

Care Outlook Ltd

Highwood Mill Extra Care Scheme

Inspection report

The Office, Highwood Mill
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Website: www.careoutlook.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Highwood Mill is an extra care housing setting where staff provide personal care and support to people living in their own flats within one large purpose-built building. People are supported with a range of needs including learning disabilities, age related frailties, physical disabilities, dementia, and Parkinson's disease. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, 46 people who were using the service received a regulated activity.

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. At the time of the inspection one person was living at the service who had a learning disability. We spoke with the person, who told us they were pleased with the care and support they received.

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

Right Support

Known risks associated with people's care were not always well-managed. Some people's risk assessments did not provide staff with the information they needed to keep people safe. Some people's medicines were not always managed safely.

The model of care and settings maximised people's choice and independence, people had their own apartments which were adapted to suit their needs and taste. People were supported by staff to pursue interests and hobbies, staff supported people to achieve their aspirations and goals.

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.

Right Care

People received kind and compassionate care by staff who knew them well. Staff respected people's privacy and dignity and, promoted their independence. There were enough skilled and trained staff to meet people's needs. People received consistent care as understood their individual communication needs.

Right Culture

Systems to monitor the quality and safety of the service and to drive improvement were not always effective. The service had a registered manager who had recently resigned, a new manager was overseeing the

management of the service with the support of the regional manager. The management team recognised improvements were needed at the service and showed a willingness to improve. People and staff told us there had been an improvement in communication and morale since the appointment of the new manager.

People led inclusive lives and felt in control of their support. Staff knew and understood people well and supported their aspirations to live a quality life. Staff and management encouraged, listened to and acted upon people's views and wishes.

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

Rating at last inspection

This service was registered with us on 5 April 2022 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about medicine management and the management of risks. A decision was made for us to inspect and examine those risks.

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

The provider responded to our concerns throughout the inspection and immediately put measures in place to improve medicine management, the management of risks and quality assurance processes.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and good 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 effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Highwood Mill Extra Care Scheme

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.

Inspection team

The inspection was carried out by one inspector 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

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a manager registered with the service, the registered manager had resigned. A new manager had been in post for two months and had submitted an application to register with us. We are currently assessing this application.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 1 November 2022 and ended on 9 November 2022. We visited the location's office on 1 November 2022 and 4 November 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since their registration. We used all this information to plan our inspection.

During the inspection

During the inspection we observed interactions with people and staff throughout the day. We spoke with five people who used the service about their experience of the care provided and five relatives of people who use the service. We spoke with three health and social care professionals who regularly visited the service. We spoke with nine members of staff including the regional manager, manager, deputy manager and care staff.

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

Is the service safe?

Our findings

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

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

Using medicines safely

- Documentation in relation to medicines was not always completed safely. The inspection was in part prompted by concerns regarding medicines management.
- Medicine administration record (MAR) charts contained gaps. Medicines were not counted and recorded, when gaps in MAR charts were identified, the manager was unable to evidence whether people had received their medicines. MAR charts were handwritten and had not been checked and countersigned by a second staff member. Documentation was not always accurate, for example, one person's MAR chart directed staff to administer pain relief on a regular basis, the prescriber's directions was for pain relief to be given 'when required' (PRN). The person was able to tell staff when they required their pain relief.
- Where people had PRN medicine prescribed, there were no PRN protocols and care plans did not guide staff on when to administer the medicine. One person had been prescribed PRN medicine for anxiety, there was no guidance available to staff on when to administer the medicine and what affect the medicine will have. The manager told us staff would contact them to discuss whether the medicine was needed. This could cause a potential delay in the person receiving their medicine in a timely way when anxious.
- Expiry dates for prescribed creams were not checked. The opening dates of creams were not recorded; people could not be assured their prescribed creams would remain effective. Where people were prescribed medicinal patches, the prescriber's direction advised for the patches not to be applied to the same area of skin for 14 days. Documentation did not allow for staff to record where the patches had been previously applied which could lead to sore skin for people prescribed medicinal patches.

We found no evidence that people had been harmed however, the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately to our feedback and sent us evidence of proposed plans to oversee medicine management. The provider gave assurances of steps taken to address the concerns and advised a second staff member had been deployed to check and counter sign handwritten MAR charts, body maps were immediately put in place for patch applications. A template letter had been drawn up for staff to formally address gaps in administration. Additional training had also been arranged for staff to cover the shortfalls found in respect of medicine management.

Assessing risk, safety monitoring and management

- Risks to people's health had not always been assessed and mitigated. This inspection was prompted in part due to concerns about risk management of people's health conditions.

- People's risks in relation to health conditions, such as, Parkinson's disease and epilepsy had not been robustly assessed. The provider had made fact sheets available to support staff's understanding. The fact sheets did not provide details to staff regarding people's individual symptoms or associated complications of their conditions.
- People who required specialised equipment, such as, percutaneous endoscopic gastrostomy (PEG) tubes and catheters did not have care plans or risk assessments for staff to follow to ensure they were managed safely. Staff supported people appropriately; this had been due to their training and advice which had been handed over either verbally or through the service's communication book.
- Where risk assessments were in place, they were not always updated to reflect people's current needs. One person's care plan had been written in January 2022 and stated the person was due to be assessed for a stand-aid. At the time of the inspection, the person was being assisted with a full body hoist. A risk assessment had not been completed to reflect the change in the person's mobility.

We found no evidence that people had been harmed however, the provider had failed to assess risks related to people's physical health needs. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately to our feedback and sent us evidence of updated care plans and risk assessments. The provider told us they would prioritise full audits of people's assessment of risk and planned to continually monitor to ensure documentation was up to date.

Learning lessons when things go wrong

- Lessons were mostly learned when things went wrong. The manager and regional manager recognised there were shortfalls in medicine management. Internal medicine audits highlighted where some gaps had been identified, the management team held supervisions with staff to discuss concerns. A staff meeting had been held the month prior to our inspection; gaps in medicine administration were discussed. Following feedback from our inspection, the management team recognised further works were needed to ensure lessons were fully learned, embedded and monitored.
- Incidents and accidents were addressed on an individual basis, there had been a reduction in incidents following measures put in place; however, the outcomes and actions were not always documented. Trends and patterns of accidents and incidents were not analysed to provide wider learning for when things went wrong. The regional manager updated accident the reporting form during the inspection to document actions taken following accidents and incidents.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe and said they could speak to staff if they had any problems. One person said, "Yes, I would say very safe, we're very happy. There is a button alarm, which is answered quickly."
- Staff received training and were aware of their safeguarding responsibilities. Staff understood the different types of abuse and how to recognise and report concerns. One staff member told us, "I would immediately speak with [manager], otherwise I would go to our regional manager. If I needed to go outside, I would call 999, I would report to CQC and social services. Our policy is in the office and there's a poster."
- The regional manager and manager demonstrated their knowledge of safeguarding; we saw referrals had been escalated to the local authority appropriately. Safeguarding concerns were appropriately investigated, and plans were implemented where required.

Staffing and recruitment

- There were enough staff to meet people's needs. Where people required two staff to assist them, this had

been planned for. There had been a reliance on agency staff, however, permanent care staff had recently been recruited. Rotas confirmed calls were not missed or overlapped. Where people required time specific medicines, the manager told us their call times were prioritised.

- People told us the appointment of new staff was a positive change. One person said, "We used to have some agency staff here, now there is a vast improvement with the staffing, it's made all the difference."
- Staff told us they had time to spend with people and our observations confirmed this. Comments included, "I think there is enough time to spend with people, we are not rushed, we have time to chat. I do think there is enough staff, we have quite a few new staff in the past few weeks." And, "It's nice now we have our own carers and not agency staff, now we know who is there, it's a better morale, much higher, staff are always jolly. I think there is enough staff now, we have enough time. It's got better."
- Staff were recruited safely. Applications forms were completed in full, pre-employment checks such as references and Disclosure and Barring Service (DBS) checks had been obtained. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff were seen to be wearing PPE when assisting people.
- We were assured that the provider was responding effectively to risks and signs of infection. Where people showed any symptoms of COVID-19, staff supported them to test.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. People spoke highly of the cleanliness of the premises and their apartments.
- 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- Assessments were undertaken by the management team who considered protected characteristics under the Equality Act 2010 such as age, ethnicity and religion. Where people expressed a preference to be referred to by their chosen pronouns, this had been respected by staff.
- The management team ensured equipment and support was in place before people moved into the service. A relative gave an example of joined up working between themselves, the service, the local authority and occupational therapists (OTs) to enable for their loved one to live in the service safely. They said, "It's has been fantastic in the way [regional manager] had dealt with it all. It's all been incredibly positive."
- The management team worked hard to support new staff who had been recruited from overseas. Support included helping new staff members adjust to a new country and way of working. The management team spent time with them explaining cultural differences and supported them to build confidence.
- Staff had the knowledge, skills and experience to support people effectively. There was an appropriate skill mix within the team. Staff were always on site and were able to contact the management team through an on-call system if needed.
- People were supported by staff who received training relevant to their role, and additional training was sought in response to a change in people's needs. For example, the service had identified additional training was required for epilepsy and learning disability awareness, this had been arranged and was due to take place imminently.
- New staff completed 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 the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. New staff would shadow experienced staff until they were deemed competent to work alone. Staff were given the opportunity to train at their own pace, some staff had up to three weeks of additional training and worked alone once competent and confident to do so.
- Records confirmed staff received regular and relevant supervisions and spot checks. Staff felt supported by the manager, one staff told us, "I get regular supervisions, they come around quickly. If we have any problems that's the time to voice it. Although they (management) are very good and open to listening any time."

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

- Where people required modified diets due to swallowing risks, staff were aware of the assessed consistency meals needed to be prepared to. For example, one person required a pureed diet and thickened fluids to reduce the risk of choking. The information was contained in their care plan and on their fridge

door. Staff demonstrated a full understanding of the person's dietary requirements.

- People received support to maintain a balanced diet. Where needed, staff assisted people to the onsite restaurant for meals. Where people stated a preference, staff would deliver meals to their apartments.
- Staff supported people when shopping for food; people confirmed staff knew their likes and dislikes. Laptops were available for people to use for online shopping, staff assisted people when requested.

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

- People had access to healthcare agencies and support. Staff worked with external agencies to provide good outcomes for people. Where required, staff supported people to attend health appointments or liaised with family members to encourage attendance.
- The management team were in close contact with health care professionals such as the PEG specialist nurse. Where training needs had been identified health care professionals were contacted to deliver courses and refresher courses. One staff member told us, "I don't touch [person's] PEG, we are expecting some training for this, I have told [manager] I would like to do this which they are arranging."
- Where people experienced changes in their mobility, staff contacted professionals such as OTs to review mobility aids. A visiting health care professional told us, "Staff give their feedback, I've not had any incidents where I feel they haven't followed instructions."

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- At the time of our inspection, no person lacked mental capacity or required a DoLS authorisation. The regional manager told us if there were concerns of person's capacity, staff would contact the local authority for a full assessment. All staff had received MCA training.
- People were asked for consent by staff before any care delivery. Staff told us they gained permission before helping people. Comments included, "With consent, I just chat to them and ask them." And, "I would never assume anything and always ask what they would like. If declined, I would try to encourage and politely explain why, I needed to help but I'd respect their wishes."
- Staff told us they gave people options and respected choices made. One staff said, "We listen to what they (people) would like, whether it's to be showered or washed and what clothes they would like to wear, give them choices."
- Records showed that people were involved in decisions relating to their care and support, and their choices were respected. We saw evidence of signed care plans where people had agreed to their care and support.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were encouraged to express their views and were involved in their support. People were given opportunities to plan and review their care. One person told us, "All the girls are wonderful, I cannot fault them, they do everything I need, the way I want it." Staff were informed of changes in people's support verbally or through entries in the communication book; care records were not always updated. This had not impacted negatively on people and is further explained in the well-led section of the report.
- People's support was reviewed which gave them an opportunity to make changes where needed. People told us, "They are very accommodating, I only need to let them know if I am out and they will swap around the time to suit me." And, "I can make changes they are flexible."
- Quality assurance visits were carried out by the management team. The visits were a way to gather people's views on the care they received and whether they would like to make changes.

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

- People were supported by respectful and caring staff. All staff received equality and diversity training and demonstrated their knowledge through observations and the positive feedback received from people. People and their relatives spoke highly of the staff. Comments included, "The old ones (staff) know me inside out and the new ones are getting to know me and I'm getting to know them. They have all been lovely." And, "They give excellent care, friendly, approachable. It worked better than we could have hoped. We are grateful and impressed by their approach."
- Staff knew people's preferences but confirmed they would always check with the person what level of assistance they would like. Where people's preferences had been expressed, the service had adhered to people's wishes. For example, one person had requested female staff to support them and told us, "I am comfortable with them all, but I asked the agency not to send a male carer again, and they haven't." A staff member described respecting equality and diversity as, "It's about gaining a connection. Treating people, the way you want to be treated."
- We observed positive interactions between people and staff throughout the inspection. The atmosphere in the communal spaces was jovial and when staff were with people in their apartments, staff were respectful and friendly.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff followed the provider's dignity policy. People told us, "They treat me with dignity, they are always nice to me. I like to think I am their favourite!" And, "They always ring the bell before coming into my flat. I like to lock my door, so they use their key. I prefer this."
- We observed staff ringing people's doorbells and obtaining permission before entering their apartments.

Staff gave examples of how they protected people's dignity when assisting them. Comments included, "We cover people with a towel as they are undressed and try to not expose them too long, so they feel comfortable." And, "When I am helping residents, I keep their doors closed for their privacy. I ensure they are covered up."

- Staff encouraged people's independence. One person told us, "I do most my care myself, they just help if I am struggling. I just say and they are there." Staff told us, "[Person] can really vary in their abilities. I always encourage them to wash what they can, sometimes they need help to shave but other times they can do it. I never do anything they can do for themselves."
- People's confidentiality was maintained in line with data protection. Care plans were locked in a secure cabinet or in people's apartments and were only accessible to people and staff.

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 good. This meant people's needs were met through good organisation and delivery.

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

- Care was personalised and specific to people's needs and preferences. Staff received person-centred care training and practiced what had been learned. One staff member told us, "I know all the residents really well, I have a good rapport with them." Care plans in relation to people's health needs was not always person-centred. This had not impacted negatively on people and is further explained in the well-led section of the report.
- Each person was treated as an individual, care and support was delivered around their wishes. People developed a 'my story' with staff which contained life histories and, who and what was important to them. A relative told us, "The regular carers have got to know [person] well."
- People told us staff knew them well and they were happy with the support they received. Staff were flexible, respected people's wishes and were happy to complete additional tasks and calls for people when needed. A relative told us, "They go over and above to care for my relative. The other day they (staff) were mopping the kitchen floor which they didn't need to do."
- The regional manager had been trained as a mental health first aider. We observed people were comfortable to approach them to discuss personal problems. The regional manager told us about person-centred advice they had given people and the positive outcomes experienced.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The principles of Accessible Information Standards were met by staff practices in relation to meeting people's communication needs. Communication techniques and preferences were not documented in people's care plans, however, we observed staff effectively interacting with people. The manager advised people's care plans would be updated to include their preferred way of communication.
- Staff used various methods to empower people to express their needs. For people who were unable to verbalise their needs, communication cards were used and gestures such as, nodding or shaking of the head or an open hand for yes and a closed hand for no. Staff knew people's preferred ways of communication through training and getting to know them.
- Documentation was available in large print and staff would spend time to read documents aloud for people where needed.

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 join social groups and participate in activities arranged by the service that met their interests. We observed parties and painting workshops on the days of our inspection. People enjoyed parties and had recently arranged a thank you party for the manager.
- Staff were active in supporting people to maintain and develop relationships both within and outside of the service. This included assisting in the celebration of the engagement of two people who lived there; one of whom was pleased to show us their engagement ring. People were able to remain in contact with long distance friends and families using video technology. People went out with their loved ones when they pleased, shopping, to cafes and restaurants.
- Staff worked to minimise people feeling socially isolated. They encouraged people to use the restaurant at mealtimes and ensured people knew about social activities, such, as the Thursday coffee mornings. When people move into the service, they were presented with flowers and a welcome card.

Improving care quality in response to complaints or concerns

- People and their relatives said they were comfortable to complain and knew who to speak with if they needed to complain. One relative told us, "I feel communication is very good. If I needed to complain it would be to [manager], theoretically speaking I don't feel this would happen." One person told us, "I've not needed to (complain), but would go to the office."
- Complaints were recorded, investigated and responded to in a timely way. We saw examples of good outcomes and thorough investigations of complaints. Complaints were dealt with in a timely way, one complaint seen was followed up by the complainant with a compliment email two days later thanking the manager.

End of life care and support

- The service was not supporting anyone at the end of life stages at the time of inspection. End of life wishes were not always discussed upon admission but at an appropriate time, for example, if a person's health were to deteriorate. This would be done sensitively with the person and/or their families.
- The regional manager described where end of life support had been provided previously. The service worked in conjunction with the person's GP and district nurses to enable the person to stay in their own home comfortably.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Managers were not always clear about their roles and regulatory requirements. The manager had been in post for two months, following the resignation of the registered manager. The manager was being supported by the regional manager and was in the process of learning regulatory responsibilities. Due to staff shortages, the manager had been covering absences on the staff rota which impacted on the completion of quality assurance processes.
- Quality monitoring systems and processes had not always been effective in identifying shortfalls found at this inspection. Audits of medicines were being completed but did not cover areas such as, the accuracy of MAR charts, medicine related documentation and expiry dates of medicines.
- Processes to audit care records did not identify where care plans and risk assessments were inaccurate and not current. Audits did not highlight where assessments of risks were missing for equipment, including, catheters and PEG tubes. Where people had health needs such as, Parkinson's disease, epilepsy and communication requirements; quality assurance systems did not recognise person-centred care documentation and guidance was not in place for staff to follow.
- Processes had failed to identify care records were not being fully completed. Where people's food and fluid intake were being monitored, we saw multiple gaps in recording. Records were incomplete for people who required to be supported to change their positions. Although there had been no negative impact to people, there was no management oversight to identify these omissions and take appropriate action.
- Incidents and accidents had not been collated or analysed to allow the service to continually learn and improve care. We saw where accidents had occurred; they had been dealt with on an individual basis. There was a lack of management oversight to establish trends or patterns, such as, accidents happening at a particular time of day or in an area of the service allowing lessons to be learned and taken forward.

Managers and staff were not always clear about their roles and understanding regulatory requirements. The provider had not ensured there were adequate systems to assess, monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people and others. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately to our feedback and sent us evidence of proposed plans to oversee medicine management. The provider sent us evidence of updated care plans and risk assessments and told us they would prioritise full audits of people's assessment of risk and planned to continually monitor to

ensure documentation was up to date. The provider told us the manager would be enabled to spend more time completing quality assurance processes as the workforce pressures of the service has been alleviated.

- The regional manager spent time in the service supporting the manager. A quality improvement plan had been developed which the management team was working through. Recruitment and staff retention was prioritised along with re-building relationships with people and their relatives. Both objectives had been achieved. A visiting professional told us, "[Regional manager and manager] have built up a good relationship with residents here. They are very keen, and you can see they care."
- The management team was aware of 'Right support, right care, right culture' which is CQC guidance that sets out expectations of how to support people living with a learning disability. The regional manager was in the process of arranging additional staff training to support their understanding of learning disabilities. The person living with a learning disability was being supported appropriately.
- The manager had ensured CQC were appropriately notified of events within the service, records confirmed this had been done in a timely way.

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

- The management team promoted a positive and inclusive culture for people. The manager had an open-door policy which we observed to be well utilised by people throughout the inspection. People and their relatives frequented the office for informal chats and to make changes to their scheduled visits. We observed positive interactions with people and the manager. Where people requested changes to their visits, the manager offered options to suit them.
- People and their relatives told us they felt confident their comments and suggestions would be listened to. One person pointed at the manager and told us, "It's my home, I am very comfortable and pleased to be here. I would speak to this one if I was worried." A relative told us, "We can see [manager] whenever, and they're always available to talk to."
- There was a suggestion box for people to anonymously submit ideas and pass comments. We observed one person using the suggestion box to give their views on various activities they wished to try. Their proposals were met by the management team with enthusiasm and a willingness to fulfil their wishes.
- Quality assurance visits were carried out with people on a regular basis. This gave people the opportunity to give their feedback on the service and staff. People were positive about their support and there were no negative comments for the management team to address.
- Staff felt confident to raise concerns or give suggestions, one staff member gave an example where they felt a person would benefit from a shower chair. The manager agreed and liaised with an OT to have this arranged.
- People, their relatives, professionals and staff positively commented on the manager and regional manager. They told us there had been a noticeable improvement over the recent months and communication was good. Comments included, "I find things have much improved since [manager] has taken over, in the beginning it was a bit chaotic. If you have a problem, it's dealt with." And, "I think there have been some problems, but they all seem ok now." And, "Since [manager] and [deputy manager] have been in post, the service has turned around, it's on a new level now, for the better."
- Staff were kept up to date with changes in the service by staff meetings and a communication book. Staff told us should they not be able to attend a meeting; they would have an opportunity to pose questions and were given copies of the meeting minutes.

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 management team demonstrated a good knowledge of the duty of candour. They described the duty of candour as being transparent and apologising when things went wrong. The management team were open and honest throughout the inspection and were keen to share their plans to improve the service.
- We saw an example of open and clear communication with a person's relative. Their complaint had been investigated and documented; the management team had apologised and offered meetings with the relative to discuss their findings and offer a resolution.

Working in partnership with others

- The service worked in partnership with external agencies and within the organisation. The regional manager told us a staff member from another of the provider's services was due to review the medicine management at Highwood Mill. We were told the staff member had extensive knowledge of medicines and would support the manager to improve processes.
- The manager met regularly with other managers of the organisation to share knowledge and mutual support. Manager's meetings were held weekly and were chaired by the regional manager who understood challenges in each service and could facilitate discussions. The services worked together, for example, they shared a minibus for trips out and arranged choir competitions between the services.
- A variety of professionals including district nurses, speech and language therapists (SaLT), OTs and the learning disability team had been involved to provide advice and enable staff to support people's needs. A visiting professional told us, "When I go in, they are always very polite and willing to give any information I need, I often turn up unannounced. They will respond quickly." And, "Professionally wise, they have gone above and beyond to support [person]."
- The service worked well with the housing management. There was a strong community spirit amongst people and staff. Staff from the housing scheme worked in conjunction with care staff. A social care professional told us, "The management team are doing an amazing job so far. They are building the relationship with the residents. Here is different to other schemes. It was extra care but very light, we wanted to make it a community hubby feeling. Everyone is helpful nothing is too much trouble. If you have a question or an idea, they work with you."

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
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure medicines and risks to people using the service were managed safely.
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to fully assess, monitor and mitigate risks within care records relating to the health, safety and welfare of people using the service.