a way they understood.

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 service was rated Inadequate at the inspection on 04 and 10 July 2019 (the report was published on 02 September 2019) and there were multiple breaches of regulation. We completed a focused inspection following concerns that had been raised on the 6 December 2019. We only looked at the Safe and Well led domain. The Safe domain remained Inadequate, but some improvement had been made and the Well Led domain was rated as Requires Improvement. At that inspection not enough improvement had been made and the provider was still in breach of regulations.

This service has been in Special Measures since July 2019. During this inspection the provider demonstrated that some improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 ●

Church Lane

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors on the first day and one inspector on the second day.

Service and service type

Church Lane 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.

The service had a manager registered with the Care Quality Commission. The registered manager was away from their role. The provider had put in place an interim manager. We have referred to the interim manager as the manager throughout our report. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is

required to tell us by law. We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners, the local authority safeguarding team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. Some people were unable to verbally tell us about their experiences, so we made observations of care to help us understand the experience of people who could not talk with us. We spoke with nine staff including; agency support workers, support workers, the deputy managers, the manager, the locality manager and the operations director.

We reviewed a range of records. This included four people's care records and multiple medicines records. We looked at a variety of records relating to the management of the service, including audits and checks and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance and auditing information. We received feedback from three relatives, two staff members and one healthcare professional.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to Requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection individual risks relating to health, safety and welfare of people had not been robustly assessed and managed. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some improvement had been made at this inspection and the provider was no longer in breach of Regulation 12 although further improvement was required.

- Although risks had been identified, information was not always recorded accurately to inform staff of the measures they should take to support people consistently. There had been an incident in October 2019 where one person had attempted to physically harm another person on an outing. Although staff described the measures they now took to prevent this from happening again, a risk assessment had not been implemented and guidance had not been provided to staff about how to keep people safe. There was a risk not all staff would know the measures to take to prevent repeated incidents.
- Fire risk assessments had been completed but information needed to be clearer about the action staff should take in the event of an emergency. The risk assessments for night time emergencies stated senior staff had specific responsibilities. Senior staff were not always present during the night. There was a risk in an emergency situation staff would not know who was responsible for what area, which could have an impact on how quickly action was taken.
- Peoples personal emergency evacuation plans (PEEPS) contained generic information and were not person centred. For example, 'Fire equipment should be used if deemed appropriate'. There was no information as to what fire equipment this referred to or when it would be appropriate to use.
- The provider sent us information after the inspection to demonstrate they had taken action to address our concerns.
- Risks around the management of people's health needs had been assessed and measures taken to reduce the risk of harm. Risk assessments and guidance was in place for staff to follow and staff had a good awareness of how to support people with their individual needs.
- Staff supported people to take risks and make their own decisions even if this posed a risk to their health and wellbeing. People were provided with information from other healthcare professionals about risks and staff spent time discussing with people, possible outcomes to unwise choices.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider and registered manager had failed to protect people from abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some improvement had been made at this inspection and the provider was no longer in breach of Regulation 13 although further improvement was required.

- At the last inspection we found continued pockets of poor practice relating to the attitude and culture of some staff. The provider had followed their safeguarding and disciplinary processes to keep people safe when allegations of abuse had been made. Although the provider had worked hard to improve the culture of the service since our last inspection, people continued to not always be fully protected from abuse. Shortly after we inspected we were made aware of another incident where a staff member had spoken unkindly towards a person they were supporting. The provider took appropriate action in line with their policies to protect people from the risk of further harm.
- The management team had taken appropriate action when this incident had been reported; such as informing the local authority safeguarding team and CQC. Staff who had witnessed the incident had been quick to report their concerns. Staff told us training had improved around safeguarding and this was regularly discussed as a team.
- Other allegations of abuse had been reported and dealt with robustly. People told us they felt safe living at the service and were treated with kindness and respect by the staff. People were given information about who they could talk to if they had any concerns with their safety. The manager said, "I check any incidents in the file each day, we have more client meetings. We changed the training staff received, the local authority have been in twice to deliver training. We had lots of conversation about safeguarding with staff and people. We have posters up with our pictures. I'm pretty sure they feel they can come to us."

Staffing and recruitment

- There were enough staff to support people with their needs. Five new staff had been recruited since our last inspection.
- Staff were recruited safely, and checks were made before new staff commenced employment. Relevant Disclosure and Barring Service (DBS) checks were completed. DBS checks help employers make safer recruitment decisions. Employers can check if new staff have any criminal convictions or cautions. References were obtained from previous employers.
- Some people were allocated one to one hours to support their care needs. One to one hours were not consistently recorded for people, so it was not possible to tell if people had received their hours of support. We have reported on this more in the Responsive domain.
- People were supported to go out and staff responded quickly when people became anxious or distressed. A member of the management team was at the service every day and time was spent observing staff practice and competency. A staff member said, "Staff team in general is much better. Staff are proactive not huffing and puffing, they want to help you out now. Before there was a handful of staff who didn't want to do what you asked them."

Using medicines safely

- Medicines were managed safely. Medicines administration records (MAR) evidenced that people had received their medicines as prescribed. We noted that one's person medicine profile was missing. The provider sent us information after the inspection to demonstrate this had been implemented. There had been no impact on the person.

- Some people required as and when medicines (PRN). Guidance was in place, so people received their PRN consistently and only as a last resort. Before people were given medicines to help them with their behaviour staff explored other ways to support and distract them according to their care plan guidelines.
- Medicines were stored safely and checked regularly by the management team to identify any errors. Only trained staff were permitted to administer medicines and were competency checked to ensure they followed the correct process safely.

Learning lessons when things go wrong

- The provider told us they had learnt a lot of lessons from our inspections in July and September 2019 where serious concerns were found about people's care. The operations manager said, "Church lane was a big piece of learning, our managers will check services they are totally not involved in to make sure nowhere is insular. We did a piece big of work about internal risk ratings, we're making sure we don't make any assumptions about the quality. We look for early warning signs (by analysing information) and gathering feedback from others."
- More robust auditing and checks on the service had been implemented to identify poor practice quickly. The provider used a tool called 'Operation Orderly' which was used to make checks, identify concerns and learn where things could improve.

Preventing and controlling infection

- The service continued to be clean, tidy and free from any unpleasant odours.
- Staff had enough personal protective clothing (PPE) to carry out their roles safely.
- Staff received training in infection control and understood the importance of cleanliness to prevent the spread of infection.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to Requires improvement.

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

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

At our last inspection people were not consistently supported in a person-centred way. The provider was in breach of Regulation 9 (Person-centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider continued to be in breach of Regulation 9.

- At the last inspection we found people's physical, mental and social needs were not completely assessed. The lack of effective assessments placed people at risk of not receiving the care and support they needed. At this inspection further work was required to ensure people's needs were continually assessed so support was appropriate to their needs. For example, a staff member told us they were helping a person to try to lose weight and become healthy by frequently doing specific exercises together. The person's health and exercise needs had not been formally assessed and a plan had not been put in place to offer them consistent support.
- We reported at our previous inspection that the provider failed to consistently ensure people were supported to achieve their goals and aspirations. Goal setting for people with learning disabilities is recognised as an essential technique to help them feel positive and in control of their lives. This continued to be the case at this inspection. The provider recognised this continued to be an area of improvement and planned to implement key workers to help support goal setting with people.

People were not consistently supported in a person-centred way. The provider continued to be in breach of Regulation 9 (Person-centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider used nationally recognised tools to assess specific health needs. For example, Waterlow and MUST scoring was used to identify people at risk of developing pressure sores or at risk of malnutrition so measures could be implemented to reduce the risk of harm.

Staff support: induction, training, skills and experience

At our last inspection the provider and registered manager had failed to provide staff with the training and support they needed to be effective in their roles. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Since our last inspection the support staff received had improved. Staff told us they felt able to undertake their roles safely and effectively. Staff said, "I've had two or three supervisions since October 2019. I've got positive interaction training coming up" and "I get well supported, the manager is very good. Systems are better, training has been intensified."
- The majority of staff were up to date with training. Training was provided for specialised areas such as diabetes, epilepsy, autism awareness, moving and handling, first aid, allergens, mental health and safeguarding.
- Staff new to care completed the Care Certificate. The Care Certificate has been introduced nationally to help new carers develop key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high-quality care. New carers spent time shadowing other staff and did not work alone until they were confident, and their competency had been checked. A new staff member said, "I had shadowed for 7 days as part of induction where I looked at care plans, pen pictures, daily routines, how to deal with behaviours. It was a really good induction. Manager is really good, you can approach her when you want to at any time."
- Staff felt supported by the new management team. Staff now had regular meetings with their line manager to discuss their development needs and their role. This had a positive impact the care and support people received. All staff had received a supervision in November 2019 and observation supervision in December 2019. Agency staff also received observational supervisions to check their practice. The provider employed a healthcare professional who supported staff with the management of people's behaviour. They had helped complete observational supervisions and fed back to the manager about the way staff supported people with complex behavioural needs, so any improvements could be made.

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

At our last inspection the registered persons had failed to ensure that all people's healthcare needs were monitored, and action taken when issues were identified. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- People were supported well with their health needs and care plans gave clear guidance about how people should be supported with specialised health needs such as percutaneous endoscopic gastrostomy (PEG). A PEG is a tube directly into the person's stomach to provide food, fluid and medicines.
- People had access to health care professionals such as the GP, speech and language therapist, specialist community nurses and occupational therapist. Advice and recommendations from healthcare professionals was followed. For example, some people were prescribed specific exercises by the physiotherapist which they were supported to complete with staff. A staff member said, "I would say we have really pulled our socks up monitoring health. We have Waterlow scores, MUST in place, new daily records are in place which are a lot better as all information is together."

- Staff had a good understanding of people's individual health needs and sought further advice to ensure people received the healthcare they required. A health care professional said, "The home disagreed with (another healthcare professional) and contacted us to ask for help, which is a really positive thing. We are therefore supporting the team to work and support this (person) with a really important (health need)."

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

At our last inspection the registered persons failed to ensure peoples nutritional and hydration needs were meet. This was a breach of Regulation 14 (Meeting nutritional and hydration needs) 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 14.

- At our last inspection we found people had limited choice and control over their food and drink. Food was prepared by staff, people were not involved and had to ask for permission to get drinks and snacks which were given at set times. At this inspection we found this had improved and people were no longer restricted. The kitchen was unlocked, and people frequently made themselves drinks and helped themselves to snacks.
- People told us how they were involved in making their own food, had choice and enjoyed cooking for one another. Some people came together each week to decide who would be cooking meals on which day the following week. If people did not like the meals that had been chosen an alternative was available.
- Staff supported people at risk of dehydration by monitoring and recording fluid intake. Some people required support to manage their weight. One person frequently discussed concerns about their weight with staff but a weight management plan had not been implemented. This is an area of improvement.
- Recommendations from the speech and language therapist and dietician were followed by staff. Some people were able to make their own decisions as to whether they followed the professional guidance or not. If people chose to make unwise decisions around food which put them at risk this was discussed and documented so they understood potential outcomes of their choices.

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

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

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

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

At our last inspection the registered persons failed to consistently practice with regard to obtaining and documenting consent for care and support. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

- MCA assessments and best interest meetings had been completed to agree the least restrictive measures to support people who lacked capacity. We noted two people had restrictive equipment to help them keep safe. Although this had been discussed and agreed as the least restrictive option no information of the decision were recorded. This is an area of improvement.
- Staff had a good understanding around capacity and supporting people to make their own choices and decisions. A staff member said, "Every day we strive to offer choice and individualised, person centred choice and support; from weekly menu planning meetings to each service user having input into what they choose to do with their time."
- Some people had DoLS in place to make sure they were kept safe. The provider understood their responsibilities to ensure any DoLS which had been applied for but not authorised were frequently followed up to check on its progress. Any conditions on authorisations were complied with.

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

- Parts of the environment were being repainted and upgraded.
- Areas of the service had been adapted to meet people's needs. For example, the kitchen in Church Lane had been made accessible for people in wheelchairs. During the inspection one person was helping in the kitchen with food preparation.
- There were hoists and specialist equipment available for people. A bathroom had been changed into a wet room to meet a person's changing physical needs.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved 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

At the last inspection the registered persons failed to treat people with respect and dignity. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider continued to be in breach of Regulation 10.

- Further improvement was needed to ensure people were treated with dignity and respect. During the inspection we observed a person's clothing exposed their underwear. Although the person often fiddled with their clothing alternative ways to protect the persons modesty had not been explored.
- Another person wore their underwear in a way that looked uncomfortable. We asked staff why this was, staff told us "Because they always wear it like that". The person had not been supported to see if they needed to purchase better fitting underwear. There remained a culture where staff did not always feel confident to challenge practice or ask questions.
- Some language used was not respectful. We observed one staff member say to a person "Yeah, it's not good for your wee wee." When they were discussing a particular drink. A person's behaviour support plan said, 'Avoid shouting at me'. The manager agreed this was poor terminology which indicted staff needed to be told not to shout at people and amended the document.

People were not always treated with respect and dignity. This was a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A dignity tool had been implemented which helped staff reflect on poor practice. The tool gave a fictitious scenario for staff to consider. They then identified how dignity had not been upheld and what they could do in their role to ensure they treated other's with dignity and respect. The manager discussed this piece of work with staff in their supervisions.
- The locality manager had completed a dignity audit in September 2019. They made observations of how staff spoke and treated people, if they called them by their preferred names and if they respected their privacy. This helped them identify poor practice or if staff required further training or support.

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

- People told us staff spoke to them with respect and kindness. During the inspection we observed staff and people talk with one another with humour and warmth. People told us they had more control over their lives and could make their own choices.
- People's personal information was kept private. Computer records were password protected so that they could only be accessed by authorised members of staff. Written records which contained private information were stored securely when not in use.
- Some people were supported to attend a religious service at the weekends, other people chose to listen to religious music at home. People's care plans contained information about their religious beliefs.
- People were supported to express their sexual needs. Some people had expressed the wish to arrange a party where adult items could be purchased. Staff were supporting people with their request and said they were being mindful of respecting other people.

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

- People were more involved in the service. There were pictures of people in the newsletter which showed them cooking in the kitchen and taking part in other activities.
- People were asked what they wanted to do and if they were happy with the activities they had chosen for the day. One person came to talk to us in the office. Staff asked the person if they wanted to go out with them and another person to do some shopping. The person said they did, and the staff waited until they were ready to go. Staff were patient while the person decided and did not rush them. Another person had received a postcard from a friend. Staff were interested in who the card was from and the person happily read out the message and said how lovely their postcard was.
- People freely came and went and chose where they wished to spend their time. People frequently came to the office to talk to the manager and deputy manager.
- Staff responded quickly to people when distressed or anxious and knew how to support people to feel calmer. A staff member said, "We now regularly see and have supervisions with Caretechs' behaviour therapist. The Service Users look forward to seeing the PAT dog, having Aromatherapy and 'Music for Health'. One Service User has a daily planner whilst another has a 'Now and then' board to help reduce anxiety."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved 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; 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

At the last inspection the registered persons failed to provide person centred care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider continued to be in breach of Regulation 9.

- Peoples goals and aspirations had not been identified. This meant they were not being supported to meet their full potential, become more independent or take as much control over their lives as possible.
- Some people had been allocated specific one to one hours. Records were not kept to show how these hours were utilised in a meaningful way. For example, one person was having a mental health decline and often refused to participate in outside activities. There was no information about what staff had done to support the person or what alternative activities were offered to aid their wellbeing. The person told us they felt a key worker would benefit them, but key workers were yet to be implemented.
- Some information in the care plans did not reflect people's current needs. One person showed us their care plan explaining what the information meant. Information around an area of risk did not accurately reflect the persons current needs and the person had not been helped to update this information. Information around managing a person's mental health needs required more in-depth information so staff could support them successfully. Some information did not link together to give a full picture of the support people required. For example, one person's care plan did not make links between their diabetes, weight management or how to support footcare.

The registered persons failed to provide person centred care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plans had been updated and contained more detailed information about how people should be supported by staff. Information included how staff could recognise what certain behaviours meant, peoples dislikes and likes, histories and what was important to them. Pen portraits had been introduced as a quick reference guide for staff, so they could understand how to support people if they were unfamiliar with their needs. The manager said, "We now have pen portraits. When we came in we didn't know people well, so

agency wouldn't either. Really it's an overview for staff as a quick reference guide to view."

- People had more choice and control over the care they received to meet their needs and preferences. People were now involved in writing and updating their care plans which gave them more meaning. 'Talk Time' was regularly used which gave people the opportunity to discuss anything they felt was important. A staff member said, "At times some of the Service Users have struggled to get used to making decisions and choices for themselves. Their confidence was low. 'Talk Time' has led to a reduction in anxiety which is lovely to see. Personalities are coming to the fore and relationships have strengthened."
- People told us they did more and there were more opportunities to go out and do things. People planned what outings they wanted to do each week. During the inspection some people went to a café and some went shopping. An activity co-ordinator had been employed and more vehicles were available for people to use. People told us they enjoyed a Pantomime over the Christmas period. A therapy dog and music person came to the service every few weeks which people enjoyed.

Meeting people's communication needs

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

- We observed staff engaging with people and responding to what they told them. People communicated with a range of different abilities and in a variety of ways. Staff understood how people communicated in their own specific way.
- We observed one person made sounds which a staff member told us may indicate they were distressed because new people were present in their home. The staff member took action to respond to the person's distress immediately.
- People were given information in a way they understood, for example in an easy read format or with picture references. People were given a newsletter containing photographs with information about upcoming activities. What people had been doing and recognition for what people had achieved.

Improving care quality in response to complaints or concerns

At the last inspection the registered persons failed to respond to complaints according to their policies and procedures. This was a breach of Regulation 16 (Receiving and acting on complaints) 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 16.

- People told us they felt more confident their complaints and concerns would be listened to and acted on. Relatives said, "I'm happy, yes I'm confident we could raise any concerns and they would be responded to" and "I'm sure if we had any concerns they would listen and respond."
- People were given information about how to make complaints in a format they understood.
- One complaint had been made in August 2019 which had been responded to appropriately.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection systems to monitor the quality and safety of the service were not yet embedded. Improvements had started but were in progress. This was a breach of Regulation 17 (Good Governance) 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 17.

- Although the provider had improved their oversight of the service we found areas of concern which they had not been identified. Shortfalls in risk management and care plan documentation, and the delivery of person-centred care had not identified through the providers own internal audits as areas which required improvement. Further work was needed to imbed auditing processes, so any areas of improvement could be identified and addressed.

Systems to monitor the quality and safety of the service were not effective. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Whilst the registered manager was not working at the service, the provider had put in place an experienced manager. They were supported by the locality manager and operations director. Staff fed back positively about the support they received from the management team. Staff said, "(Manager) is brilliant, she's fair but firm, you can go to her with any problems" and "I do feel part of a team, a team who really care about the wellbeing of those they support. My confidence has grown under the new management team. Management are encouraging, open and honest. I am confident that I can go to them with worries, concerns or new ideas and I know I will be listened to."

- Quality monitoring processes were in place to review and monitor the care people received. There was improvement at the service since our inspection in July 2019 where we found poor outcomes for people and unsafe treatment. Further audits were now conducted by senior managers who did not have day to day contact with the service to provide better oversight and scrutiny.

- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating for their last inspection on their website and in the service.

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

- Since our inspection In July 2019 the manager had made many improvements to the service people received. People were more engaged, included and empowered to have more control over their lives. One person was being helped to become more independent. There were plans to make some adaptations to the environment, so they could have their own front door and personal space. The person said they was looking forward to increasing their independence.
- Staff told us there had been a great improvement in the culture of the service and the support they received. They felt more empowered and understood their roles. Staff said, "Seniors can now do more things and make more decisions, (manager) is really sympathetic" and "Service users will now come and look at the diary and be involved in planning trips, outings and family visits." There were regular handovers and staff meetings, so staff were kept well informed.

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

At our last inspection the provider and registered manager had failed ensure that the Care Quality Commission had been notified without delay of significant incidents. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- The provider had notified CQC of incidents that had taken place since the last inspection in a timely manner.
- The provider had met with relatives in September 2019 to discuss the problems within the service, apologies for the treatment people had received and share the improvement plans in place. Relatives were given the opportunity to express any concerns and asks any questions.

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

- Relatives had been asked to give formal feedback about the service their loved one received in December 2019. Comments were positive including, 'Telephone communication is always excellent'; 'All of (persons) carers seem good and caring towards her' and 'Excellent newsletter with photos'.
- People were given opportunity to provide feedback through their 'Talk Time' weekly meetings, and when senior management visited. During the inspection the operations manager and locality manager spent time with people to see how things were going and get feedback. People were comfortable in their presence and knew who they were.
- Relatives fed back positively about the care their loved ones received. Relatives said, "100% happy with the care, the deputy is fantastic. I know they've changed the process for reporting safeguarding incidents after issues from last year" and "The deputy is pleasant, I've met them at care meetings. Caretech had meetings to tell us what they were doing to make things better. We get called about four to five times each week sometimes more."

Continuous learning and improving care; Working in partnership with others

- The provider said they had used Church Lane as a big piece of learning for the company. As a result, they had improved the way they internally audited their services. The provider had implemented an action plan which they were working towards, so the service continued to improve.
- The locality manager had included information on the service newsletter which stated, 'We were visited by Kent County Council on the 1 November who as you will know are the funding borough for some of the people we support. I am pleased to say the service visit went extremely well with some really positive feedback being received'
- Staff supervisors and meetings regularly took place, so staff could feedback any concerns or ideas for how they service could move forward. A staff member said, "As a team we value the completion of appropriate paperwork, from the daily diaries to body maps and incident reports in evidencing the support we provide or to learn from experience. Recently we have been able to bring together records to look deeper at one service users' behaviours. This enabled the team to look at possible triggers and causes then look at possible ways of their reduction."
- The service worked in partnership with other healthcare professionals, so people could benefit from good care and support. A staff member said, "The service is engaging with a wide range of internal and external professionals. We are working hard to communicate with professionals, family and our local community so that the service users can make the most of the opportunities available to them."

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 People were not consistently supported in a person-centred way. Regulation 9
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People were not always treated with respect and dignity. Regulation 10
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 yet embedded. Regulation 17