Support for Living Limited

Support for Living Limited - 26 Stockdove Way

Inspection report

26 Stockdove Way
Perivale
Middlesex
UB6 8TJ

Tel: 02088106622
Website: www.supportforliving.org.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
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
Support for Living Limited – 26 Stockdove Way is a care home providing personal care and accommodation for up to seven adults who have learning disabilities or autistic spectrum disorder.

The care home accommodates people in one adapted building. The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
We found some risk had not been mitigated when we visited the service. One person did not have a personal emergency evacuation plan in place and there had not been a fire drill at night time to ensure staffing levels were adequate enough to meet people's support needs in the event of a fire. One of the night staff had not received training about how to use an evacuation chair. Whilst the provider had been working with the landlord and a fire consultancy agency, we did not find all the necessary actions had been taken in a timely manner.

Medicines were administered and stored appropriately but we found the reasons why some medicines were in use was not always documented. There was a concern therefore staff might not realise the importance of specific medicines.

People had person centred plans and contained good guidance for staff. Most seen were reviewed on a regular basis. One person still had the care plan written when they lived at another service. However, staff had just commenced a new electronic plan to reflect their current support needs.

The registered manager assessed staffing levels. Relatives told us staff were often very busy but felt people were well looked after. Staff confirmed the management team was "hands on" at times to support them.

People who were able, told us they liked the staff and felt safe at the home. Relatives and professionals told us people were well cared for by staff; some of whom had known them for many years. They described that people's eyes, "light up" when some very familiar staff were on duty. We observed people to be supported in a proactive and responsive manner.

Staff ensured people had access to health and social care professionals. A health professional told us staff asked their advice and followed recommendations and guidelines.

Staff told us they received appropriate training and felt well supported by the management team. Although

we found that at least one member of staff needed further training regarding fire safety. They found the registered manager and deputies approachable as did people's relatives who felt they could raise a complaint or issue.

Staff communicated with people in ways they could understand and were observed to be respectful and promoted people's dignity.

People were supported to attend a wide variety of activities that reflected their preferences and were supported to access the local community to meet and maintain relationships with family and friends.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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.

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 in the form of medicines as a last resort, in a person-centred way, in line with positive behaviour support principles. The provider had worked successfully with their own behavioural support team and health care professionals to reduce the use of these medicines and incidents of behaviour that challenged the service had also reduced.

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

Rating at the last inspection
The last rating for this service was good on the 14 and 15 February 2017 (Published 29 March 2017.)

Why we inspected
This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report. The provider took immediate action to address the concerns we found during our inspection.

Enforcement

We found breaches of two of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and good governance. You can see what action we have asked the provider to take within our table of actions.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Support for Living Limited - 26 Stockdove Way

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
One inspector carried out this inspection

Service and service type
Support for Living Limited – 26 Stockdove Way 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
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We met with the seven people who used the service. We spoke with one person who was able to tell us about the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the area manager, two deputy managers, two care workers and the house keeper. We spoke with a visiting health care professional.

We reviewed a range of records. This included three people's care and medicine records. A variety of records relating to the management of the service, including policies and procedures were reviewed. On the second day of inspection we visited the provider's head office and we looked at three staff files in relation to recruitment.

After the inspection
We attempted to speak with seven relatives of people who used the service and were able to speak with four. We spoke with the registered manager following our inspection and we continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

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

Assessing risk, safety monitoring and management

●Whilst most risks were fully assessed by the registered manager, we found that one person did not have a personal emergency evacuation plan (PEEP). PEEP's are important as they are used by staff and the emergency services as a guide to what support a person might need in the event of a fire. Therefore, there was a danger this information would not be readily available in an emergency.

● Fire drills had taken place on a regular basis, but none had yet taken place at night when there were fewer staff present. Staffing at night consisted of one/two staff in the house assisted by a third staff from the attached care home next door. However, we found that one of the three-night staff had not received training to use the evacuation chair, which was needed by some people. Therefore, we were not assured the provider had taken all measures in a timely manner to address the risk of fire in the home.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people's safety was being effectively managed. This placed people at risk of harm.

The above concerns are a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12 Safe care and treatment.

●The service had been working with the landlord and consultancy company to review fire action plans and risk assessment in the event of a fire. As such, fire zones had been clarified and a new fire exit identified.

● The registered manager assessed to identify the risks to people's physical and mental health. People's person-centred risk management plans reviewed included, nutrition and hydration, anxiety, moving and handling, medicines, behaviour and going out into the local community.

●We saw assessments were reviewed, graded as high, medium or low risk to indicate the severity and likelihood of concerns occurring. There were good guidelines for staff to support people to mitigate the risk of harm.

Using medicines safely

●Medicine records we reviewed were completed without error and a sample of medicines counted tallied with the recorded amounts. This indicated medicines administration was undertaken well. Medicines records did not always state what medicines were used to treat. This meant staff might not always recognise the importance of certain medicines for a person's health. Following the inspection, the provider sent us staff guidance about each medicine use.

●There were clear guidelines for staff about how each medicine should be administered according to people's preference and need. When needed medicines had guidelines about their use and how they should be administered. These were signed by the person's GP to show that the information was correct and as prescribed.
●Medicines were stored appropriately. Temperatures were recorded daily, and action was taken to adjust the temperature when it was needed to keep medicines in a safe manner. Medicines including controlled drugs were kept securely.

Systems and processes to safeguard people from the risk of abuse
● Relatives told us they felt people were well cared for by staff they said for example, "Staff are very kind and caring, personally I'm very happy with everything." One person told us, "Yes I feel safe."
●The provider and management team had systems in place to recognise and report abuse. The registered manager and deputies monitored daily records and incident reports, spoke with staff and observed people living in the service. Complaints, incidents and accidents were entered on an electronic system and monitored by the provider to ensure any safeguarding concerns were identified.
●Staff had received safeguarding adults training and demonstrated they knew how to recognise and report safeguarding adult concerns appropriately. Care worker comments included, "If there was a change in people's behaviour…and unexplained bruises and scratches," and "If there were signs of abuse I would go to the manager straight away."

Staffing and recruitment
●During our inspection we saw there were sufficient staff on duty to meet the support needs of the people living in the home. People did not wait for long periods to be supported and staff had time to converse and interact with people.
●Some relatives told us they thought there were enough staff most of the time but not at other times. They described staff as sometimes very busy. Their comments included, "The staff team seems stable now," and "Sometimes I think there are not enough staff. It is a 'heavy' [high support needs] home. No one is independent everything has to be done for them…[Staff] work extra hard but it is difficult," and "Think they could do with one or two more staff they always seem very busy." However, no relatives felt people were left without care and support.
●Staff thought there was usually enough staff. One care worker said "Yes usually, [Enough] there are occasions when there may not be enough, but always at least two permanent staff and normally at least five staff in the mornings and four in the afternoon. Deputies help they are hands on."
●The area manager described staff levels were assessed to ensure there were always enough staff. Staffing was as stated on the rota. In addition, the management team were said by relatives and staff to be proactive being, "hands on" at times during the day to support care workers.

Preventing and controlling infection
● The home was clean and there was no malodour. Staff received infection control training and there were procedures in place to reduce the risk of cross infection. When the house keeper undertook cleaning tasks they used colour coded mops for bathrooms, bedrooms and kitchen. There were reminders displayed in toilets and kitchen for staff and visitors to wash their hands thoroughly and in line with good practice to minimise the spread of infection.
●The kitchen had received a five-star rating in February 2018 from the food standard agency. This is the highest rating award for a good standard. Food was stored appropriately, opened foods were kept refrigerated and dated to indicate when they were opened. We observed staff immediately labelling newly opened food to be stored in the fridge.

Learning lessons when things go wrong

- The area manager was in the process of investigating a concern when we inspected. They had spoken with staff, looked at documentation and were writing a report to share with the social services and CQC.
- The area manager described they reviewed procedures and risk assessments when something went wrong. They met with the staff team to ensure near misses and errors would not reoccur. They explained learning from incidents in the provider's services were shared with all their services registered managers to prevent reoccurrences.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The registered manager visited and assessed one person in their respite placement prior to offering a service at the home. They had met with the person and their relative, respite service staff, health and social care professionals to discuss and agree how the person preferred and needed their care to be provided.
● Relatives confirmed they were involved in the process of reviewing their family member's care. One relative told us, "When there is a review or a medicine review usually they call and ask me to attend."

Staff support: induction, training, skills and experience
●The provider ensured that new staff completed an induction process to familiarise themselves with both the organisation and the home. They shadowed experienced staff and training was provided. New staff completed a probationary period to check they were able to undertake their role and establish if further training was required.
●Staff told us they received training to undertake their work. Their comments included, "Induction included all training and refreshers are coming up. I've [completed training in] first aid, moving and handling, choking …and safeguarding adults," and "Training is based on working with people who have disabilities, how to engage them like using intensive interaction." (This is a method of engaging people who have complex learning disabilities.)
●Staff received basic training about people with learning disabilities. They had a half day training in their induction. We were told this also covered people who were on the autistic spectrum. Other training included person centred planning, epilepsy, medicines administration, food hygiene and choking and resuscitation. The training data base flagged up to the provider when refresher training was due and gave the registered manager an oversight of staff training needs.
●The registered manager ensured staff received monthly supervision from the management team. Staff told us they found the supervision sessions helpful in supporting them to work with people.

Supporting people to eat and drink enough to maintain a balanced diet
●People's dietary information was displayed in the kitchen as reminders for staff preparing and serving meals and in people's care plans. The guidance was as given by the speech and language therapist and dietitian. Guidance included for example, if food needed to be pureed or cut up and what utensils and crockery people used to eat their food.
●There was also guidelines for staff displayed, should people have difficulty swallowing and might be at risk of choking or aspiration. (Aspiration means when a person has accidentally inhaled food or drink into their

wind pipe or lungs.) Symptoms to look out for were stated so staff could identify a concern and take prompt action.
●We observed people being supported to eat and drink as their care plan stated. People's food preferences including their cultural, religious diverse choices were recorded and staff were able to tell us about these. Staff ensured people were encouraged to drink enough to remain hydrated and they recorded what people had eaten and drunk on their daily records.

Adapting service, design, decoration to meet people's needs
● The service was adapted for people who had physical disabilities. The lounge and people's bedrooms contained ceiling hoists to transfer people from their wheelchair, bed and comfortable chair in an appropriate manner. Bathrooms were in some instances en-suite and all contained adapted baths or shower equipment. Corridors were wide to accommodate wheel chairs with ease.
●There was a lift to support people who could not use the stairs to the upper floor. Several people mobilised independently, and corridors had rails fitted so they could do so safely. There was a large garden for people's use.
●The home was bright and airy and communal areas contained some objects of interest for people. One person liked soft toys and furnishings they could pick up and touch. We saw there were soft cushions and large soft items they could use when they were in the lounge area.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
●Staff monitored people and responded well to ensure they were comfortable and content. We observed staff being proactive with people recognising they were becoming uncomfortable and offered appropriate practical support to address this. In addition, when people became anxious they gave verbal reassurance and addressed the concern.
●Staff supported people to have access to health and social care. We saw that people had been supported to see the GP when they showed symptoms of being unwell or required specialist help. Health and social care practitioners visited the home including learning disability specialists such as an advanced nurse practitioner, speech and language therapist and occupational therapists.
●We spoke to a health care professional who confirmed staff were proactive in recognising and reporting concerns and followed their recommendations. They told us they found staff, "Very helpful and accommodating, working well, any suggestions they follow, they seem to be supporting people well."
●Relatives described how they were kept well informed by the staff team if there was a health concern. They told us, "They do phone if [Person] has a problem and call the GP in," and "Generally [Person] is well cared for, they get their bloods done. I ask when they have last seen the doctor and they always let me know if they are ill. They are caring people there."
●People were supported to have routine health checks that included visits to the optician and dentist. People's care plans stated the support they required with their oral care. Plans stated for example if they had dentures, used a specific mouthwash and if they were compliant with dentist visits and what might help address this.

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.

● The registered manager had made applications for DoLS in an appropriate manner on behalf of people living at the service. Not all visits by the statutory body had been completed to assess in people's best interest. The registered manager had liaised with the statutory body at intervals to ask for progress updates.
●People's capacity to make specific decision was recorded in their care plan. This informed staff people had the capacity to make an "every day" decision like what to eat or what activity to do. Staff could refer to this guidance about how people communicated their decision.
●Staff were completing MCA e-learning training and were able to tell us about people's right to make their own decisions. Their comments included, "It's an assessment which covers people's mental capacity to make a decision on certain things," and "Some people have the capacity to say what they want but others haven't, everyone is different. I read on the computer to see if a DoLS is in place."

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question had remained the same.

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

● Staff treated people with dignity and respect and built a good working relationship with them. One person told us, "Yes I like the staff, get on well with them. I like [Care worker] who is new as well."

●Staff cared for all people at the service and people had individual key-workers. These are staff who have a specific responsibility for the person and act as a point of contact for relatives and professionals. They aimed to build a strong relationship with people.

●A relative told us about one care worker, "[Key-worker] Couldn't be better. [Person's] eyes light up when they see them." A second relative said about another care worker, "Such caring staff there. One staff there in particular very kind, such a love, so caring towards [Person]."

●Some staff had worked with people for many years and held a lot of knowledge about people and had shared their knowledge in care plans and risk assessments. They acted as good role models for newer staff and advised how to best work with people. One newer staff member told us, "I shadowed every member of staff, who work with [people], one [staff] been here 20 odd years! People brighten up when they see them."

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

● Most people using the service did not communicate their wishes verbally. Relatives felt staff communicated and understood their family member well. Their comments included, "Yes I do think they communicate with [Person] well. They try and understand and stimulate them, by taking them for walks, out to local cafes, plan with [person] next activities like a night out for their birthday."

●We observed people making their choices known through behaviour, body language, facial expression and vocalisations. Staff were responsive and recognised what people might want. For example, one person approached a staff member without speaking. The staff member responded to them and explained the person liked tactile sensory activities and gave them lotion to feel and touch. The person remained engaged in this activity for some time coming back to the staff for more lotion.

●People's care plans contained a 'Communication profile' and information about how each person made decisions. These were clearly written in an accessible manner. Guidance stated what it meant when a person did something such as a specific vocalisation or action and stated what they probably wanted to happen.

Respecting and promoting people's privacy, dignity and independence

●Relatives told us that staff supported their relative to be as independent as possible. We observed one

person being encouraged to join in some everyday tasks such as bringing their plate to the kitchen to be washed up after lunch and taking their clothes protector to the laundry. We saw they liked to tidy away objects, their care plan reflected this and stated they also liked to be involved with general tasks. Staff recognised this encouraged, congratulated and thanked them for what they did.

●People were treated with dignity and staff respected people's differences. One relative told us, "There are seven residents there, each an individual and they are treated as individuals not treated as a whole." Staff spoken with told us about people's diverse support needs. One care worker described people's diverse dietary preferences to us, "[Person], prefers English foods, if they don't like the food offered we give other options" and "I'm planning to go to the temple with [another person], we talked about it at their review last week. I will arrange the transport there. They like Indian snack foods."

●Staff had received diversity and equality training. One care worker described that even though two people were from the same culture and religion it did not necessarily mean they had the same support needs and they made different choices around eating meat or not.

●Staff told us they would try and meet all people's diverse needs including those of people from the lesbian, gay, bisexual and transgender plus (LGBT+) community. One care worker said, "If people have for example, had a different sexuality needs, I wouldn't judge, it's not an issue. If going into this line of work, then you need to be fine with it."

●Staff maintained people's privacy when offering personal care. One care worker told us, "When we wash [Person] we cover with a towel or dressing gown, and we make sure the doors are shut."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

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

● People had person centred care plans that contained a relevant and detailed history, named important people in their life and stated their preferences and dislikes. However, we found one person who had joined the service at the end of May 2019, had a person-centred plan from their previous placement with a different provider.

●Whilst this plan was informative and had been completed with the support of family and professionals it had not been reviewed by staff at Support for Living Limited - 26 Stockdove Way. We were concerned therefore the information in this plan might not be current. The provider showed us they had commenced for the person an electronic support plan on their new system. Immediately following the inspection, the completed plan was sent to us.

●People's plans contained good guidance about how people liked their care provided and guidance for staff was informative and clear. Changes to the care plans were brought to staff attention and they signed to confirm they had read and understood the changes and current guidance.

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 were supported to access meaningful activities and to maintain important relationships with their friends and family.

●One person told us, "I go out most days and there are decorations for my birthday." People were supported to undertake a variety of activities that were tailored to their individual preferences. We observed some people enjoyed going out to activities and looked forward to going. Sessions at the provider's day centre next door included, arts and crafts, sensory activities, storytelling and baking. There were also trips out in the home's transport to local places of interest.

●People were supported to interact with each other and staff during meal times. They sat around the large dining room table together to eat their meals. People's diverse needs were recorded, personal and group celebrations such as birthdays, religious and cultural festivals were observed.

●Some people's care plans reviewed contained aims identifying they would like to go on holiday. People had been supported to do this with staff and sometimes family support. In addition, people had been supported to remain in regular contact with their relatives. This was done through regular assisted phone conversations and through staff supporting people to travel and visit their relatives at their home.

End of life care and support

● People had end of life plans. Some relatives told us they had been consulted about people's end of life wishes in a sensitive manner to determine preferences and to meet their diverse needs. One relative said, "We went through the end of life plan, they [staff] are very, very, good. I told them what [person] would want."

●One relative told us their family member had been supported by two care workers to attend the funeral of their close relative. They felt the staff had, "Gone the extra mile" they had supported the person to see their relative in hospital and supported them at the funeral service. Staff had bought the person a suit, so they would look smart and dressed as other mourners. The relative told us this had meant a lot to all the family.

● Care plans reviewed did not contain a Do not to attempt cardiopulmonary resuscitation (DNACPR) as a decision was to be made in the event this was necessary. Staff had received Cardio Pulmonary Resuscitation training as part of their first aid course. This was a mandatory part of their induction training.

Improving care quality in response to complaints or concerns

●Complaints procedures were displayed in an easy read format and relatives told us they knew how to complain and felt their complaint would be answered. Their comments included, "I met the registered manager on one occasion, I do think they would try and help [If a concern] and they keep on top of things," and "I usually deal with [Deputy manager] they respond and sort things out, most of the time things get done, I'm waiting to hear about [specific issue]."

●We saw that a few complaints had been made and were being addressed. Complaints were logged and could be made to the deputy managers, registered manager or to the person's social worker and the provider investigated.

●The provider ensured complaints were logged and scrutinised to check they were not of a safeguarding adult's nature. Outcomes were recorded. The area manager stated they felt it important to be open and transparent in addressing complaints and apologising when something had gone wrong.

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.

●The provider demonstrated a commitment to making information accessible. To facilitate this there was easy read information for both people and visitors. This included for example, infection control hand wash posters and easy read fire procedures displayed in communal areas.

●People's care plan documents, service users guide, and complaints procedure were in an easy read format. The provider had placed letter at the front of each person's care record explaining why information was recorded, who might have access to the information and how that information would be used.

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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

● Whilst the provider had systems around quality assurance and risks management, we found that in a few cases these were not effective.

●During the inspection we identified that the registered manager had not ensured one person's care documents were reviewed and they did not have a personal emergency evacuation plan (PEEP) in place. They had not reviewed the person's care plan in a timely manner, as such staff were referring to another provider's documents. Therefore, there was a concern that information was not current. Although medicines administration and storage were good some medicines use was not described for staff reference.

●In addition, there had not been a fire drill at night to determine if staff levels were enough to keep people safe. One-night staff did not have the necessary training to manage the evacuation chair in the event of a fire. Therefore, we were concerned that important actions were not being taken in a timely manner. It was only following the site visit the provider sent evidence that they had addressed the concerns we had identified.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people's safety was being effectively managed. This placed people at risk of harm.

The above concerns are a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17 Good governance.

●There had been a recent environmental audit and there were action plans detailing what was to be undertaken. This included for example, archiving of confidential paperwork in line with the General Data Protection Regulation (GDPR). There were weekly checks that included, health and safety checks, fire alarms and medicines audits. The registered manager undertook monthly audits including medicines and health and safety audits.

●The provider had oversight of the home and the area manager visited on a weekly basis to monitor and support the management team. There was a quality audit in July and a yearly leadership board visit in September 2019. The provider had held a mock CQC visit in February 2019 to judge whether the Key Lines of Enquiry were being met.

●The provider's quality team who compared compliance with other services and looked for trends and good practice across the all the provider services to ensure learning took place.

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

●Relatives and staff told us the registered manager was approachable and they felt would address any concerns. One relative said, "I do feel [Registered manager] leads the service well. We have a good relationship, they have kept in contact. I know even if I didn't visit [Person] would be well looked after."

●Staff told us they could speak with the registered manager or the management team when they wanted to. One care worker said, "Yes, if I had a problem, I would probably go to [Deputy] but I could go to [Registered manager] they are approachable and if there is a problem they do address it." There were monthly team meetings where information was shared, and staff had an opportunity to raise their views about people's care and staff practice concerns.

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 area manager stated they felt it important to be open and transparent in addressing complaints and apologise when something had gone wrong. The registered manager had reported concerns to the local authority in an appropriate manner and had notified the CQC when there was a legal requirement to do so.

●A health professional told us, "They are open and transparent." They described when a mistake was made the team immediately flagged this and asked for advice.

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

●The provider, Certitude, had good links with the local community and used their own resources for the benefit of people living at the service and others. The management team had arranged for a team of 18 volunteers to spend a day at the home to develop the large garden. We saw work had already begun in moving old furniture from the garden into a skip.

●Several people at the home had taken part in a project being facilitated by the provider's activity centre. The project had invited people with profound disabilities both inside and outside of Certitude to use a specially adapted bike. This bike allowed people with disabilities to mobilise and strengthen their muscles and increased lung capacity. The aim is to purchase a bike for use by people with profound learning disabilities in the local community.

Continuous learning and improving care

● The provider was supporting one of the deputies and registered manager to achieve their level five qualification in Health and Social Care. They told us they also kept their learning updated through attending registered managers' forums provided by Certitude and by the local authority. They described these were good for sharing and learning from other managers' experience and discussing new trends in social care. The provider circulated a "Quality brief" to management teams to share in staff meetings with the care workers. This gave an opportunity to share good practice ideas and initiatives.

●The provider had introduced an electronic care planning system in June 2019. Care plans were being reviewed and entered on the system and daily notes were being entered by care workers. The area manager described the benefits of the new system as it could be accessed remotely by themselves and the home's management team. This gave the opportunity to check care was being provided to people when they were not present in the home.

Working in partnership with others

●The deputy managers described how they worked in partnership with health and social care professionals and felt this was a strength in offering a good quality service for the benefit of people living at the home.

●The provider had some specialist resources including an intensive support team who advised and

supported staff to meet people's more complex behavioural support needs.

●The provider had also identified practice leaders. The area manager explained these could be staff of any level in the organisation who they supported through training to develop a special interest in a specific area of care. These champions disseminated information to ensure all the provider services were working to the same standard.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not always assess the risks to the health and safety of the service users and do all that is practical to mitigate any such risks. Regulation 12 (1)(2) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always ensure service user records were reviewed in a timely manner. They did not have effective arrangements to mitigate all risks to people living in the home. Regulation17(1)(2)(a)(b)