Mermaid Care Limited

White Pearl Residential Care

Inspection report

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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 well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
White Pearl is a residential care home providing personal care and accommodation to people with mental health needs including paranoid schizophrenia, bi-polar disorder and substance misuse. Some people also have health needs such as diabetes and epilepsy. There were 16 people receiving a service at the time of inspection.

The service is located in Worthing and can accommodate up to 18 people in one adapted building. People are supported with drug and alcohol addictions and with making healthy lifestyle choices. The purpose of the service is to provide people with a safe place to live and support to prevent homelessness.

People's experience of using this service and what we found
People lived independent lifestyles and the service provided a safe place for people to live. A person told us "It feels safe living here. I have a key to my room".
However, the location had not always notified CQC of potential allegations of abuse which meant people could not be assured that systems at the home promoted their safety. Risk assessments did not provide sufficient information or guidance to staff to mitigate identified risks. Some aspects of medicines were not managed safely. Specific safety advice about medicines was not always being monitored effectively and exposed people to potential risk of harm. There were not always adequate measures in place to prevent infection in the home. We have signposted the provider to Public Health England guidance, 'COVID-19: how to work safely in care homes'.
The service benefited from a consistent staff team and we observed staff working in a person-centred manner.

At the last inspection we identified that the provider had not always ensured staff had adequate training to meet the specific needs of people. At this inspection, the provider had ensured staff had completed mandatory training however, the majority of staff had not completed specific training around mental health or substance misuse. This increased the potential risk of staff lacking the skills to support people effectively when required.
People were happy with the care they received and felt safe with the staff that were supporting them. Health professionals told us they have regular staff so are able to provide continuity and have good working relationships that are recovery focused.
People told us about how the home had encouraged healthy eating choices that had resulted in positive weight loss for several people. . The kitchen was not currently accessed by people. This was as an infection reduction measure during the pandemic, however had limited peoples access to snacks when they chose.
People were supported to be involved in improvements to the environment. One person told us about work they had completed in the garden during lockdown resulting in the home having a new water feature and greenhouse. The provider and staff recognised where people were subject to Community Treatment Orders (CTO) and demonstrated knowledge of any conditions that applied to those.

The providers Statement of Purpose set out the vison for the service, "All service users will have an opportunity to recover and re-engage with the local community as part of their recovery pathway from contact with statutory services to greater social inclusion and independence in the community". This vision was not always evident from the information reviewed. The registered manager had recognised that this was not always being achieved at the moment. The provider had regular audits in place these did not always identify risks or actions.

People's privacy and dignity was respected, and people's diverse needs were supported. 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.

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

Rating at last inspection
The last rating for this service was requires improvement (published 27 November 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection insufficient improvements had been made, and the provider remained in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected
This was a planned focused inspection based on the previous rating and concerns received over the past six months during the pandemic.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.
We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well-led sections of this full report.
You can see what action we have asked the provider to take at the end of this full report.
We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions to keep people safe and to hold providers to account where it is necessary for us to do so.
We have identified two continued breaches of regulation. Quality assurance processes were not in place to assess, monitor and improve the quality and safety of the service. CQC had not been notified of reportable

events. There was one new breach of regulations. Medication was not always being safely or properly managed You can see what action we have asked the provider to take at the end of this full report

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We are considering what further enforcement action to take.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

White Pearl Residential Care

Detailed findings

Background to this inspection

The inspection
We carried out this focused 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was undertaken by two inspectors.

Service and service type
White Pearl Residential Care is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 is also the provider and nominated individual for the service. The provider is responsible for supervising the management of the service and as the provider, is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave a short period notice of the inspection. This was to enable CQC and the provider to consider any infection prevention and control protocols due to the COVID-19 pandemic and to be aware of the provider's infection control procedures.

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 information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

During the inspection
We spoke with five people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, assistant manager and four members of the care team. We spoke with four healthcare professionals who work closely with the service. Due to the Covid-19 pandemic, we adhered to safe working practices and this included social distancing and wearing Personal Protective Equipment (PPE).

We reviewed a range of records. This included four people's care records and16 medication records. We looked at three staff files in relation to safe recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We received information from one of the commissioners of this service. Commissioners of services source appropriate placements for people and are responsible for funding and monitoring the quality of the service provided by the care home.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. 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 the last inspection in October 2019 there was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to ensure that risks to people in relation to their care and support needs had been fully assessed with regard to completion of records. Following that inspection, the provider submitted an action plan to address these shortfalls. This stated that they were reviewing peoples care plans and risk assessments to provide consistent care and promote safety of people. At this inspection the provider had not made enough improvements resulting in limited information being available for staff to support people to remain safe.

- Risk assessments were not always in place or did not contain adequate information to provide staff with information to mitigate risk. For example, a risk assessment had highlighted that one person smoked in bed. There was no further information detailing the risks for this person by smoking in bed or risk reduction measures. Although staff were aware of these risks, the lack of documentation meant people could not be assured of receiving consistent and appropriate support to manage risks.
- People and staff were sometimes at risk of harm from the behaviours of others living at the home. Records of incidents detailed acts of aggression from a person however, people's behaviours were not always risk assessed. There was no recorded information or advice for staff on how to manage behaviours that challenged or de-escalation techniques that could be used to calm people's behaviours. Staff spoken to demonstrated they knew people well and could describe what they did when a person had a crisis. One staff member told us they completed incident reports after events. Although staff were aware of the risks the lack of documentation increased the risk of people not receiving consistent support managing risk.
- Staff told us they had regular update conversations with managers and were able to communicate any changes with people's support with team members in person or via messaging applications. The provider needed to ensure that they were complying with guidance around maintaining records of changes in a person's needs and that this information was available to all staff that needed it.

The provider had not ensured that records to identify and assess risks to the health, safety and welfare of people were kept. This is a continuing breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse
At the previous inspection the provider had not had oversight of staff training with regard to staff not receiving appropriate safeguarding training. Improvements had been made and safeguarding training had been completed by all staff in the home. Staff were able to demonstrate a good understanding of safeguarding and detailed the processes they would follow reporting a concern. Staff demonstrated an

awareness of the vulnerability of some people with regard to potential exploitation.
● People told us they felt safe living at the home. One person said, "It feels safe living here." Another told us "at night-time they check we are safe".
At the last inspection the provider had failed to notify CQC of incidents that affected the health, safety and welfare of people using the service. This was a breach of Regulation 18 of the CQC (Registration) Regulations 2009. At this inspection not enough improvement had been made and the provider is still in breach of this Regulation.
● The provider had not informed CQC of allegations of abuse or potential abuse. A review of records showed notes referring to an allegation of abuse and that an incident report was required. A column headed, 'CQC advised via statutory notification' had not been completed and no notifications relating to abuse or allegation of abuse have been received by CQC since the service registered. Any incidents that occurred between people and/or staff at the service had been notified as police incidents.
● The provider had not notified CQC in accordance with their statutory obligations. The lack of a robust reporting process has resulted in a continuing breach of Regulation 18 (Notification of other incidents) of the CQC (Registration) Regulations 2009
Learning lessons when things go wrong
●The provider had not demonstrated that they had a robust system in place to ensure that notifications had been completed or demonstrate lessons learnt as a result
● At inspection we were made aware of a professional review meeting taking place with one person. A visiting healthcare professional told us, "They are on top of safeguarding". Referring to changes in a person's mental health, they added, "We always get warnings when things are happening with people". Another healthcare professional who had regular contact with the service told us, "There is certainly no intention for the service to expose residents unnecessarily to harm. In fact I think they do their utmost to safeguard individuals".

Using medicines safely
●People did not always receive their medicines safely.
●The provider did not have measures in place to ensure the safety of seven people who were prescribed an antipsychotic sedative used to treat schizophrenia. Smoking can cause changes of levels of this medicine in the blood. Several of the people smoke and there was some evidence of this being discussed with people and their clinician because people were issued with NHS information leaflets about any side-effects or risks associated with taking this medicine. However, the provider had failed to record the person's smoking status or ensure that staff or the person knew to seek advice from the appropriate clinical team if there was a change in their smoking habit. This was not evidenced in people's care plans or risk assessments resulting in the potential risk of harm not being clearly documented or any guidance for staff.
● The provider had not addressed a known possible side effect of this medicine, that could result in potential harm to a person. This side effect can result in bowel obstruction which can be fatal. One person's record who was on this medicine included a discussion with their keyworker where they felt their prescribed medicine for constipation was not working. The provider confirmed that no action had been taken to address this concern and possible side effects
●Stopping smoking or switching to an e-cigarette/nicotine replacement can both cause an increased level of Clozapine in the blood therefore monitoring of blood Clozapine levels for toxicity may be required and the dose of Clozapine may need to be adjusted by the appropriate clinician.
● People's medication administration records (MAR) did not always show that an 'as required' medicine (PRN) was given in accordance with their prescribed guidance. Times of administration were not recorded, and this potentially exposed the person to risk of harm. For example, one record showed a person had been administered a PRN medicine. There was nothing recorded as to the reason why this was administered or

the outcome. People did not have PRN protocols in place that could be used to highlight any shortfalls in practice. The provider needs to ensure that they are following good practice guidance for medicine management

●The provider did not have enough information available to staff that informed them why people were taking certain PRN medicines, symptoms to look for, when to offer the medicine and when to contact a clinician for further advice.

The above evidence demonstrates that the provider had failed to ensure that medicines were managed safely. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

●Staff were recording details of medication reviews that had been carried out.

●We observed a healthcare professional had attended to carry out a Community Treatment Order (CTO) review with a person on the day of the inspection. The healthcare professional said, "They are on top of the CTOs and reviews" CTOs were introduced into legislation for England and Wales by the Mental Health Act (MHA) 2007. They can be applied to a patient who is already subject to a section of the MHA which makes them liable to detention for treatment.

● One person told us they were progressing to being independent towards self-medicating. The provider was supporting people to progress towards being independent with their medicines. However, this was not recorded within assessments reviewed so it was unclear how people's progress towards this goal was monitored or managed.

● Medicines were administered by staff who had completed the appropriate training.

Staffing and recruitment

● Staff were recruited safely. Staff records contained evidence of appropriate checks being made including the Disclosure and Barring Service (DBS) which checks on a person's suitability and any criminal records, and character references.

● People told us that there was enough staff working in the home. One person told us, "Plenty of staff and at night-time they check we are safe". Another person confirmed there was always staff around when they wanted support.

● Staff told us there was sufficient staff with relevant skills and qualifications. We observed staff supporting people in communal areas. We were told and we observed that the service had a consistent staff team and did not need to use agency staffing. We were informed of plans to staff the home should there be an outbreak of infection affecting staffing levels.

Preventing and controlling infection

We looked at infection prevention and control measures. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

● The provider was not always using Personal Protective Equipment (PPE) effectively and safely. Staff were not always wearing masks appropriately. We informed the assistant manager and registered manager of this concern and were assured that improvements had been made to address this concern immediately following the inspection.

● We were assured that the provider was preventing visitors from catching and spreading infections. The provider had arrangements in place for visitors to meet with people in separate area within the building and this was overseen by staff

● We were assured that the provider was meeting shielding and social distancing rules. We saw that people had been provided with relevant guidance to support them to manage social distancing when in the

community. People accessed the community independently and have been issued with face masks by the provider and were being encouraged to make use of the hand sanitiser on their return

● COVID-19 had been discussed in residents' meetings and information was available to people in an accessible format.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. We observed that people were not currently accessing the kitchen to prepare their own snacks. We were told this restriction was in place to control the risk of infection.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Requires Improvement

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 Requires Improvement. Systems were either not in place or robust enough to demonstrate that staff were suitably qualified, competent, skilled and experienced to meet the needs of people using the service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing. The manager had made improvements to ensure staff received appropriate training and they have addressed this breach. The manager has informed us of actions they continue to take to address remaining areas of concern.
At this inspection this key question has remained the same.This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience
At the previous inspection in October 2019, staff had not completed the training required to provide people with effective care and support. At this inspection some improvements had been made. Records showed that all staff had received recent mandatory training, for example all staff had completed safeguarding, infection control and food hygiene training in line with the provider's policy.

- The provider had not always ensured all staff had adequate training to meet people's specific needs. For example, not all staff had received recent training in mental health conditions or substance misuse.
- At this inspection we reviewed the training records this showed that six staff had completed training in mental health and no staff had completed training in substance misuse. This meant that the majority of staff had not had effective training to meet the specific needs of people.
- After this inspection, the provider had informed us that staff had now received appropriate training which had included dual diagnosis training with the Alcohol and Substance Misuse Team. The provider needed to be assured that they have robust systems in place that identify training need, monitor completion and effectiveness.
- Feedback from people was very positive. One person told us they, "Felt staff were well trained".
- At the last inspection staff had not received formal supervision or appraisals. Some improvements have been made at this inspection. Staff were receiving formal supervision in line with the provider's policy but not all staff had received an annual appraisal
- The registered manager acknowledged the need to ensure all staff receive a formal appraisal annually in line with the provider's policy

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

- People were assessed before they started to receive support from the service. Referrals to the service were made by health and social care professionals. The referral process was very comprehensive and included verbal discussions, and sharing of information including assessments of people's needs, risks and histories.
- One healthcare professional told us, "The care is really recovery focused, they are good at working with boundaries yet flexible". Another healthcare professional said," Issues appear to be dealt with and sanctioned in a timely manner".

● Assessments of people's needs included people's personal preferences and protected characteristics under the Equality Act (2010), such as disability, ethnicity and religion.
● People told us that they could come and go as they chose. One person told us, "I stick to government guidance on social distancing and I wear a mask". This demonstrated that the provider had supported people in line with current guidance during the pandemic.

Supporting people to eat and drink enough to maintain a balanced diet
● The provider had encouraged people to develop healthy eating routines throughout lockdown. This had resulted in several people experiencing positive weight loss amounting to several pounds. A visiting healthcare professional said," There has been some really good work around weight loss, people really enjoy the food and the healthy options they have". This demonstrated how the provider continued to promote healthy lifestyles with people.
● People told us they had choices of food and that their dietary choices were supported by the home. We saw a variety of meals on offer to people, including vegetarian options.
● Meals were prepared by staff in the home.

Staff working with other agencies to provide consistent, effective, timely care
● As part of the inspection process we contacted professionals who work regularly with people at the home.
● Lockdown had affected how people could lead their lives. The assistant manager and registered manager spoke about the impact this had for some people and how this increased the need for further professional advice and support. Additional support was provided in a timely way as needed and a healthcare professional confirmed this; there had been a reduction in concerns as a result.

Adapting service, design, decoration to meet people's needs
● People had access to a variety of communal spaces in the home. One person was very proud of the work they had completed in the garden this year. This included building a greenhouse and water feature. The assistant manager told us of the importance of enabling people to remain active during the lockdown and how the garden project had a positive impact for people.
● We observed communal areas to be well maintained. There was a large lounge and a separate games room with pool table and fitness treadmill. We observed people using the garden, designated smoking area and lounge/dining room.
● All areas of the service were fully accessible and there was a lift to the first floor. This meant that people could move around the service freely and safely.

Supporting people to live healthier lives, access healthcare services and support
● The pandemic has impacted on people's healthcare appointments; we have taken this into account as part of the inspection process. People have been supported to live healthier lives and had access to a range of healthcare professionals and services. We observed a review being carried out with a healthcare professional. We reviewed feedback records from appointments that had been attended. This showed that people were receiving consistent support from health care professionals and that this was communicated effectively.
● People continued to attend healthcare clinics on a regular basis ensuring effective monitoring of Community Treatment Orders (CTO) had continued through the lockdown.
● The registered manager and staff worked with a variety of organisations including those that provided advice and support with drug and alcohol issues.

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 authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff made sure that people were involved in decisions about their care so that their human and legal rights were upheld. Consent information was included in people's records.
- The registered manager was aware of their responsibilities to ensure that capacity assessments were completed.
- We were assured that correct processes were followed when required. Staff understood when capacity assessments, DoLS and best interest decision making would be required

Requires Improvement

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.
The provider had failed to establish systems and processes to assess and improve the quality and safety of the service provided or to assess and monitor risks. This placed people at risk of harm. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Following the inspection, the provider had submitted an action plan detailing improvements they planned which noted improvement to care and risk plans. This did not address the failure to establish systems and processes to improve the quality and safety of the service provided or to assess and monitor risks.
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. At this inspection not enough improvements had been made and the provider was still in breach of this regulation.
Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider is also the registered manager and as such is accountable for the service and the quality of care people receive. They were supported by an experienced staff team who know the people well, however, the service continues to lack effective management to address the lack of robust systems that would ensure consistent support.
- The provider did not have effective systems in place or have effective oversight of the service. We found that risk assessments lacked detail and medication care plans were not providing adequate information this increased the potential of people not receiving appropriate care and treatment.
- Quality reviews of care plans and risk assessments were either not in place or had not picked up on the concerns we found at inspection. This had been identified in the previous inspection and not enough improvements were evident.
- Audits were in place but were not effective in identifying the issues found at this inspection. Auditing systems were not proactive in pre-empting any potential risks or concerns or to drive improvement. this was echoed by a commissioners report from December 19 which had also identified the need to develop a quality assurance audit process

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.

- On inspection we checked the registered manager's understanding of the duty of candour and their responsibilities within this. They were unable to demonstrate a suitable level of understanding resulting in a lack of assurance that they would apply the principles of this duty if something did go wrong.
- The registered manager had not always considered the increased risk of infection and personal protective equipment (PPE) that was not consistently used correctly by staff. The service was not always following government guidelines. as set out in Public Health England guidance for care homes, 'Personal protective equipment (PPE) – resource for care workers working in care homes during sustained COVID-19

transmission in England'. The home's infection audit had not identified this concern despite it being completed regularly throughout the pandemic. Staff said that staff were not always wearing masks fully in the communal spaces as people sometimes struggled to communicate. There was no record of how this was considered, the impact for people or any actions implemented to mitigate the increased risk of infection transmission.
Following the inspection, the home had amended this in line with government guidelines
● The provider/ registered manager had not always implemented the requirements of their own policies or ensured that records contained the appropriate information this impacted on the ability to drive improvement.

The registered manager had failed to ensure issues highlighted at the last inspection, had been fully addressed. The provider had failed to make the necessary improvements to establish systems and processes to assess, monitor and improve the quality and safety of the service provided or to assess and monitor risk. This is a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The provider's Statement of Purpose (SOP) set out the vision, "All service users will have an opportunity to recover and re-engage with the local community as part of their recovery pathway from contact with statutory services to greater social inclusion and independence in the community". People's records lacked detail or information about their 'recovery pathway'. This meant that staff had insufficient information to support people to work towards independence. People told us that the staff were very helpful, however, several people commented they relied on staff to decide on their meals and access snacks. People told us that meals were at set times and provided by the staff. Staff informed us that this was a result of infection risk reduction measures during the pandemic. The provider did not always provide opportunities for people to develop towards their independence goals.
● The SOP goes on to state the service's purpose," To provide each individual with an opportunity to build new skills for life and to adapt old ones. Enabling each individual to function to his/her potential." People talked of their ambition to progress, however, people's records lacked information on plans for skill development and progression.
● People told us they could speak to senior staff if they had any concerns. One person said, "They're a good bunch of staff, the managers are positive". Another person said," "It's absolutely amazing here, the quality of staff and the food. We get Sky TV and free Wi-Fi". Some people told us of their plans to progress to a more independent lifestyle but were unable to explain the path to achieving this.
● Staff told us they felt they could talk to the managers and were listened to. One staff member said, "The plan for the future is to prepare residents for independent living, cooking their own meals, not at the moment though due to COVID-19, but residents were making their own lunch". The provider had not considered how to continue to support people to increase their independence or alternatives that could be introduced because of the pandemic.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
●People were involved in regular residents' meetings where discussion had focused on ideas for improvements. One example noted was a garden makeover and people told us how much they had enjoyed being part of this project. This resulted in work on a new greenhouse and water feature this year. People spoke with great pride about their work
● Staff told us that they enjoyed working at the home, morale was good, and they felt supported by the

managers. Survey results were positive.

● Staff were involved in developing the service and one staff member told us about links with a local football club which had resulted in several people accessing this community resource on a regular basis. This has helped people to develop links with the community and improve access to sporting activity

● The provider had carried out surveys within the last year and results from people, staff and professionals were positive. However, the provider had failed to consider how the results of these surveys could be used to drive improvement. For example, in one survey, a point under 'well led' stated, "Residents feel that their views are taken into consideration on many aspects". Information about what this related to and any plan for improvement could include were not provided.

Continuous learning and improving care

● Quality assurance systems were not effective so improvements could not be identified or completed.

●The provider had a complaints procedure in place. We were aware of a complaint from a member of the public, the complainant had not received a timely response and wrote to the manager again. At inspection the registered manager was proposing to respond by letter.

● The registered manager spoke about the complaints process that was in place at the home and records detailed staff acknowledging a person's choices around a specific issue. This demonstrated that people's concerns were listened to and changes made as a result.

Working in partnership with others

●The service worked in partnership with key organisations to support care provision, service development and joined-up care. Professionals told us they valued the role the service played working with people with enduring mental health issues. One person told us that the service was very effective for them where other services had failed in the past.

●Records showed that there were good communication links with healthcare professionals and others, including statutory and community agencies. This ensured that people continued to benefit with support from a variety of professionals

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 Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe Care and Treatment The registered person had not ensured the proper and safe management of medicines

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Regulation 18 (2) (e) of the Care Quality Commission (Registration) Regulations 2009 The provider had failed to notify CQC of all incidents of abuse or allegation of abuse in relation to people

The enforcement action we took:

Fixed Penalty Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance The registered person had not ensured they had systems and processes in place to assess, monitor and drive improvement in the quality and safety of the services provided

The enforcement action we took:

Warning notice