

# Auckland Care Limited

# Crofton Lodge

## 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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Crofton Lodge is a residential care home providing personal care to up to 10 people. The service provides support to people with mental health conditions and learning disabilities. At the time of our inspection there were 8 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

**Right Support:** People were supported to develop their independence. Staff were able to tell us about skills they were supporting people to develop to promote their independence. People had access to the community if they wished, with or without support from staff. We observed people being supported to choose and plan activities they wanted to do.

We observed, and staff could demonstrate, people were supported to have control and choice over their lives and staff supported them in the least restrictive way possible. However, the records did not always reflect or demonstrate this and so we could not be fully assured people were supported to have maximum choice and control of their lives and staff supported them in their best interests. We have made a recommendation about the recording of mental capacity assessments, best interest decisions and deprivations of liberties and safeguards.

Since the previous inspection the provider had reviewed and updated people's care planning documentation. Individual risk assessments identified potential risks and provided information for staff to help them avoid or reduce the risk of harm to people. However, further improvements were required to the electronic care planning documentation. For some people some of their risk assessments required additional detail to provide clearer guidance to staff. People's care planning documentation was in the process of being updated at the time of the inspection.

**Right Care:** People's needs were reviewed regularly to ensure staffing levels were safe. The provider had adjusted staffing levels when people's needs had changed. People confirmed staff were trained and knew how to support them. We observed people being supported by staff who knew them well and staff demonstrated their knowledge of people and their likes and dislikes. Staff spent time getting to know people and were able to recognise any signs that may indicate a decline in their mental health. They understood how best to respond when people were upset or anxious.

People were kept safe from avoidable harm. People told us they felt safe and were happy living at the home.

People confirmed they knew who they could talk to if they had any concerns. Since the previous inspection the provider had made changes to their medicines systems and processes. We found further improvements were required as these were not always effective. We have made a recommendation about medicines quality assurance. Staff files mostly contained all the information required to aid safe recruitment decisions. We have made a recommendation in relation to ensuring recruitment processes are compliant with legislation.

We observed people received person-centred care and support. People were not rushed; staff were ensured they listened to people and supported people at their preferred pace. Staff worked collaboratively with health and social care professionals to ensure people received good quality of care which suited their needs.

Right Culture: People were provided with opportunities to feedback about their care and the service. People told us they could give their views on what they wanted and confirmed they felt listened to. People were happy with the service.

At the last inspection we had identified there were areas of the home which had been poorly maintained. We found some improvements had been made. The provider had a programme of planned environmental improvements which when complete would enhance the environment.

Since the previous inspection the provider had implemented more robust quality assurance processes and systems. We found these were mostly more robust and effective with actions taken to drive improvements. This was a work in progress and time was needed for these to become fully embedded within the service. The registered manager had oversight of accidents, incidents, complaints and safeguarding concerns within the home. These were monitored regularly to identify any patterns, trends or areas for development. The registered manager was open and transparent during the inspection process. They told us of the lessons they had learned, staffing changes they had made and the improvements in progress as well as the challenges they were working on.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 5 August 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Recommendations

We have made recommendations in relation to medicines, recruitment and mental capacity assessments, best interest decisions and deprivation of liberties and safeguards.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Crofton Lodge

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Crofton Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Crofton Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spent time with 4 people getting feedback and observing the quality of care and support they received. This helped us to understand the experiences of people who we were unable to communicate with effectively. We received feedback from 3 relatives about their experience of the care provided. We looked at 5 staff files in relation to recruitment and reviewed a variety of records relating to the management of the service, including medicines management, risk assessments and quality assurance records. We spoke with 6 members of staff including the registered manager, deputy manager, team leader and care workers. We received feedback from 2 professionals involved with the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

### Using medicines safely

- Since the previous inspection the provider had reviewed and updated people's medicines files, implemented more robust medicines audits and updated their medicines systems and processes. However, we found further improvements were required as these were still not always effective.
- People who were prescribed 'as required' (PRN) medicines had a PRN protocol in place to guide staff when and how to use these medicines. However, 3 people were prescribed a variable dose and there was no guidance for staff to support them in making a decision about which dose to administer if the PRN medicine was required. For another person, their PRN protocol had not been updated following a change. We found no evidence people had been harmed and the risks were mitigated by staff's knowledge of people and their preferred support needs. Staff were able to describe which variable dose they would administer and why. The registered manager responded promptly to address the concerns and update the documentation.
- Medicines Administration Records (MAR) charts were not always signed to evidence if medicines had been administered for some people. The provider completed medicines counts which enabled the provider to confirm if medicines had been administered. Whilst some of the gaps in people's MARs had been identified by the provider, not all the gaps we found had been accounted for as the audit for that month had not yet been completed.

We recommend the provider review their medicine recording systems and update their practice accordingly.

### Staffing and recruitment

- The provider had a separate team who supported recruitment for Crofton Lodge and the pre-employment checks were delegated by the registered manager to this team.
- Staff files mostly contained all the information required to aid safe recruitment decisions. Such as, evidence that pre-employment checks had been carried out. This included criminal record checks, references and evidence of the applicant's identity. However, a full employment history, together with a satisfactory written explanation of any gaps in employment was not available for all staff. The registered manager took prompt action to get the missing information during the inspection.

We recommend the provider review their recording of recruitment information relating to staff's previous employment and update their practice accordingly.

- Relatives and staff feedback about staffing levels was positive. A relative told us, "Whenever I go there, there seems to be enough staff, as far as I know they have." A staff member told us, "Yes we've got enough



staff."

- There were enough staff on shift to meet people's needs and the planning on future rotas was robust to ensure staffing levels were safe.
- The registered manager told us they reviewed people's needs regularly to ensure staffing levels were safe. They could demonstrate how they had increased staffing levels when people's needs had changed. For example, staffing levels were increased temporarily to support people to go out for extended periods of time whilst health and safety works were carried out on the building.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm. People told us they felt safe and were happy living at the home. People confirmed they knew who they could talk to if they had any concerns.
- Staff were aware of their responsibilities in relation to safeguarding. They confirmed there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to.
- Staff told us they felt confident in reporting concerns to the registered manager and felt appropriate action would be taken in response. The registered manager was able to demonstrate their understanding of safeguarding and how they had managed and responded to safeguarding concerns appropriately.

Assessing risk, safety monitoring and management

- Individual risk assessments identified potential risks and provided information for staff to help them avoid or reduce the risk of harm to people. However, the provider was in the process of implementing an electronic care planning system and some people's electronic risk assessments required more detail to provide clearer guidance to staff on how to respond and manage some of the risks. Such as how to respond to risks from verbal threats. The risk was mitigated by staff's knowledge of the person and proactive strategies utilised to prevent or de-escalate incidents.
- The registered manager was receiving training in the new electronic system at the time of the inspection to enable them to utilise the full functions of the system to include the necessary detail. They were in the process of updating people's electronic risk assessments with more detail.
- Risks to the environment, such as fire and gas safety, were mostly being managed. However, 1 relative told us how they did not always remember to sign in on arrival and were not consistently reminded by staff to do so. A professional also raised a similar concern. The service was easily accessible with multiple entrances and there was a concern visitors to the service would not be consistently checked and verified by staff. This meant there was a risk of strangers being able to access the service without challenge. This risk was somewhat mitigated by staff's presence within the service; they had visual oversight from most communal areas and the staff office which was regularly staffed. In addition, staff were familiar with the service and people's relatives and regular visitors to the service. However, this is an area which needs to be reviewed by the provider and made more robust.
- Daily health and safety checks were in place and completed by staff. The registered manager had effective oversight to ensure these checks were being carried out and had taken appropriate action where they hadn't been completed.
- Following a recent fire safety inspection, the provider was liaising with the fire service to complete identified actions. They were able to demonstrate a robust plan to ensure the actions would be completed within the specified timescales.
- Staff we spoke with knew people well and could describe the support they provided to people. They were able to describe what they would do if they observed any changes in people's support needs or health conditions to ensure people received the support they needed.

### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home appeared clean, and we observed people being supported to clean the home. However, cleaning schedules were not consistently completed.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was 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.

### Visiting in care homes

- People confirmed they had visitors who came to the service, and they were supported to maintain contact with friends and family. Relatives told us they could visit when they wanted and that there were no restrictions on how long they visited. Visiting was managed in line with current guidance.

### Learning lessons when things go wrong

- Where an incident or accident had occurred, the provider had procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence. For example, risk assessments and care plans were reviewed following incidents.
- Accident and incidents were monitored and used as a tool for 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff we spoke with were familiar with the term MCA and what it meant in terms of their day to day role. Staff could describe the strategies they implemented to support people when their mental health and emotional wellbeing was impacting on their abilities to engage in care and support whilst ensuring people's rights were respected. They consistently demonstrated their understanding of people's rights and the need to respect people's choices and decisions.
- The registered manager had applied for DoLS for people where required. For 1 person we identified a DoLS authorisation may be appropriate that had not been identified prior to our inspection. We spoke to the registered manager about this who told us they had been advised it wasn't required. However, they were unable to confirm who had advised this or evidence the decision making. The registered manager contacted the relevant authority to seek further clarification and assured us the appropriate referrals would be made if required.
- For people that the service assessed as lacking mental capacity for certain decisions, there were some recorded assessments and best interest decisions. However, it was not always clear if a mental capacity assessment had been required for some decisions for 1 person as their care planning documentation lacked clarity. For example, decisions around medicines.

We recommend the provider consider current recording guidance on the MCA in relation to assessments, best interest and DoLS and update their practice accordingly.

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

- People's care plans were reviewed regularly and mostly matched their current level of needs. The registered manager advised that they are currently working between an electronic and paper based system which had presented challenges, but they were working towards using one consistent electronic system in the future. One person's paper based care planning documentation had been uploaded onto the electronic systems as attachments which made reading and reviewing more difficult. Some people's electronic care plans had not been fully updated to reflect all their diagnosed health conditions.
- The provider had identified additional support with the electronic care planning system was required to support the service to ensure the system worked for people and the service. On the first day of the inspection we observed the registered manager receiving additional training in the electronic system to make it more bespoke for Crofton Lodge. They needed time to fully implement their training and to update the electronic care plans for people.
- People's everyday goals and wishes were somewhat documented but were not always detailed. For example, the detailed plans of someone moving on, which is part of the services ethos, were not. One person and their staff told us about one person's future plans and how they would work to support this. This was not always robustly documented in the care plans. This was something the management team were working on to improve.
- People told us they could give their views on what they wanted and confirmed they felt listened to. We observed a conversation between one person and a staff member. They were thanking the staff member for waking them up as they had requested, they explained they had wanted to get up for a specific reason and appreciated being supported to do so. They went on to discuss they had been having trouble sleeping and they and the staff member discussed ideas of what could be tried to help improve this and explore potential causes.
- One professional told us, "We have had positive care planning meetings with myself, [another professionals name], person's family and [registered manager's name] to try and obtain the best outcome for the person."

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

- At the last inspection we had identified there were areas of the home which had been poorly maintained. We found some improvements had been made. For example, the conservatory door had been repaired, the home was cleaner, the shared hallway had been repainted and the activities room was a more inviting space; it had been reorganised and decorated. However, we found further improvements were required. For example, the lounge had furniture which had some damage, a missing light shade, marks on the walls and areas where paint was peeling. Some carpets needed to be replaced. The provider had a programme of planned environmental improvements they were in the process of completing and these works had already been identified.
- People had personalised rooms. People told us, and evidence seen reflected this, they had been involved in making decisions about their bedrooms and the décor. One person described all the choices they had made in decorating their room and how they had chosen the colour it was painted.
- The home was a building that required regular maintenance. The provider had their own maintenance team who were responsive to any emergency works which were required and had a plan to complete non-emergency works within specified timescales. Some relatives felt the design of the building wasn't the most inviting or very homely, the layout of the rooms and small connecting corridors. However, they recognised the provider had to work within the constraints of the physical building and they did their best.

Staff support: induction, training, skills and experience

- People confirmed staff were trained and knew how to support them. We observed people being supported by staff who knew them well and staff demonstrated their knowledge of people and their likes and dislikes.
- Staff confirmed they were supported with an induction and completed mandatory training prior to supporting people.
- Staff received regular 1 to 1 supervision with the management team. Staff told us they felt supported through this process and found it to be beneficial. This enabled management to monitor and support staff in their roles and identify any training opportunities. One professional told us, "I believe any gaps in training would be identified and implemented."

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

- People we spoke with were positive about the food. One person told us, "It is brilliant, better than hospital...I say what I want to eat." However, some relatives felt there was a reliance on ready made food and takeaways. They told us they would appreciate a more varied and balanced diet being available for people. For example, to have more homecooked meals available and instead of only 1 vegetable side being on offer having more vegetable sides available for people to choose from at meal times.
- We observed people were supported to choose what they wanted to eat. However, people's daily records did not always reflect people had been supported to make choices. The registered manager had identified this prior to the inspection and had taken action to address it.
- We observed 1 person being encouraged to be involved in preparing their meal. People had access to drinks and snacks. Some people had their own drink making facilities and mini fridges in their bedrooms to enable them to independently prepare drinks and snacks as and when they wanted.
- The registered manager understood the risks of poor nutrition and knew how to access additional resources if required, such as dietician support. They were able to demonstrate how they had been working closely with a dietician and the local learning disability community team to review 1 person's dietary needs and how to optimise their nutritional intake with supplementary nutritionally dense drinks without inadvertently replacing their meals. They supported the person to trial different times of having their drinks.

Supporting people to live healthier lives, access healthcare services and support;

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

- People were supported to access healthcare services when needed. Records showed people were seen regularly by doctors, district nurses and other health professionals.
- A professional told us, "The service delivers quality care for those with complex mental health care needs which can be a challenge sometimes I think when clients are not engaging or refuse interventions however concerns with non engagement have usually been highlighted if there is cause for concern."

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People took the lead on tours of their home and were happy and engaged in showing their personal bedrooms and communal areas. They confirmed they had been able to decorate their personal spaces how they wanted to and were encouraged to take the lead on cleaning and tidying their bedrooms.
- People were supported to develop their independence. For example, we observed people being encouraged to prepare their own drinks and to take their used dishes to the kitchen and clean them. One professional told us, "The service tries to support the client and promote independence as much as possible."
- Staff were able to tell us about skills they were supporting people to develop to promote their independence. For example, 1 person had a longer-term goal of wanting to move into independent living. The person told us they preferred a messier environment and staff confirmed they were supporting them to ensure their personal space was regularly cleaned and the benefits of organising their personal space in a way that worked for them and enabled them to find things easily. This was a work in progress at the time of the inspection and something the person told us they were pleased to be supported to work on. However, some of the approaches staff told us about were not recorded in detail and did not have a detailed progression plan in place or a robust review process. We have reported on this in more detail in the well led key question of this report.

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

- People told us they were happy. People appeared comfortable with staff and knew them. One person told us, "I find the staff here are more supportive than my family. I think they are angels I really do; they are so understanding, they are great." Another person told us, "I like it here, I like the staff."
- Staff were observed being responsive to people and offering choices and listening to people. For example, 1 person was trying to fix their electronic device. The staff member supporting them was patient, enabled them time to process the communication and explained the different things they could try to fix their device whilst fully involving the person with what they were doing step by step.
- Feedback from relatives was mixed. Some relatives told us they felt staff supported people well and were caring. One relative told us, "Staff don't raise their voices and always seem empathetic towards people." However, some relatives felt some staff were very informal with people. One relative told us, "Sometimes we've been there, and it is like a playground. I don't know how they interact with people. Everyone seems to smoke there, staff smoke with them ... it needs to be a lot more serious."
- Staff were compassionate and treated people with kindness and respect. We observed positive interactions throughout our inspection that demonstrated good relationships had been formed between

people and staff.

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

- We observed people being offered choices throughout the inspection and where a choice was made this was respected and acted upon. For example, people were given a clear choice of what they would like for breakfast and lunch.
- People were provided with opportunities to feedback about their care and the service. The registered manager told us, "Every person is asked what they would like and how they would like to do things. Staff are aware of how they like to do things; how they take their medication, what support they want with personal care. They have the right to change it and we will update all staff through team meetings and supervisions."
- People had access to independent advocacy for support with specific issues.
- People were supported to maintain contact with those important to them. Relatives confirmed they were able to visit with no restrictions. People had their own mobile phones and staff were available to support with them as required. The provider facilitated visits for people to their friends and family by assisting with transport.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- The service had a pre-admission assessment process to ensure they could meet people's needs before they moved in. This included gathering details of how the individual wished to be supported by staff.
- Staff spent time getting to know people and were able to recognise any signs that may indicate a decline in their mental health. They understood how best to respond when people were upset or anxious and guidance was in place to ensure consistency.
- Staff knew people well and were knowledgeable about their likes, dislikes and what was important to them. One staff member told us, "They all have a keyworker who will go to them at the end of the month and document what they've enjoyed doing and what they want to do, what they've enjoyed eating and what they would like to try. It is a good way to do this to check in with them and find out what they like doing and want to try so they don't end up doing the same things month after month."
- People's privacy and dignity was promoted and respected by staff. Each person had their own bedroom which they could personalise and keep their personal belongings safe. People had access to shared spaces and there were options to be with others or on their own for privacy.

Meeting people's communication needs

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

- People had communication plans that described how people communicated and included guidance for staff on the best approaches to use to support effective communication.
- The registered manager was aware of the AIS and would provide information in different formats when and if required by people.

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

- Staff supported people to engage in a range of activities and to follow their interests. Spaces within the home also supported this. For example, we observed people enjoying playing video games on their consoles in the activities room, using their tablets and going out to the beach and for lunch. One person, with support, told us about the various activities they enjoyed, such as going to the beach, shopping, playing on his tablet and baking.



- People had access to the community if they wished, with or without support from staff. We observed people being supported to choose and plan activities they wanted to do in the community and what support they wanted. One professional told us, "Those I have been involved with are supported with activities and encouraged to partake in community activities as much as possible."

#### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This was available to people when they required it. They had a clear process in place to investigate complaints and learn lessons from the results. They told us any learning would be shared with the whole team and the wider organisation.
- Relatives confirmed they knew who to speak to if they had concerns and had felt listened to with action taken when they had raised concerns previously.

#### End of life care and support

- At the time of the inspection no one living in the service was receiving end of life care.
- Where appropriate, conversations took place with people about their preferences and wishes including religious, cultural and spiritual needs in the event they required end of life care.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

At the last inspection the provider had failed to operate effective systems to assess, monitor and improve the service, monitor and mitigate risks and maintain accurate and complete records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2008, good governance.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 17. However, further work was still required to embed these changes and improvements into practice.

- At this inspection quality assurance processes were mostly more robust and actions were taken to drive improvements. The registered manager could evidence they had identified gaps in people's records and had taken action and could demonstrate some improvements had been made. This was a work in progress and their actions needed time to become fully embedded within the service.
- At our last inspection people's care planning documentation contained out of date information or not enough detail. Care planning documentation has been reviewed, personalised and updated. Further improvements were required to the electronic care planning documentation as some of these were not always sufficiently detailed. Additional training had been arranged for the registered manager which was in progress at the time of inspection. They needed time to update the electronic care plans to reflect their training.
- The registered manager reviewed their medicines audits to ensure they were comprehensive, reinforced the medicine policy with staff and shared learning with the staff. They needed time for these changes to become embedded within the service.
- The registered manager had oversight of accidents, incidents, complaints and safeguarding concerns within the home. These were monitored regularly to identify any patterns, trends or areas for development. Learning was shared with staff through meetings, handovers or supervisions.
- Services registered with the CQC are expected to notify us when significant events occur, for example, when a safeguarding concern is raised. The registered manager had provided these notifications to CQC as

appropriate. Notifications submitted to us demonstrated relevant external organisations were informed of incidents and accidents.

- The registered manager shared with us their plans for improvements for the service and what they were working on. For example, the planned environmental changes. They had identified there was a need to support a more structured goal planning process with people with effective reviews.
- The registered manager was open and transparent during the inspection process. They told us of the lessons they had learned, staffing changes they had made and the improvements in progress as well as the challenges they were working on.

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

- People were happy with the service. We observed people received person-centred care and support. People were not rushed; staff were ensured they listened to people and supported people at their preferred pace. Staff had time to sit with people and engage them in activities of their choice or have chats. People told us they were comfortable with staff and able to talk to them. We saw many positive interactions between people and staff and it was clear staff knew people well.
- We observed people being supported to have choice, control and independence over their lives. However, this was not fully reflected in people's daily notes. The registered manager had identified this concern and had arranged specific training workshops for staff with a trainer to develop their understanding and knowledge about effective record keeping. They could demonstrate examples they had identified and addressed appropriately with staff.

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

- Relatives and professionals spoke positively about the registered manager. A relative told us, "The manager seems to have good empathy with [person's name] ... Manager is very good." A professional told us, "[Registered manager's name] is proactive and always willing to assist with any concerns."
- There was open communication within the service. Staff meetings were held and were an opportunity for the registered manager to share information and update the staff team on key areas within the home. Staff told us they felt listened to and were able to make suggestions. One staff member told us, "We all normally have a lot of suggestions and questions that we discuss all of them and if [registered manager's name] feels there is anything we as support workers need to change we take it on board."
- The provider had systems in place, such as surveys, to gain people's and relatives views and opinions about the quality of the service provided. One relative told us, "They sent me a form to give me the opportunity to feedback." However, we found the provider had not always acted on the feedback received; there had been some confusion about whose responsibility it was to review and act on the feedback. The registered manager took action to address this and provided assurances they had put measures in place to ensure there was a clear process in place.
- Staff were positive about the registered manager. They told us they felt values, supported and listened to. Comments included, "[Registered manager's name] has given me a lot of help and support", "[registered manager's name] is easy to talk to and always has her door open" and "[registered manager's name] is good at encouraging at getting people to explore what they could try and do."

Working in partnership with others

- Staff worked collaboratively with health and social care professionals to ensure people received good quality of care which suited their needs. Referrals to external professionals had been made in a timely way when required. One professional told us, "Good collaboration with the manager of the service – usually by phone or email."

