

Glenpat Homes Limited

# Glen Pat Homes

## 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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Glen Pat Homes is a residential care home providing personal care to seven people at the time of the inspection and a supported living service providing personal care and support to nine people.

The care home is in Winchmore Hill, North London and the supported living service is a block of nine flats in East London.

The care home and supported living service are for people who have a learning disability or autistic spectrum condition and/or mental illness. Some people also had a hearing impairment. In the supported living service, not everyone using the service receives 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.

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

Risks to people's health and safety were not always properly assessed and acted on. There was a lack of knowledge and guidance provided to staff about people's serious health conditions and how these might impact on them. This left people at risk of their health needs not met due to a lack of clear information.

The service didn't consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people did not fully reflect the principles and values of Registering the Right Support in the care home as people went out as a group daily according to a timetable and there were limited opportunities for people to go out on their own to follow their interests with staff support. We have made a recommendation that the service follows best practice guidance in accordance with Registering the Right Support principles and person centred care planning.

People in the supported living service received care and support with a more person centred approach which enabled them to become more independent and follow their individual interests. The service supported them to access specialist support where they needed it and to follow their goals.

People said they were happy in the service and thought that the registered manager and staff were caring and supportive. People had good relationships with staff. Staff said they felt well supported in their work.

The environment was safe.

There was mixed feedback from relatives and professionals involved with people living at the service. The majority made positive comments about the home, staff and quality of care provided and said people were happy and settled, while some said they felt the service did not always follow best practices in person

centred care in the care home.

The registered manager and provider showed a commitment to continuous improvement and acted on our concerns after the inspection.

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

#### Rating at last inspection

The last rating for this service was Good (published 11 August 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches of regulations in relation to looking after people's health, medicines and risks to their safety at this inspection. There was also a breach of regulation due to a lack of regular management audits to ensure any risks were addressed.

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 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 caring. Details are in our caring findings below.

**Good** ●

### 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** ●

# Glen Pat Homes

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors. They were supported by a British Sign Language interpreter as some of the people living in the service and staff were deaf.

#### Service and service type

##### Care Homes and Supported Living

Glen Pat Homes 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 also provides care and support to people living in nine flats in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced for the care home and one day's notice was given for the supported living service. This was so that we could ask people's consent for us to visit them there.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We also used information from professionals who had worked with the service and had contacted us since our last inspection. We looked at notifications of events reported by the service since the last inspection. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people living at the care home and spent time with the other two people. We spoke to two people living in the supported living service. We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke to eight members of support staff. We observed staff interacting with people and the daily routine in the care home to help us understand the experience of people who could not talk with us. We met with two relatives.

We reviewed a range of records. This included nine people's care records (risk assessments, care plans, health action plans and daily care records and charts) and multiple medicines 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, including policies and procedures were reviewed.

#### 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 to or received written feedback from four relatives and received feedback from four professionals who are involved with people living at the service.

# Is the service safe?

## Our findings

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

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

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

### Assessing risk, safety monitoring and management

- There were risks to people's health and safety due to lack of comprehensive risk assessments and insufficient information about how to support people with their health conditions.
- There were no risk assessments in place at the supported living service. This was despite some serious risks including to people's health, illegal activity, violence towards others and sexual risks to others. A failure to assess risks to people's health and safety and develop plans to mitigate the risks left people at risk of harm. After the inspection the registered manager sent us some new risk assessments. One contained 23 risks in one risk assessment document with one or two sentences about the risk which was insufficient detail for staff to know exactly what they should be doing to reduce that risk.
- The provider was allowing staff to support a person in an activity which placed them at risk of harm with no risk assessment to address the risks to the person or the staff. After the inspection we wrote to the provider and registered manager with our concerns about this and they informed us they had ceased this activity after the inspection.
- At the care home people had risk assessments. However there was no risk assessment or best interest decision regarding the use of bedrails for one person. There was no reason recorded why it was considered the person would fall out of bed without the bedrails. There was a lack of clarity as to whether bedrails were used to stop the person falling out of bed or to keep them in bed. The risks of this practice had not been assessed including risks to the person's health and safety.
- There was conflicting information in some risk assessments. One person's health action plan stated the person did not like people to see him bathing but their risk assessment said they needed 1:1 staffing as they were at risk of drowning. This conflicting information meant there was a risk that new staff may not know the right information to keep the person safe.

### Using medicines safely

- People received their medicines on time but there were risks to people due to there being a lack of information about what the medicines were for and lack of evidence that staff had been assessed as competent to administer medicines.
- Medicines administration records showed that people were receiving their prescribed medicines on time and staff were signing they had given it as required.
- However there was a lack of knowledge about what people were taking certain medicines for. This information was not consistently recorded in a medicines profile, the person's care plans or risk assessment.

- Where the reason was recorded it was not specific to the person and this suggested the information had been copied from a medicines leaflet. For example two people took a medicine for which the reason was recorded as; "to treat epilepsy and bipolar disorder and to prevent migraine headaches" but no clarification of which of the three conditions the person was taking it for.
- There were no medicines profiles listing people's medical conditions and the medicines they took for each, and no written protocols to guide staff when and how to give those medicines that are prescribed as and when needed (PRN medicines). This meant that staff had no guidance for when to give people these medicines e.g. pain relief or anti-anxiety medicines. This left people at risk of not receiving the right amount of medicine when they needed it. After the inspection the registered manager produced a template for PRN medicines and confirmed to us they had written one for each person taking PRN medicines.
- There was no written evidence that staff had been assessed as competent to administer medicines. Staff signed charts indicating they were administering including insulin with no written evidence that they were trained and competent to do so. There was also a lack of clarity in the records as to who was responsible for administering insulin. We brought this to the registered manager's immediate attention, and they acted by arranging for district nurses to begin daily insulin administration to ensure the person's safety.
- Health action plans did not contain clear information about people's medicines and the reason they took them.
- A controlled drug was not stored securely as required.
- There was a lack of audits completed by the provider or manager to check and oversee that medicines were being managed and administered appropriately.
- We brought all these concerns to the attention of the registered manager and provider who advised that they would act immediately to resolve the concerns.

These concerns about managing risks to people's health and safety and medicines meant that there was a risk people's needs may not be fully met and was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Staff were provided with training in safeguarding people and showed understanding of types of abuse and how they should respond to allegations of abuse.
- The registered manager was aware of local safeguarding procedures and had a procedure in place for staff to follow. The registered manager and nominated individual were able to tell us examples of safeguarding alerts they had raised and had good knowledge of safeguarding issues.

Staffing and recruitment

- Generally there were sufficient staff on duty to support people with their needs.
- The provider obtained pre-employment checks for new staff to ensure their suitability before being employed. Staff files contained a criminal record check, proof of identity, conduct in previous employment and their employment history.
- The registered manager advised that the recruitment policy stated that one professional and one personal reference were to be obtained for new staff. We advised that the policy needed to be updated as the regulations require evidence of satisfactory conduct in previous employment so professional references were needed. The files we saw had two professional references in place.
- One person living in the care home had recently helped to interview new staff to see if they found them suitable to work in the home which was good practice.

Preventing and controlling infection

- The care home was clean. One person told us; "I like it, it's nice and clean." Staff were overdue for infection



control training, but the registered manager confirmed this took place a few days after our inspection. There was an infection control risk in one person's room as their bedside fabric bumpers had been damaged and was an infection control risk. We pointed this out to the registered manager who confirmed after the inspection that they had replaced this equipment.

- Staff had personal protective equipment for use when supporting people with personal care.

# Is the service effective?

## Our findings

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

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

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were supported to attend their healthcare appointments but within the service there was a lack of oversight and understanding of people's health conditions which put them at risk of their health needs not being understood and met.
- There were no health action plans for people in the supported living service despite some people having serious health conditions. There was a lack of guidance for staff on those health conditions, how they affected the person and how to recognise an emergency medical situation for that person. Care plans contained limited, inaccurate or no information at all about these health conditions. Two people in the supported living service had a serious physical health condition for which they took several medicines yet there was no information about this in their care plan about what this illness was, what symptoms they experienced and what signs staff should look out for that indicated the person would need medical help.
- There were health action plans in the care home but there was a lack of clear information about some of people's health conditions and how they might impact on the person. Some medical conditions mentioned in other records were not included in the health action plan.
- One person's care plan stated they were "bed bound" but there was no record of why they had to be cared for in bed.
- One person was at risk of insufficient or too much hydration due to conflicting information being given about their hydration requirements. One document said they had a medical condition which required their fluids to be restricted to only one litre daily, another document said they needed to drink a lot due to another health condition and their drink chart specified they should be given 330ml of drink at hourly intervals during the day. Three staff gave three different responses about this person's fluid intake requirements. When we asked to see their drink chart we saw this had not been completed for four months. This lack of clear information for staff about how much this person needed to drink left them at risk of having too much or too little fluids which could have a negative impact on their health. We discussed this with the registered manager and also brought it to the attention of their social worker. The registered manager said they consulted the GP for advice immediately after the inspection. They also advised they had updated people's health action plans.

The lack of clear information about people's health needs put people at risk of receiving unsafe care. This is a breach of Regulation 12 of the health and Social Care act 2008 (Regulated Activities) regulations 2014.

- There was evidence of good practice in supporting people to access drug and alcohol and mental health support services.
- Records showed that people saw a dentist, optician and chiropodist regularly and staff supported them to see specialists.
- Staff supported people to wear and look after their glasses and hearing aids. A relative told us, "They help with his hearing aids, dental. They even got him two sets of hearing aids as he kept losing one of them."

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

- There were good holistic pre admission assessments for people in the supported living service and they and their families had been involved in identifying their needs and planning their care.
- People living in the care home had been there for several years, so we did not look at their assessment documentation.
- Care plans contained information about a person's needs and their life history.

Staff support: induction, training, skills and experience

- Staff completed an induction when they started work. This began with three unpaid "observation" shifts where they learned about the job from existing staff. During their induction, staff worked to complete the care certificate which is a nationally recognised qualification in care during their first twelve weeks. After that they completed mandatory training either face to face on or on line. Staff told us they found the training helpful.
- The registered manager said that they had employed a number of staff with no previous experience of working with people who have learning disabilities, mental illness or an autistic spectrum condition. Some staff we met had no previous experience and were recently employed. They said that they had enough support from the registered manager and other staff and were learning about people's needs. There were some more experienced staff on duty with new staff.
- All staff were registered on or had completed NVQ/QCF level 2 or above in health and social care which is suitable training for the job. In addition there was training relevant to the people they were supporting, for example in understanding autism, learning disability and deaf awareness training which was positive.
- Staff received regular supervision where their understanding of training was tested, and they had opportunity to discuss their work. Appraisals took place annually.
- There was only one qualified first aider in the care home, but other staff had a basic training for medical emergencies. The registered manager said they planned to ensure more staff were trained in first aid.
- Staff told us the registered manager was very supportive and available to advise at any time.

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

- People told us they liked the meals. At the supported living service people had support to prepare their own food if they were able. In the care home staff cooked the meals. People discussed the week's menu at a weekly meeting. People ate the same meal as only one main meal was cooked but the service catered for cultural preferences such as halal meat.
- One person told us; "I do myself -if I can't cook something. I get them to help me. Shopping I go with staff." Another said they liked to eat everything. Another person said that staff supported them to go and buy the sweets they liked.
- Staff offered people fresh fruit between meals and they told us people could get snacks when they wanted.
- Some people had been supported to do a healthy eating course and care plans showed that staff monitored their weight regularly.

Staff working with other agencies to provide consistent, effective, timely care; Adapting service, design,

decoration to meet people's needs

- The service had received support from the local authority's learning disability team who had provided speech and language, psychology, positive behaviour support and training in Makaton sign language.
- The building met people's needs. In the supported living service each person had their own flat. In the care home there was ground floor accommodation for a person who could not manage stairs well and people told us they liked their bedrooms. People could use the lounge, or their own room to relax in.
- There was a flashing light fire alarm to alert deaf people in the event of a fire and flashing light door bells on their bedrooms.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found that DoLS were in place where required. The registered manager had also requested local authorities and/or clinical commissioning groups to help make best interests decisions about important issues where a person lacked capacity to make an informed decision. This had taken place for medical decisions and whether a person should be supported to follow religious practices when they didn't want to. These decisions were documented.
- One person had a DoLS which stated that their internet access must be restricted but there was no guidance in their care plan or risk assessment for staff to know how they needed to implement this restriction. We advised the registered manager that this needed to be addressed immediately and they agreed to do so.

# Is the service caring?

## Our findings

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

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Most families of people living in the care home told us they thought people received good care and were treated well. One relative said they were "really happy" with the home and "I'm happy with how things are going. I believe [person] is getting good care." Another relative said, "They are doing really good. Staff are very good and helpful and [person] is very happy there."

- Staff had training in equality and diversity. People's cultural and religious wishes were recorded.

- For one person the reason for not respecting the person's wishes (to eat pork) was agreed at a best interest meeting with relevant people which was good practice.

For two people there was no recorded decision for why certain cultural and religious practices were in place. For one person the care plan showed staff were expected to encourage the person to read their holy book every day when they had not expressed any wish to do so and for another person staff did not allow them to eat pork for religious reasons, but they had wanted to and there was no mention in their care plan of any assessment of their capacity to make that decision. Therefore people's equality and diversity needs were addressed but not consistently. We brought this to the registered manager's attention as they agreed to review care records in the light of our findings.

- The employment of deaf staff with interpreter support helped the service understand the needs of deaf people. Hearing staff were provided with training about the specific needs of deaf people.

- People told us they felt well cared for and most were happy with the service. One person said, "I like the staff, they are good" and another said, "I like them. They help me clean my room and they talk to me."

- A relative told us they thought their relative was well cared for and that, "staff do their best to support him." Another said, "They do care about the residents. They go over and above. They have his best interests at heart."

- One relative said the senior worker in the supported living service was, "very caring and compassionate."

- We observed staff acting in a kind and enthusiastic way to people during the inspection and people clearly felt confident with staff.

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

- There was no evidence of people in the care home having any involvement in their care plans but there was a weekly meeting held for people to discuss the activities for the week ahead and plan meals which reflected people's views. We saw staff asking people if they wanted to do something such as join a planned activity so people could make a choice to say yes or no.

- The people in the supported living service had more opportunity to contribute to the planning of their care and support.
- One person had been involved in recruiting new staff which was a positive example of involving people.

#### Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. Staff knocked on people's doors and people told us staff did not enter their rooms without permission. Deaf people living in the home had flashing light doorbells on their bedroom door so that staff could get their attention without entering.
- One person told us they enjoyed their privacy and that staff would always ask permission to enter their flat.
- Staff in the supported living service were aware of each person's wishes as to how much they wanted to be with staff and how much privacy they wanted.
- People in the supported living service told us they were supported to be as independent as possible including shopping for their own food, cooking and other daily living tasks.
- One person in the care home was supported by staff to use public transport to increase their independence so they could visit their family.

# Is the service responsive?

## Our findings

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

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

- In the supported living service the care plan format was comprehensive and had detail about the person and their holistic needs. There were sections for personal statement and individual comments. We noted that in the plans we looked at the "individual comments" sections were not in the person's own words but were written about them by staff.
- Care plans in the care home were less comprehensive than the format used at the supported living service and there was no evidence of people's involvement in devising or reviewing their care plans.
- People in the supported living service followed their individual interests such as shopping, snooker and art.
- One relative told us. "They encourage him to do activities – he is reluctant. They take him shopping regularly and for a haircut."
- At the care home activities tended to be daily group activities using dial-a-ride services with little choice for people to go out on their own and most people did not get any opportunity to use public transport. The current regime had been in place a long time and people appeared happy with it, but it would be beneficial to have more person centred activities than a group activity programme in accordance with current best practice guidance.
- One person's care plan said they should be prompted to participate in the activities scheduled for that day. A professional also told us that people from the home were seen out as a group rather than individually or in a smaller group. This practice of timetabled group activities was not in line with the principles of Registering the Right Support. We discussed our findings with the registered manager who said they would ask people what activities they would choose for themselves.
- People went out daily to a variety of activities. In the care home people went shopping, cycling, the gym, meals out, social clubs for people with learning disabilities and cinema. One person said, "I like it, I go to Asda, shopping, club."
- Another person said they really enjoyed shopping in the supermarkets where they could buy their own items. Another said they liked their social club where that evening they were going to be having a party and one person told us their favourite activity was bowling.
- One person attended a day service which met their needs and they enjoyed.
- People had good support from their families. Staff supported one person to learn to use public transport so that they could visit their family more independently. This was very positive.
- One person in the care home and had not been out for four months. The registered manager said this was

due to needing foot straps on a wheelchair and we saw a best interest meeting had been booked to discuss this, though it was not clear why this had not been acted on earlier.

We recommend that the provider implement the principles of Registering the Right Support and person centred care in line with current best practice.

- Relatives were generally satisfied with the service and said it met people's needs. One said their relative was doing really well compared to previous places they had lived in. Another relative said, "I think this is the right place for him. [person] has complex needs. . .Staff do their best to support him."
- Two other relatives said they were happy with the care and thought people's needs were met well and that staff communicated well with them.
- Some professionals said they were happy with the care and felt the person's needs were responded to well. Others said that they thought the service at the care home could be more person centred. There were no major concerns.

#### 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.

- This service has a number of deaf people in the care home and supported living service. The provider employs deaf staff who can use British Sign Language to communicate with people. The deaf staff are supported by interpreters.
- Some people in the service use Makaton – a form of sign language for people with learning disabilities, and staff had been trained by a local speech and language therapist to use Makaton.
- One person's records stated they had a "mild learning disability" which was not an accurate reflection of their communication ability. We saw a speech and language therapist had recommended a communication aid for the person to help them understand how often they could have a drink. However this was not being used as the professional had recommended with the person.
- Deaf staff were able to access a free interpreter service to help them communicate with hearing people and staff. The interpreters were an essential resource as there was a communication barrier between deaf and hearing staff. A professional told us they had advised staff to use Makaton sign language to communicate with each other. We did not see this happening between staff, but this did not cause any problem during the inspection as there was an interpreter on duty to support communication.
- The provider information return stated that all staff were trained in British Sign Language, but we found this was not the case. The registered manager told us three staff were trained in British Sign Language but there were no certificates available as evidence of this. Staff had attended training in deaf awareness and had received training in Makaton from a local speech and language therapist. More people used Makaton than British Sign Language, so this was appropriate.

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

- The complaints procedure was displayed in Makaton symbols. In practice most people could not read the symbols, but it was available for anyone who could.
- The registered manager took complaints seriously and followed a clear procedure to ensure complaints were investigated appropriately.
- Most families said that staff kept in touch with them regularly, so they had opportunity to raise any concerns and these were resolved quickly without need for formal complaint. One relative said, "If there are any issues I take it up right away." They said that the registered manager would act on any concerns or



suggestions and ensure staff knew what changes the family wanted. The registered manager also represented the person's own views and where there was any conflict between the person 's wishes, and their family's wishes they followed the appropriate best interests procedure including professionals to decide the best course of action.

#### End of life care and support

- Staff were not trained to provide end of life care. When a person was seriously ill the registered manager had ensured staff had advice and support from visiting nurses and knew who to contact for help if a person needed palliative care. The provider showed commitment to a person who had a serious long term medical condition which the home had supported them with for many years.
- The staff team were committed to the home being people's home and were prepared to support people in the event of serious illness as long as they were able to with the guidance of healthcare professionals.

# Is the service well-led?

## Our findings

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

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

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had failed to notify CQC about certain incidents they are required by law to notify, including a medical and police incident. Following the inspection the registered manager submitted notifications as required.
- The nominated individual told us they carried out some quality assurance checks and the registered manager completed quarterly checks on repairs, staffing, health and safety, fire alarm service etc.
- There was a lack of evidence of regular auditing of care and medicines records. Some checks had been delegated to support staff to carry out such as medicines audits, health and safety audits and monthly audits. However, the provider did not have systems in place to ensure quality checks were carried out effectively. For example, the registered manager did not know one person's care plan and fluid chart gave staff conflicting guidance and that staff had not completed the charts for four months and there was a lack of guidance on health issues in the care plans.
- The concerns we found with lack of risk assessments at the supported living service and lack of clear information about people's health needs and how to meet them had not been highlighted by the provider's own auditing processes.

This lack of effective systems to ensure care plan records were fully accurate and up to date meant people could be at risk of their needs not being fully met and was a breach of Regulation 17 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were several documents to read to get a full picture of people's needs. In order to find out about a person's health and care needs it was necessary to read their risk assessment, care plan, person centred plan, health action plan, missing person's procedure and medicines chart. We discussed this and the registered manager said they were considering recording people's needs in fewer but more comprehensive documents so that important information could be easily accessible.
- The registered manager was suitably qualified and experienced and had managed this service for several years.

How the provider understands and acts on the duty of candour, which is their legal responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had a good understanding of duty of candour
- The registered manager told us they have an open door policy, so people, staff and families could feel free to approach them should they have any concerns.
- They said, "We strive to improve and welcome all feedback. Our annual parents Survey has helped us develop stronger relationships with families."
- The registered manager told us that staff contacted families once a week to give updates and let them know how their relative was as many people were not able to speak on the phone to their families.
- Staff engaged with people living in the care home in weekly meetings to plan the food and activities for the week ahead. In the supported living service there was more individual engagement.

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

- The provider and registered manager told us they were committed to continuous learning and learning from mistakes. They said they had not heard of Registering the Right support but were open to discussions about person centred care and keeping up with best practice. They also told us they would monitor documents after this inspection and introduce a new system to ensure all important information about people was recorded and in fewer places so that information was easily accessible for staff and to take to hospital if needed.
- The registered manager began reviewing documents immediately after the inspection and informed us that health action plans would be checked with health professionals.

Working in partnership with others

- The service worked with social workers and other health and social care professionals. The social workers said that the service acted on their suggestions and they did not have concerns about their clients' care. The registered manager told us they worked well with a local mental health hospital where many people in the supported living service moved from in order to ensure the person was supported well in the transition and continued to have access to any specialist support services they needed.
- Most families we spoke with said the service worked well with them and attended to any issues they raised and that they were happy with the working relationship.

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 Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered persons had not fully assessed risks to people's health and safety or ensured medicines were appropriately managed to ensure they received safe care.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered persons did not have effective systems in place to assess quality and risk in the home as their systems had not picked up the concerns we found at this inspection.