

## Committed Care Services Limited

# Seymour House

### Inspection report

21, 23 & 25 Seymour Road  
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Berkshire  
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Tel: 01753820731

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Seymour House is a residential care home providing personal care to a maximum of 11 adults with a learning disability and adults on the autism spectrum. The care home accommodates people in two adjoined and one detached domestic premises. At the time of our visit five people were supported in the adjoined premises and the detached premises was vacant due to refurbishment work.

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

People benefitted from systems which were established and embedded by the service to reduce the risk of abuse and ensure people's welfare. Staff understood risks to people and took action to mitigate the risk of harm. Relatives told us their family members experienced a safe service, with comments such as, "[Staff] have got everything for [family member's] safety" and "I feel that there's adequate staffing. [Staff are] aware of [family member's] needs."

Staff supported people to access a range of healthcare services in response to their needs. The environment was adapted to improve people's access to facilities. Staff received mandatory training and specific training to meet people's needs such as autism awareness and positive behaviour support. 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.

Care planning was person-centred and focused on people's individual needs and preferences. Records showed that people and their relatives were involved in reviewing their care plans. The service risk assessed and enabled people to visit their relatives where this benefitted their well-being, during the pandemic. Regular contact was maintained between people and relatives through video calls.

The service had changed its management and staffing structure. This had improved the registered manager's ability to develop and monitor systems and policies and procedure to ensure safe, quality care. Relatives and staff consistently told us the management team were approachable and listened to any concerns or ideas they had to continuously develop the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, 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 providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right culture. We did not look at the component of right care as part of this inspection.

We found the premises had signage in the window which suggested the service was a care home and was not in line with the principles of national guidance for this.

#### Right support:

- The model of care and setting maximises people's choice, control and independence. We found the premises had signage in the window which indicated the service was a care home. The registered manager immediately took this down to ensure they were fully in line with the principles of registering the right support.

#### Right care:

- We did not inspect the Caring domain as part of this inspection and did not look at all the components in relation to right care.

#### Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

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

#### Rating at last inspection (and update)

The last rating for this service was inadequate (published 3 June 2020). This service has been in Special Measures since 20 April 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last 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 coronavirus and other infection outbreaks effectively.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Seymour House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

Good ●

The service was safe.

### Is the service effective?

Good ●

The service was effective.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Good ●

The service was well-led.

# Seymour House

## Detailed findings

### Background to this 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.

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 carried out by two Inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Seymour House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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

We gave a short period notice of the inspection as part of our risk assessment in relation to COVID-19.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 spoke with one person who used the service and five relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, team development manager, care workers and a quality and compliance consultant. We observed staff interactions with people to help us understand the experience of people who could not talk with us.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at infection prevention records and further care records. We spoke with one professional and received written feedback from four professionals who were involved with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider failed to establish robust systems to protect people from the risk of abuse. This was a breach of regulation 13 (Safeguarding Adults from the abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The registered manager had reported incidents to the local safeguarding authority and undertook investigations to safeguard people from the risk of abuse. We found clarity was required from the local safeguarding authority for reporting procedures about reoccurrences of similar incidents in relation to one person. The registered manager immediately sought advice from the local safeguarding authority to make sure appropriate safeguards were established.
- Staff supported people with their finances and documented purchases to account for expenditure. The service purchased food to provide people with meals, however, one person's records showed they frequently made their own purchases of snacks and fresh fruit in accordance with their preferences. We queried this with the registered manager who agreed to review people's financial care plans in order to be transparent about service provision of meals and people's own expenditure.
- A person we spoke with said they felt safe and had no concerns about the service. We asked people's relatives if they thought the service was safe who responded with comments such as, "Yes because they [staff] understand [family member's] needs. They know how [family member] needs to be looked after" and "Yes I do. Just whenever I visit, I feel that there's adequate staffing. [Staff] are aware of their needs. [Family member] had two falls, [staff] told me about it."
- Staff we spoke with demonstrated understanding of safeguarding procedures. Staff told us they felt confident the registered manager took any concerns seriously and escalated them appropriately.
- The service had established systems to review and analyse incidents. This included a process to gain feedback from relatives about how the service responded and managed incidents, which fed-into learning and the prevention of reoccurrences. For example, a relative was asked for their views about new equipment recommended by a healthcare professional to reduce the person's risk of falls.

Assessing risk, safety monitoring and management

At our last inspection the provider failed to establish or implement robust systems to manage people's safety effectively. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The service had established systems to identify and mitigate risk in response to people's needs and wishes. For example, hazards and support needs were recorded in people's care records for staff to follow, in relation to choking, falls, emergency evacuation and behaviours that challenge.
- We found archiving boxes in a storage room had been significantly reduced since our last inspection, however, we were still concerned boxes stacked high and close to the ceiling could pose a fire hazard. The registered manager took immediate action and adjusted the storage. They confirmed a pre-planned fire inspection by an external agency was completed a couple of days after our visit. The fire officer provided advice to replace the existing CO2 extinguisher with a water extinguisher to mitigate the risk, which the registered manager confirmed was actioned immediately.
- The registered manager regularly reviewed the impact of covid-19 restrictions upon people's rights and wishes and took action to balance this. The service risk assessed and facilitated access to the community and visits to relatives' homes, where this was identified to benefit people's wellbeing.
- Staff carried out regular health and safety checks. For example, records showed processes to manage water safety to reduce the risk of bacteria were consistently implemented by staff. Compliance checks and certificates for areas such as gas and electricity were on file to make sure the environment was safe. Chemicals hazardous to health were kept locked away in dedicated storage areas.

### Staffing and recruitment

At our last inspection the service systems were either not in place or robust enough for the safe recruitment of staff. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- People benefitted from staff who completed recruitment safety checks before they were employed. Staff completed an application form, underwent an interview process and pre-employment checks were carried out by the service. These included verified references from previous employers, a health questionnaire and disclosure and barring checks.
- The registered manager explored any gaps in employment history and took steps to check the criminal record of overseas staff with their country of origin.

At our last inspection the service failed to make sure there were enough staff to support people's needs safely. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Since our last inspection there was less use of agency staff, but records showed high numbers of staff had left the service since January 2020. This was in part related to the impact of COVID-19 within the social care sector. The registered manager had taken steps to ensure newly recruited staff were supported to work safely. Staff were supported by the team development manager based at the service on weekdays, and another senior team member provided weekend cover. Staff we spoke with described shadowing and support from the senior team helped them gain the necessary knowledge and experience to meet people's needs. A staff member commented, "They are very supportive and I know where to go to speak to someone."



- Staff were monitored through ongoing spot checks to ensure they were working safely. Staff received feedback to improve their competency in areas such as food safety and managing the risk of falls.
- We observed there were enough staff to support people. Staff we spoke with told us staffing levels were suitable and consistently maintained, including for people who required one to one support. A staff member commented there is "always enough staff on duty". A manager at the service explained if staff cover was required at short notice the management team would provide front line support.
- Records showed the service regularly reviewed the level of support needs for each person using the service, to ensure staff numbers remained at a safe and appropriate level.

### Using medicines safely

At our last inspection safe medicines procedures were not always established or implemented which put people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Systems were established to manage medicines safely. Records showed people received their medicines as prescribed. Storage area temperatures were regularly monitored and were clean and well organised. Secure facilities were available for medicines which required to be refrigerated and processes were in place to dispose of medicines safely.
- The service did not crush or alter any medicines formulation. The registered manager told us in the event that people were not able to swallow tablets they would review this with the person's GP in the person's best interest.
- We observed a staff member administer medicines in accordance with service procedures to make sure people received their medicines as prescribed and in a way that respected their privacy and dignity.
- The service was pro-active in liaising with healthcare professionals to review and reduce people's medicines where appropriate, in line with national guidance. We saw examples where the reduction of sedative medicine was implemented to improve people's general wellbeing and quality of life.
- Written protocols for when required (occasional) medicines were clearly documented. They provided staff with details about the purpose of the medicine, when to administer and the maximum dose in 24 hours.

### Preventing and controlling infection

At our last inspection we found the service failed to consistently implement infection prevention and control procedures. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- 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 PPE effectively and safely. We found aprons stored in bathrooms were not covered which posed a risk of cross-contamination. The registered manager addressed this immediately and purchased dispensers to provide cover.

- 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.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the service did not always make sure people were supported by staff who had the right competence, skills and experience to do so safely. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff told us and records confirmed staff received regular supervision. This was monitored via a monthly management audit, which considered whether staff supervisions were up to date, recorded, signed and held within the staff file. A staff member commented, "My manager is always ready to help." Another staff member told us, "It helps in supervision [to discuss] things we can implement and change. It's good to have a supervision around any concerns I might have."
- Staff were encouraged to learn about people's needs and preferences through daily reflective practice sessions, known as 'round up' meetings. Staff shared their knowledge, learning and experience of how to support people effectively, such as strategies for responding to people's behavioural needs. A less experienced staff member told us, "It helps to know what other staff are doing to improve themselves so you can use this learning for yourself."
- Staff received a structured induction. Staff we spoke with told us training and shadowing experience helped them to understand their role and the needs of the people they support.
- The service used a matrix to monitor training completion in key areas including infection control, administering medicines, positive behaviour support, communication skills and food safety. There was an expectation newly recruited staff would complete all mandatory training within the first three months of employment.
- The service supported some people with autism spectrum disorders. The registered manager had identified staff would benefit from additional learning and planned to facilitate further training. Access to some face to face external training had been impacted by the COVID-19 pandemic. The registered manager told us they were in contact with training providers to risk assess for training to go ahead in November and December 2020.
- The Care Certificate is an agreed set of 15 standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. These standards need to be assessed in the workplace rather than in the classroom. We reviewed records which showed the service had a formal system in place to observe and assess learner progress against the Care Certificate standards. Some staff we spoke with had successfully completed the Care Certificate as part of their training. A staff member

commented, "I learnt a lot from the Care Certificate."

#### 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.

At our last inspection we recommended the provider to seek advice from a reputable source about the mental capacity code of conduct in relation to recording other's involvement. The provider has made improvements.

- People benefitted from staff who had received MCA training. Staff we spoke with understood the MCA legal framework and their responsibility to make sure specific decisions were made in people's best interest, where people lacked mental capacity to consent. During our visit we observed staff sought people's permission before providing support.
- Care records showed the service completed specific MCA assessments and best interest decisions, which included the person's and other's views. For example, we saw documentation in relation to COVID-19 testing.
- We found people's profiles, held in staff induction files, contained some generic statements about mental capacity to consent. Whilst some people's diagnosis and needs in relation to the MCA criteria would not change, we raised it was important to be clear in people's records that MCA and best interest decisions were specific. The registered manager understood this and immediately made amendments which clarified this point.
- The registered manager made sure legal authorisation was sought from the relevant local authority where people were deprived of their liberty. Staff we spoke with understood who was subject to DoLS and the restrictions in place, such as continuous supervision and support. One staff member referred to their knowledge of the best interest assessor role to ensure any deprivation of liberty was in the person's best interest.

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

At our last inspection we recommended the provider to seek advice from a reputable source to fully implement nationally recognised malnutrition screening tools. The provider had made improvements.

- Malnutrition screening tools were completed for all people. Where people were identified as being over their ideal body mass index (BMI) range the service made referrals to the dietitian.
- Staff supported people to follow dietitian recommendations and monitored people's weight regularly. Records showed steady progress and two people had achieved their ideal body mass index range.
- Menus demonstrated choice and pictorial versions were readily accessible and referred to, to enable people to communicate their wishes at the time. Plenty of fresh fruit and snacks were available.
- A hydration station was accessible to people in a communal area. The registered manager explained one

person needed regular prompts to drink and stay hydrated. Staff recorded people's nutritional intake in daily notes to monitor this.

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

- The service worked with commissioners and other care providers to enable smooth transitions when people moved to alternative care provision.
- The registered manager co-ordinated a person's discharge from hospital during the pandemic. They ensured referrals and equipment were provided to enable the person to safely recover at home in line with COVID-19 guidance.

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

- The service completed holistic assessments of people's needs in line with national guidance. For example, specific best practice tools were used to assess people's continence and mobility needs.
- People's care records referred to assessment outcomes and staff were knowledgeable and implemented guidance from healthcare professionals. We observed staff closely monitored and supported a person to use a new piece of equipment. Staff were proactive in problem solving how the person could safely use their walking aid and transfer their specialist chair cushion at the same time to maintain their independence. We saw this was successful and the person appeared visually happy with the solution.
- Assistive technology was used to monitor a person in the event of an epileptic seizure to ensure timely staff responses and support.

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

- The service made referrals to relevant healthcare professionals such as psychology, psychiatry, occupational therapist and dietitian in response to people's needs.
- Records showed people were supported to attend healthcare appointments and systems were established to make sure outcomes were communicated to all staff. The management team monitored staff to make sure they understood and implemented changes. For example, they checked that staff followed professional's guidance to support a person with their emotional needs. The registered manager sought feedback from the person, their relatives and staff at regular intervals about whether the new approach was successful and provided updates to the healthcare professional.
- Oral hygiene care plans were in place for all people, which included clear guidance for staff to follow in accordance with national guidance.
- The registered manager had a regular meeting with the community clinical lead to discuss COVID-19 guidance, people's general wellbeing, changes to people's medicines, blood tests, hospital appointments and to co-ordinate annual Flu vaccinations.

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

- People's private spaces were comfortable and individualised with personal artefacts and functional utilities such as televisions.
- The environment had been reconfigured to improve people's access to toilet and shower facilities where they had mobility difficulties. A narrow corridor had been removed to improve flow, which also helped staff and people to maintain social distancing as much as possible.
- The detached premises was not in use at the time of our inspection due to significant structural refurbishment to improve the environment. In the interim one person had moved from the detached to the adjoined premises. The registered manager had assessed the compatibility of other people and whether the environment was suitable. In response to this they made adaptations to the way the adjoined premises were used. For example, people agreed to add a key pad lock on the adjoining door to enable separation of the homes when people wished. This meant people living in each property were supported to exercise ownership of their homes, which also maintained their privacy.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the registered manager had not implemented systems to respond to and investigate complaints. This was a breach of regulation 16 (Receiving and acting upon complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- The service had maintained a monthly log of complaints, concerns and compliments. We reviewed examples of investigated complaints. These showed the registered manager had listened to, and supported, people using the service when they raised concerns. We found complaints had been effectively responded to and where necessary, the service had worked transparently with other professionals to investigate concerns.
- People using the service were provided with information in an easy read format explaining how to raise concerns. This included a pictorial aid to help people identify which aspect of the service they were unhappy with. We observed a copy of this document displayed within the service.
- Relatives we spoke with knew how to raise complaints, with comments such as "First port of call talk to manager about it. No complaint made", "If I raise any concerns, they [staff] always follow up" and "I've got home, mobile number. I will ring [them]. If [registered manager] has concerns they will ring me. Communication skills 500%."
- Another manager within the service carried out a monthly analysis of complaints, concerns and compliments. This provided independent oversight, reviewing whether concerns had been dealt with appropriately, what learning was identified for the service, and if the complainant was satisfied with the outcome.
- The service had a detailed complaints policy and procedure in place. This included a complaints appeal process. The policy outlined the investigation processes for verbal and written complaints but did not fully reflect staff practice in how they supported people who were not able to put complaints into writing. We held a discussion with the registered manager who agreed to review the content of the policy to ensure it was up to date.

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

- Relatives told us and records confirmed that people's needs were regularly reviewed and people and relevant others were fully involved in planning their care. Relatives commented, "[The service is] really good

at keeping us informed on what's happens in the home", "Yes we had a meeting in January" and "I go to all the meetings."

- People's care records included individual preferences, interests and hobbies and protected characteristics such as religious needs. Staff were matched to facilitate communication with a person in their first language. Staff demonstrated their knowledge about people's likes and dislikes and how to read people's own body language, vocalisations and gestures to understand and respond to them. Staff told us they had time to read people's care plans which was accessible to them via the electronic care record system.
- The service had developed a staff matching document to identify the skills and characteristics needed to meet people's individual needs and wishes. This was used when planning the staff rota and during recruitment. The registered manager told us the service was looking for candidates who could drive as people had raised they would like more opportunities to access the wider community. They had successfully recruited one candidate who met this criteria and was being inducted to the service.
- Each person had an individual timetable based on their preferences and interests. We observed the service to be flexible around activities. For example, staff responded to two people who decided they wanted to visit the shops together that afternoon. Staff co-ordinated with each to facilitate this and provided support and guidance to people about the purchases and how to stay safe in relation to COVID-19.
- We observed staff engaged people in activities meaningful to them. One person had recently shown an interest in using IPADs to access cultural music. The registered manager made arrangements for the person to have their own IPAD. We observed the person to be visually happy looking and listening to the music, singing along and using the touch pad to control this. Staff acknowledged this and joined in which the person seemed to enjoy.
- Other people and staff were engaged with making Halloween crafts and decorating the house. The atmosphere created by staff was inclusive, at people's own pace and in response to their interests and ability.
- Relatives we spoke said staff supported them to maintain contact with their family members. All relatives had been able to visit their family members during the pandemic and people were supported to use video technology.

### 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 service understood their responsibilities in relation to the Accessible Information Standards and took appropriate measures to meet requirements.
- Staff adapted information to support people with their receptive and expressive communication needs. For example, pictures, photos and easy read documents were used by people and staff to support people to make choices and decisions about their care, such as menus and activities.
- We observed staff refer to signage to support a person to be orientated about which home was theirs as part of their positive behaviours support strategy. Photos of staff and people were displayed to remind people of who their keyworker was and who to raise concerns with.
- People's care records provided detailed information about their communication needs and the support required to meet people's needs. Staff received mandatory communication training as part of their induction.



# 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 inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the service had failed to establish and implement robust systems to ensure compliance with regulations, or to effectively monitor the quality and safety of the service provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service had a clear vision which was understood and shared by staff. People and staff were involved in developing the service values: positivity, inspire, choice, unites and power. Staff received training in equality and diversity and demonstrated understanding and respect of people's diverse needs. The atmosphere at the service was positive and friendly and we saw people were empowered to make choices. The management team invested time in coaching staff to develop their skills and confidence through regular workshops, staff meetings, staff performance reflections and supervisions. A staff member told us, "The service users are the most important thing, all working for them, [we] communicate and team work."
- Interactions we observed between people and the registered manager demonstrated trusting relationships. Relatives and staff consistently told us the management team were approachable and supportive with comments such as, "Both of the managers are really nice. I'm still learning, I will ask and they will tell me", "They are very supportive, [we] have good team work" and "[The registered manager] is very polite and attentive."
- The provider commissioned regular input from an external quality and compliance consultant to support the registered manager with an impartial review and development of service systems and policies and procedures, such as staff recruitment.
- The service displayed the current inspection rating in a prominent place in the home, in line with requirements. We found the provider had a single paged website with the location's contact details, which did not display the rating or provide a link to the Commission as required. The registered manager said she understood the requirement, rather it was an oversight due to an old website. They took immediate action and provided evidence the website was removed.
- Systems were in place to monitor the quality and safety of the service. For example, medicines audits were comprehensive and demonstrated action was taken where issues were identified, such as liaising with the pharmacy to rectify directions on medicines administration records. Regular audits and checks were



completed to monitor staff implementation and compliance with infection control procedures in relation to COVID-19.

At our last inspection the provider failed to routinely notify the Commission about events as required. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- At this inspection we found the registered manager had notified the Commission about certain events as required, such as allegations of abuse.

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 duty of candour is a legal requirement for providers to be open and transparent and take a number of actions when certain events occur, such as reporting and apologising to relevant people. The service had established systems, such as a suitable duty of candour policy and procedure to fulfil this requirement.
- There was no evidence that any events that would trigger this requirement had occurred, however, the service demonstrated they understood and embraced the principles of the regulation. We saw a written apology to a person who had made a complaint.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Processes were in place to encourage people's feedback. For example, monthly key worker meetings were held with people to gain their views and ideas about the service and progress towards their own goals.
- Relatives consistently told us they were invited to share their views about the service and felt listened to. For example, one relative told us "If I raise anything it seems to be dealt with. [The registered manager] knows the other professionals she's working with, they seem to have a good relationship." Relatives received annual questionnaires and records showed the registered manager conducted regular phone calls to update relatives with any service development to seek their feedback. Where some relatives had raised concerns about staff turn-over, the registered manager recognised this and measures were in place to avoid the use of agency and retain existing staff.
- The registered manager had made links with numerous health and social care professionals in the community, which they used to seek advice and support for people using the service. We received consistent feedback from professionals such as commissioners and healthcare practitioners, who told us, the registered manager was responsive and engaged positively with their advice and the resources available to them.

Continuous learning and improving care

- The management and staffing structure had been reviewed and improved since our last inspection. The registered manager told us the creation of the team development manager role meant they were able to spend more time developing the service and ensure appropriate systems were established and embedded.
- The team development manager demonstrated leadership skills and positive role modelling for staff new to care. Senior care worker roles were also created and recruited to, to ensure there was a suitable mix of experience and skills.
- The service improvement plan showed timely progress in relation to risk based priorities based on areas identified at our last inspection as well as internal audit outcome and actions.