

Dignus Healthcare Limited

Gilburn

Inspection report

53 Ashby Road
Shepshed
Loughborough
LE12 9BS

Tel: 07918777465
Website: www.dignushealthcare.com

Date of inspection visit:
27 June 2022
28 June 2022
05 July 2022

Date of publication:
19 September 2022

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Gilburn is a residential care home registered to provide personal care to up to seven people with mental health diagnoses, learning disabilities or autistic spectrum disorder. Gilburn consists of a communal lounge and individual apartments, each with their own bathroom facilities, lounge, kitchen and bedroom. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do receive this support, we also consider any wider social care provided. At the time of our inspection there were six people using the service, five of these people received personal care.

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.

The service was not always able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

People did not always receive support from staff who had received the training they required to support people safely.

Improvements were needed to record keeping in relation to care plans and daily notes.

The service worked with people to plan for when they experienced periods of distress so their freedoms were restricted only if there was no alternative. Staff told us they avoided using restrictions on people's freedom.

People had a choice about their living environment and were able to personalise their apartments. Staff supported people to take part in activities and pursue their interests in the local area.

Staff communicated with people in ways that met their needs. They supported people with their medicines in a way that promoted their independence and achieved the best possible health outcomes.

Staff supported people to have the maximum possible choice and control over their own lives and to be independent. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff supported people to make decisions following best practice in decision-making.

Right Care

Improvements were needed to record keeping systems relating to accidents and incidents, restrictive practice interventions and debriefs to record in detail lessons learned.

There were not always enough appropriately skilled staff to meet people's needs and keep them safe. There was a dependency on the use of agency staff at the time of the inspection. The management team told us they were recruiting to staff vacancies and planned to reduce agency use over time. Records showed, and we saw, agency staff knew people well.

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People took part in activities and pursued interests that were directed by them. The service gave people opportunities to try new activities. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture

Staff turnover had been high resulting in a number of staff vacancies. This had led to staffing pressures and reliance on agency staff. The provider introduced an enhanced rate of pay and a bonus related to length of service in order to attract additional staff. We saw this had a positive effect on recruitment.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care which was tailored to their needs.

The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. Staff ensured risks of a closed culture were minimised so people received support based on transparency, respect and inclusivity.

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 09 July 2021 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels, staff training, inappropriate use of restraint and the local authority opening a safeguarding enquiry following a recent incident. A decision was made for us to inspect and examine those risks and to undertake a fully comprehensive inspection.

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.

We have found evidence that the provider needs to make improvements. Please see the safe, effective,

responsive 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.

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 monitor the service and will take further action if needed.

We have identified breaches in relation to staffing and governance at this inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Gilburn

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

The inspection was undertaken by two inspectors and one inspection manager.

Service and service type

Gilburn 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. Gilburn 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

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 reviewed information we had received about the service since it was registered. We sought feedback from the local authority. We used this information to plan our inspection.

During the inspection

We spoke with four people who use the service about their experience of the care provided. We spoke with 14 members of staff including the nominated individual, registered manager, commissioning manager, area manager, a team leader and nine care assistants. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with three professionals who supported the service.

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



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 of 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

- There were not always enough staff to provide safe care. Some people needed one or two staff to stay with them to help them remain safe. The staff rotas showed some people were regularly not receiving this level of staffing support. Often, particularly during the night, there were no additional staff on-site to offer support in the case of an emergency. This left people at risk of not receiving the correct support when required and, subsequently, at increased risk of harm.
- Some staff were working excessive hours and were at risk of burnout. We saw rotas which demonstrated some staff members were working 15 hour shifts on multiple days in a row. Several staff were working in excess of 60 hours per week on a regular basis. These staff members were regularly supporting people with very complex needs who required significant supervision, including 24-hour line-of-sight support. This placed people and staff at increased risk of harm.
- Staff told us the service was understaffed, staff worked excessive hours and staff turnover was high. One staff member said, "Gilburn has always been short-staffed. It has only become more manageable recently since they got agency in". Another staff member said, "We have been doing 15 hour shifts. The long days with people are tiring". A third said, "Staff turnover is high as Gilburn tend to recruit from less complex services, and then it is an eye-opener when staff are faced with people who present with complex behaviours". This placed people and staff at increased risk of harm.

The provider failed to ensure enough staff were deployed to meet the needs of people using the service. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed additional staff had been recruited, including additions to the management team. Staff we spoke with following the inspection confirmed staffing levels and length of shifts had improved in recent weeks.

- Staff were recruited safely. We saw Disclosure and Barring Service (DBS) checks were carried out when appointing staff members to ensure they were suitable to work with vulnerable people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff were allocated to people so people knew who they would be working with and they developed good relationships. We saw one person react positively when they found out who would be working with them on the day of inspection.

Learning lessons when things go wrong

- Staff told us and records showed accidents and incidents were reported appropriately. These were regularly audited to gather data and some analysis was completed. However, we identified improvements were needed to ensure this data was analysed effectively alongside other information available to the service for trends and themes to be considered and identified. For example, we saw incidents whereby the provider had not analysed which staff were on shift and whether this was a recurring pattern.
- Staff told us and records showed there was an inconsistent application of debriefs when incidents occurred. A debrief is a structured process following an event which reviews actions taken to identify lessons learnt. The provider's service development plan stated debriefs were required "after any behaviour", although this did not happen in practice. One staff member said, "to be honest, debriefs don't always happen". A professional told us they had been working with the service more recently to improve their debrief process.

Assessing risk, safety monitoring and management

- Risk was managed effectively and people's safety was monitored and managed. We saw risk assessments contained a good level of personalised information, were reviewed regularly and guided staff on how to mitigate risks to people. Staff were able to accurately describe people's individual risks and how to respond to them safely. We observed staff following individual people's risk assessments appropriately.
- Systems were in place to monitor the safety of the service. We saw regular checks of the environment had been completed in line with the provider's policies and best practice guidelines. For example, health and safety, fire safety, water safety and other environmental audits were completed as required.

Systems and processes to safeguard people from the risk of abuse

- Staff had undertaken training in safeguarding procedures and knew what action to take to protect people from harm and abuse. Staff had access to relevant guidance in the provider's safeguarding policy and knew where this was kept. One staff member told us, "I would go straight to the manager or shift leader. They always follow concerns up. When I have raised things they have reported them to safeguarding".
- People who used the service told us they felt safe. One person told us, "I feel really safe, this is my home and staff do a good job". Another person said, "I feel safe. There are no issues".
- The manager understood their role and responsibility in relation to safeguarding and had managed safeguarding concerns appropriately and promptly.

Using medicines safely

- Medicines were managed safely. We saw medicine administration record charts were in place and had been completed accurately, showing people had received their medicines as prescribed. Medicine stock was checked in to the service, stored and disposed of appropriately.
- When people were prescribed medicines 'as and when required' staff had guidance on when to administer these medicines. Staff recorded when and why they had administered PRN medicines in good detail and this information helped to inform people's risk assessments and care plans.
- Staff had received training in safe handling of medicines and their competencies were tested regularly.
- Regular audits were carried out to ensure correct procedures were followed by staff and any action required was identified promptly.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment effectively and safely.

- 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 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.
- The service had clear visiting protocols in place and information was provided to all visitors to ensure they were familiar with infection prevention and control and personal protective equipment procedures. The service was meeting the government guidelines in relation to visiting.

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.

Staff support: induction, training, skills and experience

- Training in high risk areas was not always completed or was not always up to date. We saw several staff members had not received specific training around one person's risks, which should have been provided to all staff prior to the person's admission to the service. There were significant delays in providing this training. We saw several staff members had not received refresher training on how to restrain a person safely. This placed people and staff at increased risk of harm.
- The training matrix did not include all staff employed by the service. We could not be assured from conversations with staff whether the training record was an accurate reflection of training delivered. For staff included on the training matrix, this showed most had accessed training the provider deemed as mandatory, such as infection control, fire safety and medication. However, we found improvements were needed to achieve compliance in areas such as autism awareness and ligature training.
- Staff told us they required additional training in relation to people's individual mental health diagnoses. One staff member said, "We have had no specific training on [mental health condition] for individuals. Most individuals we support have a diagnosis of [mental health condition]. This means staff don't always know how to respond appropriately for each individual."
- Agency staff were not trained to support people safely. We saw none of the agency staff had received restraint training or ligature training. Risk assessments and past incidents demonstrated people and staff within the service were at increased risk of being involved in incidents involving restraint or ligature. One staff member said, "Agency staff are not trained in restraint so it can be difficult. If something happens it means permanent staff have to respond, leaving the agency staff at risk as they don't have the training". This lack of training placed people and staff at increased risk of harm.

The provider failed to ensure suitably qualified, competent and experienced staff were deployed to meet the needs of people using the service. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed additional training had been provided or was planned. Staff we spoke with following the inspection confirmed training and quality of agency staff had improved in recent weeks.

- Staff we spoke with demonstrated a good knowledge of positive behaviour support, proactive and reactive strategies, restraint and caring for people with mental health and learning disability diagnoses. Staff we spoke with were very knowledgeable about the people they were supporting.

- We saw evidence staff had completed some of the required training since the inspection took place. We saw evidence additional training was due to take place. We will follow up the effectiveness of this training at our next inspection.

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

- We saw the service were working in partnership with other agencies. The service worked with a number of partners to receive specialist support, such as mental health teams, learning disability teams and social workers. These partners provided the service with specialist healthcare advice in order to support them to effectively meet the needs of people using the service.
- Staff arranged timely referrals to a variety of different healthcare professionals where necessary. Records showed that staff members knew when people required healthcare intervention. Where advice was provided by healthcare professionals, this was reflected in people's care plans. One person told us they had recently been supported to access the local GP surgery.

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

- Pre-assessments were undertaken prior to people using the service to ensure the service could meet people's needs. People's physical, mental health and social needs had been assessed in line with recognised best practice. These assessments included nutrition, oral health, personal care and emotional wellbeing. People we spoke to told us they felt involved in their assessments of care.
- People received their care and support by staff who knew how they liked things done. We saw staff responding promptly to people's requests and respecting people's choices. One person told us, "Staff know me really well, they are able to give me the freedom I need whilst also keeping me safe."

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

- People were supported with their nutrition and hydration effectively through the use of appropriate risk assessments and care plans. Care plans contained detailed information directing staff on how to effectively support people to eat and drink enough and to promote healthy diets.
- People's preferences and wishes were respected and their independence was promoted in relation to shopping and cooking. We saw staff supported people to develop weekly menu plans, to shop for the ingredients and to make the meals they had chosen. People were encouraged to be as independent as possible with these activities. One person said, "We write a shopping list, I cook and staff help me".

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

- Each person's apartment was personalised and adapted to meet their individual needs. For example, one person had chosen to decorate their bedroom to reflect their hobbies and interests. Another person had been provided with specific bathing facilities to help with sensory regulation. One person told us, "Staff took me to get things to make my apartment more homely".
- The service adapted the design of people's apartments to ensure any restrictions were the least restrictive option and promoted people's independence. For example, one person took actions that might lead to injury due to a fascination with an aspect of their apartment. The service took an innovative approach to ensuring the person was still able to undertake the activity whilst removing the risk.
- There were plans in place to further develop the environment to improve people's experience of living at Gilburn. For example, an activities area was being developed and people had been consulted to determine what they wanted. Equipment had been purchased to support a person's sensory regulation. People were encouraged to help maintain the garden and consideration was being given to purchasing sports equipment for the garden area.

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.

- The provider had ensured mental capacity assessments and best interest decisions had been undertaken where necessary. DoLS applications had been made as appropriate.
- The provider had obtained evidence to demonstrate legal authority had been granted for named individuals to act on behalf of people who lacked capacity to make decisions.

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 were well cared for and they liked the staff at the home. We observed staff being friendly and professional when interacting with people. One person told us, "The staff are amazing and will do anything for us. I've never been in such a comfortable place before. The registered manager is amazing".
- Staff supported people in a respectful and caring way. We observed staff providing reassurance when people were upset or confused. One person told us, "Staff are here for me whenever I need them. They keep me safe and calm. If I am upset they will help me; they are really supportive".
- Staff respected people's diversity and treated them as individuals. We saw care plans included information about people's religion, gender, sexual orientation and ethnic origin. The registered manager demonstrated a good understanding of equality and diversity, for example they recognised the need to offer specific activities to meet people's cultural needs.

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

- Staff encouraged people to express their views and make choices when they could, and people confirmed they were involved in decisions about their care. One person told us, "I am able to do what I want to do. I can go out when I want to. Staff ask me what I want to do and help me budget for activities". Another person said, "Staff involve me in decisions around my care and I am able to do the things that are important to me".
- Staff told us they delivered care in the way each person preferred. Staff felt they had developed good relationships, knew people well and supported them as individuals. People had key workers who met with them regularly to plan activities and to ensure they were being supported appropriately and their outcomes were being met. One staff member said, "We always listen to how people want to do things. It is their choice".
- Information on advocacy services was available in the home and some people were being supported by an advocate. An advocate is a person independent from the home who can come in to support a person to share their views and wishes if they want support.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy and dignity. We observed staff knocked on people's doors before entering their apartments. They also respected people's wishes when they wanted to be left alone. Staff told us they understood the importance of maintaining people's privacy and dignity. One person told us, "When I am getting dressed or undressed the staff will turn away to give me privacy".
- Staff encouraged people to maintain independence where possible. One person was encouraged to complete personal care tasks and to cook independently, with support being available when required. Another person who previously would not engage with people unknown to them was encouraged to return

their plate to a worker at a local café, resulting in the person and the staff supporting them being very proud of their achievement.

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 requires improvement. This meant people's needs were not always met.

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

- Staff did not always have the most current information relating to people's needs. Following the second day of our inspection, five people's care plans were updated to reflect they were receiving support with personal care tasks. Prior to these changes there was no indication within care plans or daily notes that any person was receiving support with personal care. Therefore, we could not be assured other areas of the care plans were accurate and up to date. This meant people were at risk of not receiving the support they required.
- Positive behaviour support (PBS) plans were excessive in length, repetitive, disorganised and it was difficult to quickly identify preventative and proactive strategies. We saw one PBS plan was 27 pages in length, with proactive strategies being on page 24. This meant it would be difficult for new or agency staff to read, absorb and retain this information in order to support people appropriately. We saw some improvements had been made to PBS plans since the inspection.

End of life care and support

- End of life care plans were not always in place and there was an inconsistent approach to consideration of end of life care planning. The service demonstrated they had considered end of life care plans for some people, although for others there was no evidence consideration had been given to end of life care plans. This meant people's future wishes had not been captured and the service could not ensure they would be meeting those wishes should a person pass away unexpectedly.
- At the time of our inspection no person using the service had a life limiting diagnosis or was in receipt of end of life care.

Improving care quality in response to complaints or concerns

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern. The provider had systems in place to record, investigate and respond to any complaints raised with them.
- Records showed that low level complaints had been noted and resolved. For example, one person complained staff were using their personal microwave to heat staff meals. The provider purchased a microwave which was placed in the activities room for staff to use during their breaks.

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 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.

- Information was available in accessible formats when people needed it. People were given information in a format which suited their needs and staff knew how people preferred information shared with them.
- The registered manager understood their responsibility to provide information in an accessible format, taking into account people's equality characteristics. Information could be provided in large text, braille and easy-read formats and could be translated into other languages if required.

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

- People told us that they were involved in activities they enjoyed. Staff were observed speaking with people about their hobbies and interests throughout the inspection. People talked about holidays they had planned and the activities they were going to do whilst on holiday.
- Staff supported people to develop activity plans on a weekly basis. These were flexible and staff were responsive to any changes in choices. People were supported to access the community on a regular basis and encouraged to engage in meaningful activities to support the development of relationships outside of Gilburn.
- People's cultural needs were considered and effectively met. We saw one person was supported to regularly attend their place of worship and their religious and cultural needs were being accounted for on a day-to-day basis.

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. 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; Continuous learning and improving care

- Systems and processes were not always effective in identifying concerns we found during inspection. For example, audits had not always identified gaps in training records, missed debriefs, inaccurate care plans, lack of consideration of end of life wishes and the improvements required to incident analysis. This failure to maintain oversight and identify issues demonstrated a lack of good governance.
- Action plans were not always effective. We saw a Service Development Plan which was undated and there was no evidence any progress had been made in any area. Whilst the action plan identified some issues raised on inspection and contained actions to be taken, there was no priority rating given to each task, no timescales for completion and no details about who was responsible for each task. There was no area for updates during reviews to demonstrate progress. This failure to develop effective action plans and progress them appropriately demonstrated a lack of good governance.
- The lack of an effective management structure did not allow the registered manager to have capacity to undertake all necessary governance tasks. The provider had identified the registered manager required additional support to enable them to effectively monitor the quality and safety of the service. The provider had proposed a new management structure and were in the process of recruiting to a deputy manager role and three team leader roles.

The provider had not ensured they had effective systems and processes in place to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A registered manager was in post and was present throughout the inspection. They understood their responsibility to display the rating of this inspection and had a good understanding of their regulatory requirements.

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

- People were consulted on a daily basis around how they wanted their care to be delivered. People's equality characteristics were considered and care plans contained a good level of detail in relation to things such as people's religion, sexuality, gender identity and cultural beliefs. People were supported to meet needs related to their protected characteristics.
- Staff held weekly key-worker meetings with people which gave them the opportunity to provide feedback.

One person told us their key worker was responsive to feedback and positive changes had been made as a result of these meetings. People were involved in reviews of their care plans. One person said, "We look at my care plan every month and redo it to make sure my needs are met. My care plan is how I want it".

- Regular staff meetings and supervisions demonstrated the registered manager sought feedback and encouraged staff to identify potential improvements to the service. Staff told us they had received regular supervisions and had been given the opportunity to attend staff meetings. Staff told us positive changes were made as a result of supervisions and staff meetings.
- The registered manager was in the process of seeking to gain the views of people using the service, and their relatives, via a survey and intended to use the information to make improvements to the service.

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

- The service had an open culture, with people, staff and professionals encouraged to share their views. The service included people and, where appropriate, their relatives or representatives in decisions about people's care.
- The registered manager and staff we spoke with had a good understanding of people's needs. Staff provided personalised support which focused on achieving 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

- The provider was aware of their responsibilities under the duty of candour, which is a regulation all providers must adhere to. Under the duty of candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- The provider had implemented a complaints policy and had provided information relating to this to all people, relatives and staff. There were posters in the communal areas advising people of who to contact if they had concerns. We saw complaints had been dealt with appropriately and responses had been provided to complainants in a timely manner.

Working in partnership with others

- The provider worked in close collaboration with health and social care professionals involved in people's care and were receptive to advice provided. Where professionals identified concerns with people's care the provider responded appropriately and we received positive feedback around the changes made.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons did not ensure systems and processes were either in place or effective enough to monitor and improve the quality and safety of the service.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered persons did not ensure enough suitably qualified, competent and experienced staff were deployed to meet the needs of people using the service.</p>