

Achieve Together Limited

Carlton Avenue

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 well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Carlton Avenue is a residential care home which is registered to provide accommodation and personal care for a maximum of nine people. The care home provides support to people with profound and multiple learning disabilities, all of whom have mobility needs. At the time of this inspection there were nine people living in Carlton Avenue.

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

We found audits and quality monitoring and improvement systems were not always effective.

People's care plans did not always include details and up to date guidance about supporting people with their specific health needs. This could mean that those needs were not understood and met by the service.

We have made a recommendation about the management of some medicines.

There were some areas of the home that were not clean, including furnishings within one person's bedroom.

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.

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 Care Quality Commission (CQC) follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support

The care home was similar to other houses in the street. Each person has ensuite washroom facilities but due to their mobility needs, only one person could access theirs. The other people had to use the shared bathroom facilities, which did not support people's dignity and privacy in the same way using their own facilities would have.

The décor of the home and environment could better promote and support people's individual needs, including sensory and orientation needs. Improvements to the interior could possibly have a more positive impact on people's well-being and comfort. Although there was some equipment available to support people's sensory needs, this was only available in the shared lounge. This was discussed with the registered

manager who confirmed that work to construct a sensory room and improve the décor was planned.

There were nine people living in the care home. Each person had different needs, personalities and wishes. Sharing a home with several people was likely to be difficult and testing at times for people, particularly as there was only one shared lounge and one dining/lounge area. However, it was clear that staff supported and encouraged people to make choices and be as independent as possible. They supported people to take part in activities they enjoyed and to pursue their individual interests. During the inspection people took part in group activities which included a music session where staff engaged with people in a positive and cheerful manner encouraging them to move to the music. People participated, smiled and laughed indicating they were enjoying themselves.

Right Care

We observed staff engage with people in a kind and respectful way. Staff understood people's individual communication needs. Some people used sign language, gestures, pictures, actions and sounds to communicate, others spoke a few words. People seemed at ease with staff, and were seen engaging with them in a comfortable manner. Staff were attentive and ensured people received the assistance they needed and wanted in an unrushed way. People's health needs were supported. People attended health appointments and received treatment and support from a range of healthcare professionals. However, people's care plans did not always show that people were receiving the care and support they needed with some specific health/medical needs.

Right culture

Staff received training that provided them with the knowledge and skills to understand and respond to people when they are distressed and had difficulty in communicating how they are feeling. The provider had a positive behaviour support team and specialist advisors that provided advice and support to people and staff when needed. We were provided with information that showed staff had engaged with them to obtain guidance and assistance in supporting one person to manage and reduce some distressed actions that they had exhibited.

The registered manager knew the importance of ensuring the staff team demonstrated the values, attitudes and behaviours that helped ensure that each person living in Carlton Avenue led confident, inclusive and empowered lives. Staff understood how to protect people from poor care and abuse. They had training on how to recognise and report abuse and knew how to apply it. Staff told us that they would report without hesitation, poor practise from staff.

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

Rating at last inspection

The last rating for the service under the previous provider was good (published 28 December 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We also received concerns in relation to the management of medicines. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carlton Avenue on our website at www.cqc.org.uk.

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to person centred care and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Carlton Avenue

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors including a pharmacist inspector.

Service and service type

Carlton Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement dependent on their registration with us. Carlton Avenue is a care home without nursing care. The CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of the inspection was unannounced, day two and three were announced.

What we did before the inspection

We reviewed information we had received since the last inspection. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. This information helps support our inspections.

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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two of the people who lived in the home, and two relatives about their experience of the care provided. Some people due to their communication needs were unable to speak with us. However, they communicated in a range of ways, which included, gestures, signs, sounds and speaking a few words. We spent a significant part of the inspection spending time with all the people living in Carlton Avenue. We engaged with them and observed the care and support they received from staff. This helped us understand the experience of people who could not talk with us. We spoke with the registered manager, deputy manager, lead support worker and three care staff.

We reviewed a range of records. These included three people's care and support files, and medicines records. We looked at three staff files in relation to recruitment and staff supervision, and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three people's relatives and with one professional who had regular contact 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- There were areas where improvements could be made to ensure people always received their medicines in a safe and personalised way.
- People received their medicines as prescribed, including Controlled Drugs (medicines subject to strict legal controls and legislation). We looked at five medicine administration records and found no unexplained omitted doses in the recording of medicines administered. This provided a level of assurance that people were receiving their medicines safely, consistently and as prescribed. However, there were not always separate body maps/charts for people who had medicines such as pain relief patches, ointments and creams prescribed to them. These would indicate where on the body the medicines needed to be applied, and also reduce the risk of pain relief patches being applied on the same area of the body, which may cause skin irritation. The registered manager took action to address this during the inspection.
- During the inspection, we saw there were when required (PRN) medicines protocols in place to support the administration of these medicines. These protocols included appropriate clinical guidance and authorisation from the person's medicines prescriber. However, there was a lack of personalised guidance with these PRN protocols. For example, one person was prescribed a medicine to be given 'when displaying self-harming behaviour'. There was no additional detail about how this behaviour was presented and no guidance to direct and support staff to try approaches to lessen the person's distressed behaviour before administering that medicine. Another person's pain relief medicine was to be given when the person had 'symptoms of pain'. As the person did not speak it was not clear how staff would recognise when the person was in pain. The outcomes of PRN medicines as to whether they had been effective were not recorded in detail. One person had received a dose of this medicine on 16/2/22, the reason stated for administration was 'agitated'. The registered manager took action to improve people's PRN protocols during the inspection.

We recommend the provider consider current guidance on ensuring there is personalised information about the administration of people's PRN medicines so all staff had the knowledge and understanding to consistently and effectively administer these types of medicines.

- There were systems for ordering, administering and monitoring medicines. Staff were trained and deemed competent before they administered medicines. We found that fridge and room temperatures were appropriately monitored.
- The provider had introduced a system to monitor and audit people's medicines on a regular basis, and we found improvements had been made as a result of this. For example, a daily audit by the registered manager and care staff was carried out to ensure medicines were up to date and in stock for people using the service.

- We were assured that medicines related incidents were investigated properly with appropriate action plans and there were adequate processes in place to ensure staff learned from these incidents to prevent them occurring again. The provider had a system in place to ensure where people needed support with their medicines this was received and managed in a safe way.
- Observations of staff showed that they supported people to take their medicines.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes to safeguard people from the risk of abuse. The safeguarding adults' procedure was displayed to remind staff of the protocol for responding to abuse. Staff knew how to report abuse and were knowledgeable about whistleblowing procedures. They told us they would not hesitate to raise any concerns they had about people's care to management staff, the provider and other agencies including the host local authority. The registered manager had notified the host local authority and CQC of safeguarding concerns and worked with them to safeguard people and make improvements when needed.
- Each person had a support plan which included guidance about how their financial needs were managed and monitored. The registered manager told us that they were working with commissioners and people's relatives in reviewing the management of people's monies. Particularly those where the provider was the appointee (person or organisation that is registered with the Department for Work and Pensions to manage a person's benefits if they lacked capacity to do this themselves). We noted that an advocate had been appointed to act on one person's behalf when they had lacked capacity to make decisions about their money. Checks of the management and handling of people's monies were carried out by the manager and an auditor to minimise the risk of financial abuse.

Assessing risk, safety monitoring and management

- We found that overdue actions from a fire risk assessment dated 17 July 2019 had not been addressed, so people may be at risk of harm. The registered manager told us that this was in the process of being addressed.
- The registered manager had recently updated the fire evacuation plan. We discussed the benefit of having this plan checked by a fire safety professional. Following the inspection, the registered manager informed us he had arranged for the London Fire Brigade to carry out a fire safety check of the service.
- People had personalised risk assessments. Staff had signed that they had read them. People's risk assessments included risk of pressure ulcers, use of the kitchen, bathing risks and those associated with moving and handling activities. These included strategies and guidance to manage the risks and report any concerns.
- There was a contingency plan in place to guide staff in what to do in an emergency, such as a staffing shortage, fire, flood or pandemic.
- Safety service checks were carried out as required. These included checks of gas, electric and fire safety systems.

Staffing and recruitment

- The registered manager told us that during the pandemic and currently it had been difficult to recruit staff and retain them. In response to occasions when newly recruited staff had left shortly after being employed, the registered manager had made improvements to the staff recruitment process. Applicants now meet the people living in the home, which helps them have more of an understanding of the role and responsibilities of being a care worker. Observation of people's engagement with the candidates, and any feedback from people are considered during the recruitment process.
- There were a number of staff vacancies which were in the process of being filled. The registered manager told us that staff absences due to sickness and annual leave have been challenging at times. However, staff shifts were covered by permanent and 'bank' staff to ensure people received consistent care. The registered

manager also provided people with 'hands on' care and support when needed.

- Staff records indicated an appropriate staff recruitment protocol was being followed so that only suitable staff were employed to care for people.

Preventing and controlling infection

- The provider had an up to date infection prevention and control (IPC) policy and IPC checks had been carried out. However, we found the walls of the laundry and a bathroom extractor fan to be dusty. This was addressed promptly. During the inspection a complaint was made about the cleanliness of a person's bedroom. These shortfalls were addressed by the registered manager, and action was taken to prevent reoccurrence.
- Staff were wearing face masks as required, but were also seen wearing disposable gloves when according to current guidance this was not required. For example, they were worn by staff during a music activity with people. This practice was discontinued during the inspection. Staff having access to their own personal hand sanitiser to help minimise the risk of the spread of infection, was discussed with the registered manager.
- There were posters of pictures and guidance of good handwashing techniques.
- In consideration of people's varied communication needs, the wearing of clear masks, which may benefit some people, was discussed with the registered manager. They told us that he would review each person's communication and sensory needs to assess whether the wearing of clear face masks would help them.
- The provider had followed current government guidance to support people's friends and relatives to visit them during the Covid-19 pandemic. When relatives were unable to visit, people were supported to keep in touch with them via telephone and video calls. Visits to the home were currently taking place. One person's relatives visited them during the inspection.

Learning lessons when things go wrong

- Since the appointment of the new registered manager, there was evidence of improvement and continuous learning. We saw that arrangements for identifying, managing and mitigating risks had been developed and improved. However, despite these improvements, we identified some deficiencies in the service. We also noted that shortfalls identified during some audits carried out by the provider had not been completed within the timescales set by them.
- The registered manager provided us with details of where he had found shortfalls in the service and then taken action to make improvements. He had found there had been occasions when cash had not been accessible for purchases for the home, and money had been borrowed from people. Records showed that the money had been paid back to them but the registered manager had recognised that this practice was not appropriate and stopped it. Also, the registered manager had carried out unannounced fire drills and found that some staff lacked understanding of how to respond quickly and safely. Further training and learning had taken place to ensure people and staff were protected in the event of a fire.
- Records showed that staff had been provided with information and direction to improve their practice in areas, such as handwashing, where shortfalls had been found.
- Incident records were detailed and showed that appropriate action was taken in response to accidents and incidents, which included reporting and recording them. Incidents were reviewed and discussed with the staff team to reduce the likelihood of similar incidents happening again. However, although there were systems in place to report all incidents and concerns to the provider, there was not a specific written personalised analysis of incidents, accidents, and complaints to identify any patterns and trends and to help prevent similar events being repeated.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- We identified that the care planning system needed development to demonstrate that the care provided fully met people's needs.
- People's specific needs were not always fully assessed, so their support plans lacked details and guidance for staff to follow to ensure those needs were understood and met. For example, one person's vision was significantly impaired. There was not a personalised specific care plan that showed the person was receiving the support they needed with this need. Another person was prone to constipation. The person's continence and their eating and drinking support plans included no reference to this condition and how to manage it. A person had been diagnosed with a fungal infection in their toenails. Again, there was no detail or guidance about the condition in their support plan. This indicated that some people's needs may not being met by the service.
- One person did not have a care plan which detailed the symptoms and needs of a medical condition where their blood glucose level was too high. The registered manager completed a personalised care plan during the inspection, so staff had clear guidance about managing and responding to symptoms of the condition. They also had asked an appropriate healthcare professional to review and agree the plan.
- One person had a seizure on 11 February 2022. There were no monitoring record charts that described the seizure or any details about what had happened before the seizure, during and after it. This information could help identify triggers for the person's seizures, as well as any patterns and trends. The most recent guidelines for this condition had last been completed by a specialist nurse in early 2019. Regular review of the guidance would help ensure that the person's specific medical needs were being met.
- Another person at times showed distressed behaviour. Again, no observational monitoring records (ABC charts) were in place that provided detailed information about the person's particular distressed actions. This could help staff to better understand what the person was communicating when distressed, and therefore help them to provide the person with the support they needed.
- People's care and support plans were reviewed regularly by staff, but it was not evident from records that people's relatives, particularly those fully involved in people's care, were asked for their feedback during these monthly care reviews. One person had a care review carried out on 11 January 2022 but there was no indication from records that the person's family had been invited to take part in that review. One relative told us they had not participated in a care plan review and would like to do so. Another relative told us they had taken part in care plan reviews but "I can't remember the last one." Due to people's complex needs, engagement with those involved in their care, could benefit people's welfare and well-being.
- Although, records showed that people had personal goals and aspirations, there were no timescales for assisting people to achieve them. It was also not clear as to whether people's goals had been achieved and

if not, why not. For example, one person had goals which included 'Staff to encourage me to take part in cooking sessions in the kitchen if they feel that I am safe'. There was no indication in the person's support plan to show whether this had been achieved.

This demonstrates a breach of Regulation 9 (Person-centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff support: induction, training, skills and experience

- Staff were supported and received the induction and training they needed to carry out their roles and responsibilities. New care staff completed an induction that included the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge skills and behaviours expected of specific job roles in health and social care sectors. One member of staff told us that they had found their induction very helpful in understanding the service and getting to know people living in the home.
- Staff told us they received the support they needed from the registered manager and staff team. Staff received one to one supervision to support them in carrying out their roles.
- Care staff told us they received effective appropriate training, that helped ensure people were safe and provided with the care they needed and wanted. We noted training records showed that some refresher training had not been completed by staff within the provider's timescales. The registered manager told us this was being addressed.

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

- People received a range of meals that indicated they were receiving a balanced diet. However, there was no menu or other records that showed how the meals each day were chosen and whether they met people's dietary needs and preferences. The registered manager told us they would address this.
- People's dietary needs were included in their care plan documentation, these included personalised guidance that included the support people needed from staff to ensure those needs were met. Staff monitored people's nutritional needs and their weight to make sure that people were eating and drinking enough.
- We observed during one lunchtime that one person had been assisted to be seated at the dining table prior to their meal being served. The person had become agitated whilst waiting several minutes before receiving their meal. Once they had been given their lunch, they had become calm. This was discussed with the registered manager who told us that they would make sure the person was not seated for their meal until it was ready.

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

- The registered manager informed us there were plans to make improvements to the home environment, so it better supported and met people's needs. There were plans to redecorate some areas of the home, and install a sensory room (a specially designed room which combines a range of stimuli to help individuals develop and engage their senses).
- There were no assessments to determine if the signage and environment was supportive to each person's orientation needs, and whether the signage within the home could be improved.
- People had access to a garden. People had been involved in gardening activities. Staff told us that this had particularly benefitted people during the pandemic when lockdown restrictions were in place.

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

- People were supported to access healthcare services and support. They had personalised health action plans (a health action plan is a personal plan about what a person with learning disabilities can do to be

healthy). Each health action plan listed details of people's needs and professionals involved and included guidance about meeting those needs. Two people's health action plans included epilepsy (condition that affects the brain and causes seizures) support plans with guidance, but these had been completed by the previous registered manager and although there was a place on the document to record that the guidance had been verified by a health professional that section was blank. The registered manager told us they would ensure these were reviewed by an appropriate health care professional.

- Staff worked with a range of health and social professionals to provide people with effective care. These included speech and language therapists, dieticians, GPs, community nurses, opticians and chiropodists. Relatives told us they were kept informed about changes in people's health needs, and all hospital appointments.
- Mouth care records showed that people received personalised oral care. Records showed people had received dental care and treatment.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff completed MCA/DoLS training. People's support plans included information about the particular decisions they were able and not able to make. Where decisions had needed to be made in people's best interests, relevant documentation was in place. People's relatives told us they were fully involved in decisions to do with people's care.
- People had DoLS authorisations.
- People were supported to make choices and decisions about their lives. The day to day decisions that people were able to make were detailed in their care and support plans.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvements. This meant the 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 registered manager and staff were clear about their roles and regulatory requirements. Since starting work in the home, the registered manager had worked hard to identify where improvements to the service were needed. Where shortfalls had been found, systems had been put in place to address them.
- However, we found some checks did not include detail about how to complete them and had not been fulfilled within the timescales set by the provider. For example, the 'weekly' nail care chart had not been completed for three people since 8 November 2021. Some record charts of checks including wheelchair cleanliness checks did not record how often these checks needed to be carried out. One person had regular checks carried out of a 'plastic changing schedule'. There was no detail about what that was, or guidance about how to do the check and how often it needed to be done. Another person had a monitoring chart that recorded 'good rotation'. Again, there was no information about what that was, or how to carry out the check and how often it needed to be completed. Two people's repositioning charts indicated they were being assisted with position changes but there was no record of how often they needed to be helped to change their position to prevent pressure ulcers. We found gaps in two people's specific health monitoring records. There was no information that explained why there were these gaps and indicated these needs were not consistently monitored, which could lead to people being at risk of becoming unwell.
- During the inspection we identified areas of the service where improvements were needed or could be developed, to ensure people were safe and received effective personalised care. These areas included PRN medicines, fire risk assessment actions, ensuring care plans met each person's specific needs and that monitoring records were always effective and of good standard.
- We were provided with audits carried out by representatives of the provider. These were detailed and showed that action plans were in place to make improvements when deficiencies in the service had been found. However, we found that the action plan timescales were often not met. For example, we were provided with a comprehensive health and safety audit (11 August 2021) which had identified numerous areas where improvements to the service were needed. The status of many of the actions was overdue including fire risk assessment actions which were recorded as being 97 days overdue. This indicated that the quality improvements systems were not effective in ensuring significant shortfalls identified during these checks had been addressed by the provider within suitable timescales, that ensured people were safe and at minimal risk of harm.

This demonstrates a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We observed positive engagement between staff and people. The registered manager monitored staff interaction and communication with people to ensure they were always treated with respect and kindness. Relatives made some positive comments about the way people were cared for. Comments included, "[Person] seems to be looked after well." "Staff have said lovely things about [person], everything is fine".
- Staff received equality and diversity training. They spoke of the importance of respecting people's differences and treating them fairly. The care home observed a range of religious celebrations including, Christmas, Diwali and Easter. We noted that some records referred to the people living in the home as 'girls' and 'boys', despite all the people living in the home being adults. These terms could belittle people and possibly lead to staff treating people as children. The registered manager told us this issue would be promptly addressed.
- Staff supported people to pursue their interests inside and outside of the home. During the inspection people took part in one to one and group activities. These included, people going to the local park, jigsaw puzzles, arts and crafts and music activities.
- People's relatives told us that since the registered manager had been in post, communication with them had improved. They currently received weekly updates about people's progress, which they appreciated. Whilst there was evidence the new registered manager had focused on improving communication and engagement, this had not been fully embedded. One relative told us they would like more contact with a person's key worker (care worker that acts as a focal point for the person and their relatives/visitors to help ensure the person's individual needs and wishes are fully met). Following the inspection action was taken to further develop and improve communication between people's relatives and keyworkers.
- Staff meetings took place. These showed that a range of topics to do with the service and people's care were discussed. Staff told us they felt comfortable speaking up if they had any queries or concerns about the service.
- Resident's meetings had taken place. During these meetings people were informed of matters to do with the care home and the service provided to people. Records showed that during one meeting, a suggestion had been made by staff about painting a person's bedroom, however, as there was no action plan it was not clear as to whether this was planned or had been done.

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 registered manager knew the importance of being open and transparent with everyone involved in people's care when something goes wrong, so that they could learn lessons and continue to develop the service.
- The registered manager was aware of their legal responsibilities to inform us of significant events at the service. They had notified us of incidents and the action they had taken to make improvements and lessen the risks of them happening again.

Continuous learning and improving care

- The registered manager had the skills, knowledge and experience to perform their role. He was visible within the home, working 'hands on' when needed to ensure he had a clear understanding of people's needs and good oversight of the service.
- Since his appointment, the new registered manager, had taken action to make improvements where shortfalls in the service had been found. The registered manager recognised the importance of continuous learning and had provided us with a number of examples where learning had taken place. For example, he had identified a number of areas where staff performance could be better and had made the necessary

improvements. However, it was clear from our findings that further improvements to the service were needed.

Working in partnership with others

- Staff worked with healthcare and social care professionals, people and their relatives to help ensure people received the care, support and treatment they needed. Weekly calls with people's GPs took place. Their medical needs were discussed and referrals to specialists made when needed. People attended a range of healthcare and hospital appointments.
- Staff engaged regularly with the host local authority about the service, and had accessed relevant training arranged by them.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider was failing to ensure people received care and support in line with their all their needs and preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not ensure that it always operated effective systems to assess, monitor and improve the quality of service provided to people who used the service.