

Vesta Care (UK) Limited

Silverdene Residential Home

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

Silverdene Residential Home is a residential care home for people with a learning disability and/or autism or a physical disability. Accommodation is provided in two neighbouring detached properties and a bungalow located in the grounds of the other homes. The properties consisted of the original older residential premises, a small bungalow and a more modern building that was split into two distinct areas. Each area has its' own kitchen, bathrooms and communal facilities.

The service was developed and designed prior to the introduction of Registering the Right Support and other best practice guidance. The service was a large home registered for the support of up to 19 people. Eighteen people were living at the home at the time of our inspection. The service is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the service not being clearly identifiable as a care home from outside the premises.

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

People told us they felt safe, and staff were aware of procedures to report any concerns about people's safety or wellbeing they might have. However, some improvements were needed to ensure the service was consistently safe. Although a range of checks were carried out on staff before they were employed, the provider had not always clearly recorded how they made decisions to employ staff when these checks indicated information of potential concern. The service was visibly clean, but we found some issues such as an overflowing bin, and mould in one of the kitchens. The provider was aware of these issues and was taking action to put them right.

People were supported to have maximum choice and control of their lives and staff, in most cases, supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, we found the service had not carried out a capacity assessment or best interest decision in relation to a significant decision about one person's care as was needed.

Staff assessed people's needs in a wide range of areas and produced plans to guide staff how to meet these needs. People told us they liked the food and were encouraged to eat healthily. People told us they were supported to access healthcare services, and we saw a range of health and social care professionals had been involved in people's care. The service was actively seeking ways to try and improve the consistency of support people received when moving between care settings, such as when they were admitted to hospital.

People received support from a consistent staff team who knew them well. People told us staff treated them with respect and were kind and caring. Staff supported people to build skills and promoted people's independence. For example, they had supported people to access training enabling them to travel independently and to be involved in household tasks including cooking.

People told us they were involved in planning and reviewing their care. People's preferences, likes, dislikes and interests were recorded in their care plans, and staff were aware of these. Staff supported people to engage in meaningful activity and occupation, which had had a positive impact on people's wellbeing. This had included exploring work and volunteering opportunities for people and supporting people to take part in activities and interests. Staff supported people to maintain relationships with those important to them.

The service applied 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 using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Consistent staff teams worked in each part of the service to help ensure consistent, person-centred care was delivered.

Staff felt they worked well as a team and told us they got the support they needed. A range of audits and checks of the home were undertaken. Whilst these had identified some of the issues we found during the inspection, this had not included the shortfalls in relation to recruitment practices, nor the failure to follow proper processes when making decisions on behalf of a person who lacked capacity. The provider worked with other services and explored best practice guidance to help them identify how they could improve the service. People's opinions about the service were sought and acted upon to improve quality. For example, the service had also explored ways of increasing the feedback they received from people and how they could better consult with people and their families. This had included holding a festival event and a coffee morning.

We have made a recommendation that the provider reviews their processes to check the quality and safety of the service.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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

Rating at last inspection

This service was registered with us on 05 October 2018 and this is the first inspection.

The last rating for this service was good (published 03 July 2017). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the time since the service was registered.

Enforcement

We have identified one breach in relation to the need for consent in accordance with the Mental Capacity Act.

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

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. We will request an action plan from the provider to understand what they will do to meet the requirements of the regulation where we have found a breach.

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 ●

Silverdene Residential Home

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 team consisted of two inspectors.

Service and service type

Silverdene Residential Home 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we held about the service gathered through our routine monitoring activities. We reviewed the last inspection report, which was carried out when the service was registered under a different legal owner. We asked for feedback about the service from commissioners and the local authority.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who were living at the home and one relative who was visiting at the time of our inspection. We spoke with six care staff, which included; the registered manager, four care staff and the operations director.

We reviewed records relating to people's care such as daily notes, four care plans and four people's medication administration records (MARs). We looked at records relating to the management of a care home including records of staff training and supervision, four staff personnel files, records of servicing and maintenance and audit records.

After the inspection

We sought further clarification and evidence from the provider in relation to some of our findings. We also sought feedback from professionals that the service told us had recent experience of working with the home.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Staffing and recruitment

- The provider was not able to show that they always followed robust recruitment procedures. Two staff members' criminal record checks we reviewed highlighted information of concern. Whilst the provider assured us they had considered this information when making their recruitment decisions, there was no record of this, and there were no risk assessments in place.
- We found a complete employment history had not been obtained for one staff member as required. Other checks had been carried out to help ensure prospective staff were of good character. This included seeking references from previous employers, checking staff member's identification and carrying out interviews.
- People using the service, staff and the relative we spoke with all agreed there were enough staff on duty to meet people's needs. One staff member told us, "There are always enough staff. People who need two to one support get it."
- Staff told us they could work across the different houses but tended to be based within one house to improve consistency. The registered manager told us any staff absences were covered within the team, which staff confirmed was the case.

Assessing risk, safety monitoring and management

- The provider or appointed competent persons had assessed risks relating to the premises including fire safety and legionella. Legionella is a type of bacteria that can develop in water systems and cause Legionnaire's disease. Legionnaire's disease can be dangerous, particularly to more vulnerable people.
- During our inspection we found a cupboard in one of the kitchens contained cleaning products that were potentially accessible to people using the service. The provider told us the lock on this cupboard had broken, and they took immediate action to get it replaced.
- Staff identified potential hazards in relation to people's care and support and planned how they would reduce the likelihood of people being harmed. In most cases, these plans were clearly set out in people's care plans and risk assessments. In one instance however, there was not a robust risk assessment in relation to the use of bed-rails and it was not clear from the person's care plan how staff were managing the risk of pressure ulcers. The provider confirmed they would re-look at this person's documentation to ensure it was accurate.

Using medicines safely

- Medicines were kept securely in locked storage. However, we found thickening agents that are used to thicken some people's food and drinks were not kept securely in one part of the home. Although there was considered to be a low risk that people could access the thickener in this area of the home, the provider confirmed they had moved it to secure storage. Thickening agents can be dangerous if inadvertently

consumed. We made the registered manager aware of this.

- The service was not monitoring the temperature at which non-refrigerated medicines were being stored at, to ensure this was in line with the manufacturer's recommendations. After raising this issue, the provider risk assessed this arrangement and introduced temperature monitoring in some areas where medicines were stored.
- There was guidance in place for staff to help ensure people received the support they needed to take their medicines. Staff had guidance to help ensure medicines prescribed 'when required' (PRN) to help them manage behaviours that challenged were only used when necessary, and when other strategies had not been successful. However, there were no directions or protocols in place to help staff understand when other when required medicines, such as pain relief should be administered.

Preventing and controlling infection

- Most of the home was clean and staff were aware of good practice to follow in relation to the prevention and control of infection. However, we identified some issues that the provider was in the process of addressing.
- One kitchenette had mould visible on the walls and ceiling. The provider told us this was due to a clothes dryer being located in the same area, and they had purchased a new dryer that should address this issue.
- We found the bin in one kitchenette was overflowing, and the lid had fallen off a pedal bin in one of the bathroom areas. The provider confirmed they had purchased a new bin on the second day of our inspection.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their responsibilities in relation to safeguarding and how to report any concerns they might have. One staff member said, "They are really on top of things here. For example, if there are any incidents in the challenging unit, they are on the ball and check all areas, who was there, if any staff were there, they check the [CCTV] cameras."
- Staff received training in positive behavioural support. We saw physical intervention was rarely used, and the provider monitored that any interventions were used appropriately and only as a last resort. The provider told us they were taking part in a pilot with the community learning disability team to trial how services could better analyse and use information recorded in ABC charts (behaviour monitoring records) to plan people's care in-line with positive behavioural support principles.

Learning lessons when things go wrong

- Staff made a record of any accidents or incidents and the immediate actions they had taken to keep people safe. We saw most incidents had also been followed up by the registered manager who carried out an investigation and noted any lessons that could be learned.
- We saw the provider had investigated any medicines errors that had occurred. This would help them identify the cause of such errors and prevent that re-occurring.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 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.

- We found mixed evidence in relation to how the provider was acting within the requirements of the MCA.
- One person was given medicines covertly (without their knowledge) and there was no recorded mental capacity assessment, nor was there a best-interest decision in relation to this arrangement. This person's DoLS also had a condition that the registered manager ensured a capacity assessment and best interest decision had been completed, and there was no evidence this had been done. The registered manager told us this person's social worker had completed the best interests decision and that they were awaiting a record of this from them.
- People's care plans considered their mental capacity to consent to their care. However, it was not always clearly recorded how conclusions about people's capacity had been reached.
- The registered manager had identified when people may lack capacity and be subject to potentially restrictive practice that would require a DoLS. They had submitted appropriate applications to the supervisory body (the local authority).
- Staff understood the principles of the MCA and told us they would support people to make their own decisions whenever possible. Where people were able, we saw they had signed consent forms in relation to decisions about their care and management of their confidential information. Daily records of care also prompted staff to record whether consent had been given prior to them providing care.

The provider was not consistently working within the requirements of the MCA and care and treatment was

not always provided with the consent of the relevant person or by way of a best interest decision. This was a breach of regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The design, layout and decoration of the service varied between the three separate buildings on the site. In the old house for instance, there was a large lounge and conservatory, but communal space was much more restricted in the newer built house. However, from our observations, this did not appear to impact on people's care or wellbeing.
- There was a large accessible garden, which we saw people frequently making use of during the inspection. This also contained a sensory room in a small outbuilding.
- People had been able to personalise their bedrooms as they wished. The bedrooms we saw were spacious and could accommodate any required equipment and belongings.

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

- Staff assessed people's needs in relation to a wide range of potential areas where they might need support. This included any needs people had relating to their physical and psychological health, as well as their wider social and emotional support needs.
- The provider had recently introduced an electronic care management system. The majority of people's care plans had been or were in the process of being transferred to this system. We were able to readily use this system to view people's care plans, risk assessments and care notes. Staff told us they found the system simple to use.

Staff support: induction, training, skills and experience

- Staff received training in a range of topics relevant to help them provide effective support to people using the service. This included training in safeguarding, positive behaviour support, fire safety, first aid, epilepsy and equality and diversity.
- Staff told us they thought the training was relevant and good quality. One staff member said, "Training is great here. They are always offering me training."
- Staff felt supported and told us they received regular supervision. We saw three supervisions were scheduled for each member of staff in the year.

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

- People told us they liked the food prepared at the home. Staff told us they promoted healthy eating, which was confirmed by a person using the service. They spoke positively about how staff encouraged them to make healthier dietary choices, whilst also respecting their wishes.
- People's care plans identified their needs and preferences in relation to eating and drinking. Staff we spoke with were aware of these details.

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

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

- Staff had completed hospital passports for each person using the service. These can be used if people need to go into other care settings, to provide staff working in other services with essential information on people's care needs, communication, risks and preferences. Staff were concerned these documents were not always being followed and had created a poster to remind other professionals to read them. Staff from the service also provided disability awareness training to staff based in a local hospital.
- Staff told us they worked closely with professionals based in the community learning disability team to plan and co-ordinate people's care. We saw positive feedback recorded from one health professional who thanked the staff for their time and providing useful information that would help them provide the support the person they were seeing needed.

- A range of health and social care professionals were routinely involved in people's care. When asked if they were confident that staff would support their family member to access relevant healthcare services, they responded, "Yes, they [staff] are very responsive. Everything is in place."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us the staff were kind and respectful towards them. The service had a bank of staff they could use to cover any absences, which helped ensure people received support from staff that knew them well. One person told us, "I like the staff that work here and they support me with everything."
- Staff we spoke with, including the registered manager, knew the people supported by the service well. They were able to tell us about people's needs and preferences and how they met them.
- Staff we asked told us they would be happy for a friend, relative or other loved one to use the service. One staff member told us, "I'd 100 percent have a family member in here." We saw the service had received a compliment from a relative that said of all the places their family member had lived, Silverdene was the only place they had 'called home'.
- Staff asked whether people had any cultural, religious or spiritual needs as part of the routine assessments. Any needs were identified in people's care plans, along with detail about how these needs would be met. Staff we spoke with were able to give us examples of how they met the religious and cultural needs of people using the service, including for example, in relation to people's dietary requirements.

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

- People told us staff involved them in planning their care and decisions that could affect them. We saw people's current level of involvement in planning their care was recorded in their care plans, along with any other people involved in their support who could be involved in decision making.
- During the inspection we observed there were sufficient staff available to spend time with people and to respond promptly when anyone needed any assistance.
- The provider told us in their provider information return (PIR) that they had supported people to access advocacy and bereavement services where a need had been identified.
- Staff provided people with information in accessible form when this may be beneficial. For example, the registered manager told us they had given out accessible format information on people's voting rights and had advocated people's right to vote when this applied.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of supporting people's independence and we observed staff encouraging and supporting people to do things independently when they could.
- Staff told us they encouraged people to be involved in cooking, and other household tasks. One staff member talked about supporting a person to continue to build a range of skills, including communication skills. They said, "We've been told that [person's] ability to learn is restricted, but we continue to encourage and support them. Their family are impressed."

- A second staff member gave an example of how the staff team had supported someone to build their skills and confidence to a point where they were ready to move out and live more independently.
- The provider told us they had supported people to access formal travel training, as well as supporting people to gain skills and confidence in using mobility equipment at home. This enabled some people to access the community independently.
- People we spoke with felt staff respected their privacy. Staff told us they would help uphold people's privacy and dignity by, for example, ensuring doors and curtains were closed when supporting people with personal care.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Care plans were person centred and detailed people's preferred routines. They also provided information on people's interests, likes, dislikes and social history. This helped staff understand people's needs and provide care in a way that met their preferences.
- People were involved in quarterly reviews of their care. These reviews considered what was working or could be improved in relation to people's care and support. Staff helped identify goals and aspirations that were recorded in these reviews, although it was not clear from the documentation whether they had been achieved.
- The provider told us they worked closely with professionals when people moved to other care settings to ensure consistent, person-centred support and positive outcome for people. For example, they told us they had taken one person's own chair into hospital for them, which had been a successful strategy to encourage them to spend time out of their bed.

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.

- Staff assessed people's communication support needs and how they would meet these needs. For example, we saw communication passports were used to help staff understand the specific ways people communicated their needs and emotions both verbally and non-verbally.
- Information about people's communication support needs was shared when appropriate. For example, we saw people's hospital passports contained information that would help other professionals understand how to communicate with them effectively.
- Professionals such as speech and language therapists had been involved in assessing and planning how to support effective communication with people when needed. Staff talked about using strategies to support effective communication such as using 'objects of reference' and these strategies were also reflected in people's care plans.

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 meaningful activity and occupation. Staff had supported one person to explore employment opportunities and they were currently working as a volunteer.

- People were supported to take part in hobbies and interests. For example, one person was supported to attend matches and play with a local football club. Staff told us that engaging in this activity had supported them build their confidence and self-esteem.
- People told us staff supported them to engage in a range of activities and interests both at the home and in the community. Examples people gave us included dancing, shopping, swimming and attending day centres. During the inspection we observed staff engaging people in games and putting their preferred music and films on.
- People told us their friends and family were able to visit when they wished. The provider supported people to maintain relationships with those important to them. For example, they gave an example in their PIR of an occasion they had supported a person to maintain and re-build their relationship with their family by arranging an afternoon tea event. They told us this had been a successful way of supporting them to re-establish a good relationship with their family.
- Staff visited people frequently if they were admitted to hospital. The registered manager told us staff had also helped families keep in contact during hospital admissions, for example, in one case by helping with transport. This would help ensure people did not become socially isolated when in hospital.

Improving care quality in response to complaints or concerns

- The service had not received any formal complaints in the past year. However, we saw they had recorded concerns people had raised and the action they had taken to address those concerns, which was good practice.
- People we spoke with told us they would feel comfortable raising any concerns they might have with the registered manager or another member of staff.

End of life care and support

- The service was not providing end of life support to anyone at the time of the inspection.
- People's care plans did not contain information about their preferences and wishes for end of life care. The registered manager showed us a document provided to them by the community learning disability team that they had started to complete in relation to end of life care planning for older people using the service. They told us they would give further consideration as to whether this document could be used for other people using the service, or otherwise record the reasons such planning was not necessary or appropriate.
- The registered manager spoke about their past experiences of providing support to people at the end of their lives. They told us the service had worked closely with other professionals such as GPs, learning disability nurses and MacMillan nurses to help ensure people had received effective care that met their needs and preferences.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Quality assurance processes are not always applied consistent or effectively.

Continuous learning and improving care

- The head of operations carried out a range of audits relating to the quality and safety of the service. This included a monthly compliance audit that covered a wide range of areas, along with more detailed themed audits that were undertaken when a specific need was identified or based on the time since the last audit. For example, we saw there had been more in-depth themed audits in relation to safeguarding and people's finances.
- The audits had identified some of the shortfalls we found during this inspection. For example, the issue with the mould in the kitchen had been identified and action had already started to address this. However, other issues such as shortfalls in the recruitment processes, medicines management and the failure to follow the MCA in relation to one person's care had not been recognised prior to our inspection.
- The provider aimed to continuously improve the quality of the service. To achieve this, we saw they had put in place management meetings where good practice guidance was reviewed, along with examples of CQC inspection reports for services rated outstanding.

We recommend the provider reviews their processes for assessing and assuring the quality and safety of the service.

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

- Staff told us they understood the organisation's values and felt these were achieved through their day to day work. The head of operations told us managers from across the organisation had come up with the values through a workshop, which were loyalty, trust, dedication, support and respect. We saw values were also considered as part of staff interviews at the recruitment stage.
- Staff told us they felt valued and said the staff team worked well together. They said that managers were visible, and they felt they could approach them if they needed any support.
- Staff told us they felt supported to act openly and honestly if anything went wrong. One staff member told us they had reported making a mistake previously and felt they were treated fairly.
- Staff felt valued and thought there was a positive culture in the home. One staff member commented, "We get regular supervisions and they [managers] are approachable and they lead by example; They treat us with respect."

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

regulatory requirements

- There was a registered manager in post who had worked in this role at the home since January 2016. They were supported to maintain oversight of the quality of the service by the provider's head of operations.
- The registered manager demonstrated a clear understanding of the key challenges faced by the service and were taking steps to make improvements. For example, they had identified that hospital staff not reading people's hospital passports was a barrier to them receiving safe, person-centred care. They had developed a poster prompt for staff to alert them to this document and were also involved in delivering training to hospital staff in relation to meeting the needs of people with a learning disability.
- The service had notified the CQC of DoLS application outcomes and deaths of people using the service as required by law.
- The registered manager told us the provider was supportive and that they were given the resources they needed to manage the service effectively.
- The provider had achieved a gold investors in people award. Investors in people is an accreditation scheme for organisations that meet its' people management framework. At the time the provider received this accreditation, this was the highest award achievable.

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

- The provider sought the opinions of people using the service and their families via surveys. To improve the number of responses they got, and their engagement with people's families more generally, the service had put on events such as coffee morning, a festival event and a consultation event. We saw the findings from the surveys and events had been analysed, and an action plan drawn up that demonstrated how people's feedback was used to continue to drive improvements.
- Staff sought feedback from people about the service when carrying out quarterly reviews of their care.
- Staff told us they attended team meetings where they were able to put forward their views and suggestions for improvements. Minutes from the meetings showed discussions included what had gone well, ideas for activities and how the staff team were meeting people's individual needs.

Working in partnership with others

- A commissioner of the service told us they found the service to be 'consistently good' and said they had a good relationship with them.
- The registered manager and staff told us they worked closely with the community learning disability team. This had included them recently engaging in a project aimed at improving the way behaviour monitoring records were used.
- The registered manager was involved in delivering training to hospital based staff in relation to supporting people with a learning disability effectively when they were in hospital.

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 11 HSCA RA Regulations 2014 Need for consent The provider was not consistently working within the requirements of the MCA and care and treatment was not always provided with the consent of the relevant person or by way of a best interest decision.