

Mentaur Limited

Orchid House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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.

About the service

Orchid House is registered with the Care Quality Commission (CQC) as a residential care home providing accommodation and personal care for up to six people with a learning disability and, or autistic spectrum disorder. At the time of the inspection six people were living at the service.

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

The service provided by staff did not always fully demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right Support

- The inspection highlighted that Orchid House was operating a non-traditional model of care. The provider told us in their view they were providing a hybrid and innovative model of care that enables people using the service to benefit from 24-hour supervision whilst maintaining their own tenancy. Traditional care homes would not have tenancy agreements in place and service users would not claim housing benefit or pay for their own food.
- The provider did not support people to have the maximum possible choice, control and independence. From our discussions with the provider and the local authority, who fund people living at the service, it was clear that there was some confusion about the service provision in terms of what was being commissioned and what was being provided. During this inspection we have assessed the service being provided to people based on its registration status and our expectations of a registered care home.
- People's medicines were not always managed safely. Medication risk assessments did not describe in detail the support people needed with their medicines.
- People were expected to buy their own food. We found the amount people chose to spend on their grocery shopping varied. This placed them at risk of not having enough of the right food available to consistently promote healthy eating and the correct nutrition. Some people would not have the capacity to understand the benefits and importance of a balanced diet on their health and wellbeing.
- Not all staff who supported people with the preparation of food had been trained in safe food handling.
- Staff focused on people's strengths and promoted what they could do. Staff supported people to achieve their day to day goals of developing life skills. People were supported by staff to pursue their interests whilst at home. Activities were planned during the week and two people living at the service were working voluntary. However, for people requiring support whilst in the community this was limited during certain times of day and the evenings due to staff availability.

- The service gave people care and support in a well-equipped, well-furnished and well-maintained environment that met their sensory and physical needs. However, we had concerns people had to contribute towards the cost of communal furniture, decoration, utilities, wi-fi and other building related costs as part of their regular rent and service charge payments.
- People were able to personalise their rooms. We observed elements of this in people's bedrooms which reflected their hobbies and interests.

Right Care

- Not all staff had received training on how to recognise and report abuse. Those that had completed safeguarding training did not consistently know how to apply it. We had concerns about the way the service was operating and felt there were potential financial safeguarding implications for people living at the service. People were potentially in receipt of welfare benefits they may have not been entitled to. CQC referred this to the local authority for them to investigate.
- Not all staff had been appropriately trained to meet people's needs and keep them safe when at home. For example, some staff had not been trained in First Aid and Fire Awareness. This could impact on people living in the home if there was a fire or someone had an accident.
- People received kind and compassionate care. Staff protected and respected people's privacy and dignity.
- Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People were able to access the community, either with staff support, or independently. For example, people had part time jobs, another person performed at gigs and took part in conferences.
- Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. For example, accessing the community independently for shopping and the service had plans to support two people to self-administer their medication.
- People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. People spoke positively about how they had been supported to develop their life skills in various areas. For example, learning independent living skills such as cooking and preparing meals, cleaning their rooms, laundry, and budgeting, if this was required. The support people required was detailed in their care plans.

Right Culture

- The provider did not respect people's rights. People living at the home did not have the protection provided by tenants' rights despite signing a tenancy agreement. People were paying for aspects of their care and accommodation as if they were a tenant.
- Staff knew and understood people well and in the main were responsive, supporting their aspirations to live a quality life of their choosing. However, this was dependent on staff availability at certain times of the day.
- People and those important to them were involved in planning their care. Relatives were positive about the communication from staff and were happy with the care provided. The manager was in the process of updating all care and support records. One person said, "I have seen my care plans, the manager read it to me, and I signed it, and I am happy with it."
- A new manager had been recruited at the service. Staff felt supported by the manager who they found approachable.

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

This service was registered with us on 2 February 2021 and this is the first inspection.

Why we inspected

We undertook this inspection to assess how well the service is applying the principles of Right support, right care, right culture.

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.

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 safeguarding people from abuse, safe recruitment of staff, safe care and treatment, staffing, consent to care and overall management oversight of the service 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 for 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 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?

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 ●

Orchid House

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

Two inspectors, a member of the CQC medicines team and an Expert by Experience carried out the inspection. 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

Orchid 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.

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 not a registered manager in post. However, a new manager had been recruited and was in the process of applying to register with CQC.

Notice of inspection

This inspection was unannounced

What we did before inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We observed the care and support provided to all six people who lived at the service. We also spoke with five of these people and four relatives about their experience of the care provided.

We spoke with eleven members of staff including the manager, the group quality and compliance manager, a team leader and support workers.

We reviewed a range of records. This included six people's care records and medication records. We looked at two 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 too.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People's incoming benefits and outgoing fees were not in line with the normal arrangements for a care home where people receive accommodation and personal care. The provider's systems and processes for charging people for rent and shared service charges placed them at risk of financial misappropriation of their money.
- People were paying towards the cost of meals, but this was not being done in a fair way. CQC raised a safeguarding alert with the local authority as we felt people's financial interests were not being fully safeguarded by the provider.
- Not all staff had completed essential safeguarding adults training, and where staff had, they had not identified the safeguarding concerns we recognised at this inspection. This put people at an increased risk of harm.

Safeguarding concerns were either not identified or notified to the appropriate organisations. This placed people at risk of potential abuse. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe living at the home and their relatives said people were safe. One person said, "I feel very safe in Orchid House because there are staff I can talk to and ask, they are there to keep me safe. I feel very happy in my room and safe there." One relative said, "This is 100% safe place for my relative and they fully support [person's] needs."
- The provider had a whistle-blowing policy staff could follow should there be any concerns about the conduct of another colleague.

Staffing and recruitment

- The provider had not ensured safe recruitment practices were being followed. Prior to new staff commencing employment the provider is required to check staff's suitability for their job role. However, we reviewed two recruitment records and found the provider had not obtained a full employment history when the staff were employed. This is a required check for staff working in a registered care service.
- The provider had failed to request a DBS check for one staff member in line with their own recruitment policy and procedure. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We found no evidence people had been harmed but there was a risk of this as staff recruitment procedures

were not safe and did not meet the standards required. Systems were not in place to demonstrate staff had been recruited safely. This is a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The manager responded to some of our concerns relating to safe recruitment and provided a full employment history for both members of staff, where the information had been missing.
- Staffing levels did not always meet the identified needs of people. The providers quality and compliance manager told us a dependency tool was used to determine how many staff would be required on each shift to support the individual needs of people but we found that there were times of the day when there were no staff available to support people away from the home. The home had permanent and bank staff to provide one-to-one support for people to take part in activities how and when they wanted during the day. However, there was only one member of staff working during the evening. This made it difficult for people to take part in unplanned activities past a certain time.
- During our inspection a member of staff arrived at the care home alone with a person's food shopping. We queried with staff why the person couldn't be supported to do their own shopping later that day. Staff said, "This is because [staff member] is off shift by the time [person] comes home at 5pm." One person said, "If there are staff on, and whomever is around, we can go to the pub. We need enough staff on though."

Preventing and controlling infection

- We were not assured that the provider was using PPE (Personal Protective Equipment) effectively and safely. We saw two members of staff with their face masks resting on their chins during our first inspection visit. During our second visit, we saw one staff member not wearing their mask appropriately.
- We were not assured that the provider was promoting safety through the layout and hygiene practices at the premises. A non-clinical waste bin inside the home contained a clinical waste bag, and did not have a foot pedal, this meant there was an increased risk of infection being spread. General waste bins positioned at the side of the house were overflowing and contained clinical waste. There was no lockable weatherproof bulk container to store clinical waste.
- We were not assured the provider was making sure infection outbreaks could be effectively prevented or managed. The home did not have a COVID-19 contingency plan, or any information contained within their emergency plan describing what to do in the event of a COVID-19 outbreak.
- Not all staff who supported people with the preparation of food had completed a safe food handling qualification. This meant staff may not have knowledge of safe food handling procedures in order to prevent contamination.
- We found raw poultry incorrectly stored at the top of the fridge. Staff were unaware how to store this type of food. Not all staff knew where the fridge thermometer was located or how to check the fridge temperature.
- Different coloured cleaning equipment was used in the home for different areas. This reduces the risk of spreading germs across areas. However, we found during our inspection mop heads, handles and buckets were mixed. For example, we found a yellow mop head being used with a green handle. This meant there was a potential risk of cross contamination.

We found no evidence people had been harmed. However, effective systems were not in place to identify, monitor and mitigate risks to people's safety in relation to food safety and infection prevention and control. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We have also signposted the provider to resources to develop their approach.

- The manager responded swiftly to feedback given during our inspection and advised they had organised a lockable clinical waste container for outside the property and a waste management company will empty the bin regularly. In addition, staff who had not completed relevant training had been booked on a 'safe food handling' course.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service supported visits for people living in the home in line with current guidance.

Using medicines safely

- People's medicines were not always managed safely. We saw one person who had to have their medicines in liquid formulation to enable them to take their medicines safely, however, there were no risk assessments in place for this. This could result in people being harmed if staff are not aware how to administer medication and what actions to take in the event of an incident.
- Records did not provide clear information as to whether some people were being given medicines covertly (given in disguised format). This meant that there was no clear authorisation to care staff to give covert medicines without the person knowing. The manager said they would contact the GP and social worker immediately to ensure relevant documentation would be completed for people assessed as lacking capacity.
- People used homely remedies (medicines which can be bought 'over the counter' to treat minor ailments). However, staff did not follow the provider's policy or national guidance as there had been no individual assessment by the person's GP or a pharmacist, to ensure people were able to take these safely and alongside their prescribed medicines. This meant without gaining prior authorisation from the GP there was a potential risk to people's health. For example, people may be allergic to certain 'over the counter' medicines. These assessments were not available to care staff on the day of inspection, although the manager was later able to provide confirmation that people's GP had completed individual assessments in relation to homely remedies.
- Clear guidance was available to support staff to understand when to administer 'as required' medicines to people.
- Staff implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles. This ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

Assessing risk, safety monitoring and management

- The manager had recently reviewed people's known and current risks, including risks to people's health, well-being and safety, and was in the process of updating records accordingly.
- The provider also considered and demonstrated some positive risk taking in order to maximise people's choice and control over their lives. For example, two people were now accessing the community independently for shopping.
- Staff ensured people had personal emergency evacuation plans (PEEP) in place in the event of an emergency such as a fire. Fire drills involving people living at the home were documented as having taken place.

Learning lessons when things go wrong

- Staff recognised incidents and reported them appropriately. The manager investigated incidents and shared lessons learned during staff meetings and supervisions.
- Relatives told us they were kept updated when people were involved in incidents and were satisfied how the provider dealt with these. One relative said, "At the start there was an isolated incident, which we could not wish for better actions. Orchid House worked with us and took on board whatever we suggested, and they expanded, now our [family member] is even better supported."

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

- Not all staff had completed essential training to provide safe and effective care. Bank staff working at the home had not completed any training at all, including safe food handling, safeguarding and infection prevention and control. Three members of staff who worked alone with people had not completed MCA (Mental Capacity Act 2005) and DoLS (Deprivation of Liberty Safeguards) training. Staff were not completing training specific to the needs of people living in the home. This meant people were placed at risk of unsafe care and support that may not be appropriate to their needs.
- Staff's knowledge of people's needs was limited despite care records providing a detailed description of the support required. Two staff members we spoke with knew a person had a choking risk and what measures to put in place during mealtimes, to keep them safe. However, neither staff member was able to explain what caused the person to choke. There was a risk staff wouldn't know what to do in the event of an incident.

We found no evidence people had been harmed. However, the provider had failed to ensure staff had the training, skills and knowledge to be effective in their roles. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager immediately scheduled training for all staff during our inspection.
- Staff received support in the form of continual supervision.
- The manager and team leader checked some staff's competency to ensure they understood and applied training and best practice. They also carried out spot checks at the home, checking daily notes and administration of medicines. One relative said, "I know all staff go on different training, especially the new staff and that the care certificate is promoted, which is good. I have no major issues with staff knowledge and skills."

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

- Food and drink was not provided by the home. People were required to purchase their own food and drink each week with the support of staff. In care homes providers are required to meet people's nutrition and hydration needs, as part of meeting their care needs.
- Staff encouraged people to eat a healthy and varied diet to help them stay at a healthy weight. This was discussed regularly at resident meetings and during people's key worker meetings. Relatives also inputted into these discussions. However, people were able to choose whatever food they wanted to buy.

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 provider 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 provider did not demonstrate best practice around assessing mental capacity and supporting best interest decision-making. Mental capacity assessments were being undertaken by people's social workers and were being sent to the Court of Protection. This is not the correct process for care homes.
- For people lacking capacity to make decisions about their medicines, best practice was not followed and there were no safe processes around medicines being administered covertly.

The provider had failed to follow the MCA and DoLS code of practice. This is a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager immediately contacted the GP and social worker to ensure the relevant documentation was completed.

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

- The manager was not aware of the principles of Right support, right care, right culture. This model of care and support guarantees autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted.
- A full assessment of people's needs was included within their pre-admission assessment. This provided all relevant information as well as health diagnosis, personal strengths, personal difficulties, communication and social skills.
- The manager confirmed support plans were created by information provided by people's relevant professionals and their relatives. Support plans were continually changing with new information gathered as staff got to know people whilst they settled into their new home.
- People were able to trial the home before deciding to move in permanently. People could choose when they wanted to visit the home and were able to have a sleep-over to help them decide if the home was suitable for them.

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

- People had health actions plans which provided a record of their involvement with health care services and the support needed to live a healthy life. Hospital passports had also been developed. These would assist healthcare professionals to understand the best way to support people should they need to go to hospital.
- People were supported by staff to attend annual health checks, screening and primary care services when

necessary. The provider had implemented a mandatory appointments checklist to ensure they could keep track of people's appointments.

- Staff supported people in playing an active role to maintain their own health and wellbeing. Staff monitored people's weights and encouraged people living at the home to make healthy and balanced food choices.

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

- People's care and support was provided in a well-equipped, well-furnished and well-maintained environment which met people's sensory and physical needs. One relative said, "It's my [family member's] dream house. It's clean, modern, and tidy."

- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. During our inspection we were invited into people's bedrooms and saw their rooms reflected their hobbies and interests. One person said, "I had my room just how I wanted it."

- The design, layout and furnishings in a person's home supported their individual needs.

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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- The provider did not respect people's rights. Although people's views were considered during regular resident meetings, people were not given full choice and control. People had to sign a tenancy agreement and pay rent and service charges to live at the service, even though it is a registered care home. People could not choose who they lived with or who provided their care and support.
- People felt listened to and valued by staff. One person said, "For me living in Orchid House is the most important. I can always ask somebody for help, I know that my family is around but sometimes they don't know how, but if I ask staff and especially my keyworker I will be helped." One staff member said, "It's not just about supporting people to do things, it is important to have a chat with them and make sure they are alright."
- People were empowered to make decisions about their care during one to one meetings with their keyworker. These meetings enabled people to express their views about their care as well as an opportunity to discuss future goals and aspirations. One relative said, "I would say communication is good, they do know the most important parts to update me with about my [family member], if there is a meeting at [family member's] college or something else, GP appointment, they do call and ask if we would like to attend."

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. One person said, "[Carers] helped me learn to use the bus yesterday. I went for the first time to my parents on the bus. It wasn't scary because I was with my [carers] on the phone, and they helped keeping me safe and calm." This person could now use public transport on their own and were able to freely visit friends and family independently.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- Staff knew when people needed their space and privacy and respected this. One person said, "I feel so much respected here, staff do knock on my door, asking can they come in... very private... I have time for myself and I also like to spend time with others."

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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded to.
- Staff were patient and used appropriate styles of interaction with people. Staff offered choices to people. We observed positive natural interactions between people and staff living at the home.
- People were well matched with their designated support worker and as a result, people were at ease,

happy, engaged and stimulated. One person said, "The person I would call is my keyworker, [name of keyworker] is the best to talk and [name of keyworker] will always help." A relative said, "I cannot name all but [family member's] keyworker is very special and very good to my [family member], they go for long walks with [family member] and have a calming effect on my [family member]"

- Relatives were positive about the staff at the home. One relative said, "From our experience all carers seem very nice and kind. My relative who rarely knows people's names know all his carers names, because it's important to [person]. It's a good sign for us."

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 provided people with personalised, proactive and co-ordinated support in line with their communication and support plans. However, for people requiring staff support to access the community during the evenings this was limited, as it was dependent on staff availability times. People had various support plans in place, including personal safety inside and outside the home, life skills and hobbies, relationships, cultural and spiritual needs, friends and family and personal hygiene. One relative said about staff, "From what I have seen they are all helpful and they do know quite a bit what my [family member] likes and dislikes. They also knew how to recognise once [family member] was poorly."
- People's support plans detailed the care and support required along with strategies for independence. However, information relating to likes and dislikes for one person were contradictory and needed to be made clearer. The same plan confirmed there were sensory differences to noise and touch, however this information was also incorrect.
- Daily note records were mostly task led, information relating to approaches used by staff and outcomes was not evident.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved. People and their keyworkers met weekly to discuss their goals and longer-term aspirations. One person said, "We work as a team [names of three support workers and the manager]. They support me with my cooking and with my daily routines like support going for my day trips." This person was always taking part in various social activities that were of specific interest to them, including charity and music events. However, records relating to goals and aspirations would have benefitted from being more detailed, with goals broken down to make them more achievable and measurable.
- The manager involved other professionals as needed, to motivate people to achieve their goals.

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 participate in their chosen social and leisure interests on a regular basis. People were taking part in several activities, for example, walks to the park, football in the garden as well as dancing and singing, we saw a person enjoying themselves dancing in the lounge. However, for people requiring support whilst in the community this was limited during the evenings due to staff availability. One person said, "The staff support me very well, they are nice. They are hopefully getting a holiday sorted out soon to Benidorm."
- People described the daily life skills staff supported them with, for example one person was receiving support to cook healthy soups. Another person said, "I am happy not to be totally alone and I have friends here, we sit, and we have meals together."

- Staff supported people to maintain links with those that are important to them. One person said, "I still have a boyfriend down in [place they live], my family helps me to see him once a month. Staff usually call me, and we keep in touch on that day over the phone. It's good I have people around me who can help." Records we looked at described the support people needed to maintain relationships with people.
- Staff routinely sought paid or voluntary work, leisure activities and widening of social circles. Two people were working locally, staff supported one person in transferring their job nearer to home. Staff supported other people to attend inclusion projects, as well as regular visits to the local swimming pool and stables.

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.

- People had individual communication plans that detailed effective and preferred methods of communication.
- Photographic and easy read service user guides were produced to support people moving into their new home.
- There was individualised support such as tailored visual schedules to support people's understanding. For example, there was a visual sign in the kitchen, this included people's portrait photographs. This sign indicated whose turn it was to prepare and cook the main meal.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. There had not been any formal external complaints. People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. One person said, "If I was worried or unhappy, I would tell my [family member] or my keyworker."
- Staff explained to people how they could make a complaint. One person said, "We can tell staff if we have any complaints, we can tell them during our keyworker meetings if we don't want to talk in the main meeting." They also said, "There was one staff who wasn't very good. Well I told [ex-staff member] that they were paid to help me and do their job but when I wanted help [ex-staff member] was on their phone. It all got sorted pretty quickly, that member of staff is not here anymore."

End of life care and support

- The service was not supporting anyone with end of life care at the time of our inspection. However, the manager had spoken with one person and their family regarding end of life wishes.

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

- The provider and senior management team didn't understand their regulatory responsibilities for running a registered care home. For example, placing people at risk of financial misappropriation of their money, people needing to buy their own food and incorrect MCA processes being followed.
- The provider's governance processes were not sufficiently robust as they had failed to highlight areas identified through this inspection as requiring improvement.
- The provider's quality assurance system included various audits. The quality audits completed by the provider included, audits of medication, health and safety and people's finances. A monitoring visit was also carried out by senior management. However, there were gaps in the system. Medication audits were taking place, however these focused on the medication system (administration of medicines) and not the overall medicines process. This meant audits had failed to identify the areas for improvement we found during our inspection with regards to medicines. Care records did not always contain up to date information and some inaccuracies were noted in these records.
- Some staff worked long hours over consecutive shifts without days off. This could have an impact on both staff wellbeing and their performance at work. The provider had a system in place to monitor the hours staff worked, but this was not being used effectively to ensure staff did not work excessive hours without a day off.

The provider had not operated an effective system to assess, monitor and improve the quality and safety of the service provided. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager responded to some of our concerns immediately following the inspection and acknowledged there were shortfalls. They confirmed staff have been booked on appropriate training. The manager also planned to speak with people and their relatives in order to review care records and gain consent.

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

- The provider promoted a very person-centred culture within the home. Staff put people's needs and wishes at the heart of everything they did. The staff team spoke with passion about the people they supported at the home. One relative said, "The whole place has a family feel, not like a care home at all."

Carers are easy to talk to, friendly, well mannered, good natured and they take on board what we have to say."

- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. A staff member said, "[The manager] is approachable, they never undermine you, they support and help you." Another staff member said, "[The manager] is supportive, they are very nice."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider apologised to people, and those important to them, when things went wrong.

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

- The provider sought feedback from people and those important to them, during resident meetings and speaking with relatives when they visited the home. This feedback was used to develop the service. However, formal questionnaires had not been sent out by the provider. One relative said, "My [family member's] keyworker is making sure we are asked almost every month is everything okay and if they could do anything to support my [family member] better."
- Staff encouraged people to be involved in the development of the home. People participated in weekly resident meetings where they could express their views and discuss important matters relating to the home and care being provided.
- Staff meetings were taking place and staff took part in the interview process when new employees were recruited.

Working in partnership with others

- The provider worked in partnership with relatives as well as health and social care professionals, who were involved in people's care. This included referrals made to GPs and partnership working with social workers. One professional said, "They are a provider that is supportive, helpful and keen to advocate and promote best outcomes for individuals."

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to ensure the principles of the MCA and DoLS code of conduct was being followed. This meant people who lacked capacity were not being supported to make informed choices and decisions.</p> <p>Regulation 11 (1)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure effective systems were in place to identify, monitor and mitigate risks to people's safety in relation to food safety and infection prevention and control.</p> <p>Regulation 12 (1) (2) (h)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider was unaware of what constitutes a safeguarding concern and had failed to notify CQC or the local safeguarding team of allegations of potential abuse.</p> <p>Regulation 13 (2) (3)</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The provider had failed to ensure effective systems and processes were in place to organise, monitor and manage the quality of the service and ensure that people received safe and appropriate care.

Regulation 17 (1) (3)

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider had failed to establish safe recruitment practices when employing new staff.

Regulation 19 (1) (2) (3)

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had failed to ensure that staff had the skills, knowledge and experience to deliver effective care and support.

Regulation 18 (1) (2)