

Care @ Rainbow's End Limited

Care @ Rainbow's End

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Care @ Rainbow's End is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. On the day of our inspection five people were using the service.

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

Right Support

The provider had not always supported people to have the maximum possible choice and control over their lives and to be independent. Mental capacity assessments and best interest decisions for people who were unable to make specific choices about aspects of their care and support were not always considered in a timely manner.

People who lived at the service attended various specialist colleges during weekdays, however people's support plans did not always focus on their strengths or provide guidance to promote their independence or teach them new skills.

Staff supported people to take part in activities and pursue their interests in their local area and to interact online with their relatives during the lockdown. People were supported to attend variety of out of service activities, for example people went on a short holiday to a holiday park, swimming pools or music festivals.

People had a choice about their living environment and were able to personalise their rooms. People benefitted from the interactive and stimulating environment. Peoples bedrooms were clean and very person centred, with photographs of their relatives and things that were important to people. People had access to a large and secure garden with equipment, such as swings, trampoline and two hot tubs they could use to support them with sensory needs and relaxation.

Right Care

Staff had not always understood how to protect people from poor care and abuse. We saw one incident between two people which resulted in physical abuse. This was not reported to the local authority safeguarding team. This meant that actions were not always taken to learn from incidents to reduce the risk of reoccurrence.

People's support plans had not always reflected their range of needs to promote their wellbeing and enjoyment of life. We looked at range of support plans and we found that some support plans were person centred and specific to each person, describing their likes and dislikes or cultural needs. However, there were no plans for other specific aspects of people's lives for example promoting and encouraging people to complete some daily tasks or supporting people to develop new and build on current their skills.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. People who had individual ways of communicating, using body language, sounds or media devices could interact comfortably with staff and others involved in their care.

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. People and those important to them, including advocates, were involved in planning their care.

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

Rating at last inspection and update

The last rating for this service was good (published 5 December 2018).

Why we inspected

The inspection was prompted in part due to concerns received about assessing risks to people, capacity assessments and best interest decisions and medicines. A decision was made for us to inspect and examine those risks. Additionally, we undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively

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.

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 managing risks, medicines, staff training, mental capacity and

overall management of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 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 well-led.

Details are in our well-led findings below.

Requires Improvement ●

Care @ Rainbow's End

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

One inspector and a specialist nurse advisor carried out the inspection.

Service and service type

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

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

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 14 June 2022 and ended on 23 June 2022. We visited the service on 14 and 20 June 2022 and made phone call to people's relatives on 15 and 16 June.

What we did before inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We spoke with the local authority about outcomes from their recent quality monitoring visit.

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

During the inspection

We spoke with five members of staff including the provider (who was also the registered manager), assistant manager, team leader and two support workers.

We reviewed a range of records. This included five people's care records and five 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, 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 with two professionals who regularly visit 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; Learning lessons when things go wrong

- Risks to people were not always fully assessed and mitigated. □
- Where risks to people were identified, risk assessments to mitigate those risks were not always available to guide staff. For example, some people lived with complex health needs, such as epilepsy and had prescribed rescue medication. Rescue medication is used to stop a seizure, if one occurs, in a person with epilepsy. We found no detailed risk assessments informing staff what actions should be taken during an epileptic event, at home or when out in the community. Other people required oxygen therapy or support with stoma care. We found no detailed risk assessments considering related risks and actions required to reduce those. This put people at increased risk of harm and deteriorating health.
- When people took part in activities such as going to music festivals or holidays, there were no formal risk assessments completed prior to the outing. This meant that risks were not always considered and there was no guidance available to staff what to do in an emergency situation. However, staff knew people very well, could recognise when people were getting anxious or upset and knew what to do in case of an emergency.
- Environmental risks were not always safely managed. We looked at fire safety systems and found the fire risk assessment was out of date and staff had not taken part in regular fire drills. Additionally, the provider had not completed recent water testing to ensure there was no legionella bacteria within their water system. This put people, staff and visitors at increased risk of harm.
- The provider had not kept a summary log of incidents for each person. Despite staff recording what happened before an incident, during and after, the provider did not review these to identify themes or actions to improve staff practice or to review and update people's support plans to reduce the re-occurrence of a similar event happening again. Staff who were involved in the incidents had not received any formal debrief to promote learning.

Using medicines safely

- Medicines were not always managed safely.
- The provider had not always maintained accurate information about people's medicines. On day one of our inspection we found people's medicine records (MARs) completed by staff were not clear and did not contain the relevant information. This put people at increased risk of receiving the wrong medicines.
- There were no suitable systems to ensure medicines were securely stored, ordered and disposed of correctly and safely and in accordance with best practice guidance. Medicines were stored in a metal cabinet in a utility room. The door to the room was open and keys to medicine cabinets were left unattended multiple times throughout our inspection. Additionally, the medicine room was located on the ground floor and we saw that windows were left opened.
- Staff who managed and administered medicines, told us they received online medicine training. However,

the provider could not demonstrate that all staff administering medicines had their competency assessed to administer medicines safely to people. At the time of our inspection we found that night staff had not been trained in administration of medicine and there were no contingency plans in case people needed their rescue medicine at night.

We found no evidence that people had been harmed. However, medicines and risks to people were not always assessed and managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider responded immediately to the concerns and issues we raised and provided us with a detailed action plan highlighting what improvements were needed with a timeline.
- After our on-site visits, the provider told us they had requested appropriate legionella testing kits and sent water samples to be tested. The provider had confirmed with us they had requested a competent person to carry out a fire risk assessment.
- On the second inspection visit the provider had reviewed their recording systems and implemented more accurate MAR sheets.
- Firefighting equipment had been recently serviced and staff had completed online fire awareness training.
- A range of other risks assessments were in place and we found completed risk assessments to provide staff with enough information and guidance on how to support people safely. For example, risk assessment about accessing local community, or using mobility aids.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating or when medicines were hidden in food or fluids. We saw good examples where the provider and staff had found creative and effective ways to encourage people to take their prescribed medicines.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems and processes were not always effective.
- Staff had not always recognised and reported potential safeguarding incidents when they occurred. We found a record of one incident of a safeguarding nature that had occurred and was not reported to the relevant professional bodies. This meant this could not be investigated fully. We raised this with the registered manager who told us they would report it to the local authority safeguarding team.
- After the inspection the provider told us they would introduce additional checks of incident logs and care records to ensure all incidents are correctly recorded and reported. The provider told us they had requested additional safeguarding training for staff to refresh their knowledge.
- We saw people looked relaxed and comfortable whilst staff supported them. People's relatives told us they felt their family members were in safe hands.

Staffing and recruitment

- Staff recruitment and induction training processes, including those for agency staff were not always effective. On day one of the inspection we looked at four staff files and found that required information such as DBS checks or references from previous employment record were not always available in the files. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. On day two of the inspection, the provider had provided us with required copies of outstanding DBS certificates.
- The provider ensured enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. The numbers and skills of staff matched the needs of people using

the service.

- People's relatives were very positive about core staff team. One relative told us, "Staff are brilliant, they know [name] really well, there is always plenty of them."

Preventing and controlling infection

- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises. Despite cleaning taking place daily, areas of the service were not kept clean and hygienic. Cobwebs were visible in most areas of the home. The provider had not followed best practice guidance about using colour coded mops and buckets. There were only two cleaning buckets and mops available. Colour coded cleaning ensures split between four distinct areas where cleaning equipment shouldn't be cross-contaminated. After our inspection the provider told us they purchased additional cleaning materials.
- We were assured that the provider was preventing visitors from catching and spreading infections
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

- We found people were enabled to visit in the community and at their family homes and their relatives were supported to visit them in the care home. Relatives informed us that staff had supported them to maintain contact with their family members during previous government restrictions.

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.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- People's care records lacked consistent completion, of decision specific capacity assessments; this did not demonstrate adherence with The Mental Capacity Act.
- The provider had not always considered less restrictive options before limiting people's freedom. We saw an example where one person's freedom was limited without consideration for their best interest. The provider told us, they had followed the guidance and professional advice they received when the person first moved to keep them safe, however it was not clear whether the equipment was needed or was appropriate. The provider had recently contacted involved professionals and relatives of the person to arrange a full review of their needs and to agree future support to minimise the need to restrict their freedom to keep them safe.
- When people lacked mental capacity to make specific decisions for themselves, for example about their medicines, finances or consent to care and treatment, capacity assessments and best interest decisions were not always in place.
- We looked at one DOLS record and found conditions attached to the authorisation with specific time limit for them to be actioned. We found not all conditions had been met within the required time frame.

Systems were either not in place or not robust to assess and records people's wishes, needs and preferences, in line with MCA and make best interest decisions. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider immediately responded to the concerns we had raised and told us they would review their systems for assessing people's capacity and will complete all of the required assessments and best interest decisions.
- We saw some examples where the provider had consulted with health care professionals when undertaking best interest decisions regarding people's healthcare needs.
- Staff empowered people to make their own decisions about their care and support on a daily basis.

Staff support: induction, training, skills and experience

- Staff had not always received a formal induction when they first started at the service and compulsory training was not always completed promptly.
- We looked at the providers training record and found that some staff had not completed training that was needed to ensure people's needs could be met, such as epilepsy, diabetes or medicines to support people safely
- We identified gaps in staff training relating to the MCA and DoLS. Staff were not confident about those people with a DoLS in place, or other aspects of their individual care provision, such as the level of one to one support or restrictions limiting people's freedom of movement.

Staff lacked competency and skills in order to meet people's needs and assess and mitigate known risks to people. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- After the inspection the provider told us they had approached staff who were required to complete their training and requested them to complete all compulsory training within two weeks.
- Staff had received some bespoke training provided by health professionals on how to use an oxygen concentrator and about stoma care that were specific to some people.

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

- People's needs and choices were assessed prior to moving into the service to ensure staff could meet their needs and keep them safe. This was carried out in-line with the Equality Act 2010. This ensured people's protected characteristics, such as disability and religion, were positively promoted. However, people's support had not always reflected their needs and aspirations, including physical and cognitive needs. Support plans did not always promote strategies to enhance people's independence or evidenced planning and consideration for the longer-term aspirations of each person.
- People's support plans did not include oral health assessments; there was basic information in support plans stating a person needed encouragement to brush their teeth without any details about the type of brush or tooth paste or how often the person needed to attend dental appointments.
- Behavioural support plans were not routinely reviewed and updated to ensure they contained the most up to date guidance, or to ensure people were supported in line with best practice.
- People, those important to them were initially involved in planning of the care but we could not find evidence to show support plans were reviewed regularly.
- The provider assessed people's compatibility before they moved into the service. We saw that some people who lived at the service were at similar age, knew each other and some attended the same college. The provider told us they always ensured people were compatible, so they could enjoy joined trips out, activities and to create happy and positive atmosphere at the service. We saw this was the case.

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

- People received support to eat and drink enough to maintain a balanced diet. The provider and staff used creative and innovative ways to encourage people to have healthy balanced diet. Staff supported people to eat and drink in a way that met their personal preferences.
- We saw that people and staff ate their meals together at one table. This created a very homely atmosphere and encouraged people to have better food intake. People had access to snacks and drinks whenever they wished. Relatives told us the provider and staff put a lot of emphasis on physical exercise and this helped their family members to maintain a healthy weight.
- Relatives told us they were always offered drinks or were encouraged to eat meals together with their family member.

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

- The environment was decorated in a pleasant way.
- People's rooms had been personalised with items meaningful to them such as photographs of their families and things important to them. People had TV's and music players available for them in their bedrooms. People were able to bring some of their equipment into the service. For example, one person particularly enjoyed bouncing on chairs, and an inflatable chair, bean bags and 'rocking type chair' were provided so the person could use it whenever they wanted.
- The provider had made a significant adaptation to one bedroom to accommodate a person who required specialist equipment. People had access to a very spacious and well-maintained garden with specialist swings and two hot tubs.

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

- People were supported in an innovative and efficient way with their wellbeing and to live healthy lives. The provider and staff worked extremely well with some people to desensitise them before invasive medical procedures such as having a vaccination or attending a scan. For example, staff used a plastic syringe to demonstrate to one person the process of vaccination or roll-on deodorant to imitate the process of scans. One relative told us staff did an amazing job with their relative during their health appointment which went very well.
- The provider ensured people were provided with joined-up support so they could access health centres, education and social events. Most people attended specialist colleges throughout weekdays. On non-college days people were encouraged to take part in a range of other activities, such as swimming, going to the gym or country walks all which helped to keep them active.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Relatives told us they were kept informed about any health-related issues.

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

- People received kind and compassionate care from staff and there was a strong, visible person-centred culture. This was evident from all staff within all roles. The person-centred culture was embedded at all levels. For example, staff valued people and knew their preferred daily routines, likes, and dislikes.
- People were well matched with their designated support worker and as a result, people were at ease, happy, engaged and stimulated. During our observations throughout the day, we saw positive interactions between staff and people. For example, as soon as some people returned back home from their college, staff immediately offered them their favourite snacks and drinks and asked them questions about their day. At the same time staff were mindful of people's sensory perception and processing difficulties. We could see by people's facial expressions and behaviours that they were clearly happy and content.
- One relative told us their family member sees and refers to the service as their 'home'. The relative told us, "[Name] considers it to be [person's] home, when [person] is with me and [person] starts getting tired or had enough, [person] tells me [person] wants to go home, but not to our house but to 'Rainbows', [person] sees this as their home. [Name] is always happy to go home, you can see it on [person's] face."
- People were supported to meet their cultural preferences. For example, staff supported one person to attend local church on a regular basis as well as supported this person to attend a barber who was from the same cultural background and was able to cut the person's hair according to their culture.

Respecting and promoting people's privacy, dignity and independence

- Staff were aware of the need to ensure people's diversity was respected. They told us how they supported people with different likes and dislikes. For example, people who liked a particular routine before they went to bed or before they woke up in the morning.
- Staff knew when people needed their space and privacy and respected this. They gave us examples of they how they did this. For example, shutting the person's doors when supporting them with personal care or knocking before entering people's bedroom.
- People were encouraged by staff to complete aspects of tasks independently. For example, one person was encouraged to help with shopping for the service and others were encouraged to put their plates in to the sink after they finished their meals.

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

- Staff supported people to express their views using their preferred method of communication. Staff took the time to understand people's individual communication styles and develop a rapport with them.
- Relatives gave us very positive feedback about staff mix, support and approach. One relative told us about

examples where staff supported their family member to go shopping to city centre, something the person really likes and enjoys doing. Comments included, "Staff are very compassionate, they understand [name], there is quite a few younger staff similar age to [name] and it works really well. They (staff) have similar interests and often take [person] out shopping or for a drink, and they have more mature staff too, there is a really good mix, they understand [person's] needs."

- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences.

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 remained the same. 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;

- People and, where appropriate, their families, were involved in developing their care and support plans. People's needs were identified, including needs on the grounds of protected equality characteristics, and their choices and preferences. However, care planning was not always focused on the person's whole life, including their goals, skills, abilities and how they preferred to manage their health needs.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. All relatives were extremely complimentary about the process of moving the to the service. Despite difficulties during the pandemic, the provider and staff managed to organise short visits for tea and few overnight stays before the person moved in. This allowed them to meet staff and other people living at home and get used to their surroundings. One relative told us, "We did a transition, [Name] did stay for a couple of visits and then a couple of overnights, staff did a really good job, as a consequence [person] settled in very quickly."
- The provider used an 'all about me' booklet which focused on people's likes, dislikes, preferences. Some booklets included photos of people's relatives and those important to them. This provided staff with important information on how to support people in a person-centred way.
- People who required additional support with behaviours that could challenge others, had 'positive behaviour plans' (PBS). PBS described information about people's known behaviours, signs and triggers staff should look for, proactive actions and steps for staff to take when they recognised the person's might be getting upset or frustrated. PBS plans were used to prevent people's behaviour from escalating further. Because of staff approach and support there were only very few incidents where people had displayed behaviours which others may find challenging.

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

- Staff understood people's social needs. People had the opportunity to try new experiences, develop new skills and gain independence. A lot of people attended various activities throughout the week, which included attending colleges, attending music festivals, bowling, swimming and local discos. All which people really enjoyed.
- People were supported to maintain and develop relationships with those close to them, their social networks and community. Most relatives told us the communication and relationship with the provider and staff was really good. People were able to have regular non-restricted contact with their relatives, some people often spent weekends with them. Some people were supported to go for a walk or met up with their relatives in café's. Some relatives were even able to visit their family members during their short holiday break.

- People were encouraged by staff to complete aspects of tasks independently. For example, staff encouraged and motivated one person to put their footwear on themselves. This was a good outcome for this person as previously they relied on others to do this task for themselves.

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.

- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. Staff explained how they knew when people were happy or needed something.
- People had an individual communication passport that detailed effective and preferred methods of communication.

Improving care quality in response to complaints or concerns

- People know how to give feedback about their experiences of care and support and can do so in a range of accessible ways, including how to raise any concerns or issues.
- Relatives were generally positive about communication with the provider and staff team. One relative told us, "I can ring at any time, can text, multimedia message always get immediate response. It makes life so much easier."
- All relatives told us that any issues or concerns were immediately addressed by the provider and staff team. One relative said, "We definitely have a good and open relationship with provider. [Provider] knows that I like to say how I find it", and another relative told us "When I raised issues they had been addressed."
- The provider had a complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The provider investigated and resolved complaints in line with the policy.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. One person's care record showed discussions had taken place with the person and their relative and their wishes were clearly recorded.

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 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; Continuous learning and improving care

- Governance processes were ineffective. There was no effective system in place to monitor the quality and safety of the service, which resulted in shortfalls in record keeping, management of medicines, oversight of staff training and care planning. Environmental risks and some legal requirements were not always met and understood by the provider. We reported on this in the safe and effective sections of this report.
- People did not always have an accurate and contemporaneous record of their care in place. People's support plans and risk assessments in relation to behaviour and social support needs were not always accurate, fully completed or up to date.
- Systems to monitor staff training and development were ineffective. Prompt action had not been taken to ensure staff had completed mandatory training promptly.
- There were no effective systems to review people's support plans, daily notes, accidents and incidents or safeguarding concerns. This meant incidents had not always been reported internally or to external agencies openly and in a transparent way, or at all to ensure there was an adequately informed review, investigation and actions agreed to help avoid or prevent these issues happening again. There was no evidence whether people's care plans and risk assessments were regularly reviewed following any incidents or changes to people's needs.
- Accountability across different jobs at the service was not clearly defined. It was not clear who was responsible for what and who has an oversight of specific areas, for example management of medicines or infection control.

Governance systems failed to assess, monitor and mitigate the risks to people or maintain securely accurate or up-to-date records of people's care or the management of the service. This was a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations.

- The provider immediately responded to the concerns raised by us and provided us with an action plan outlining what improvements they were going to make and by when. The provider told us they would introduce a new staff structure to ensure routine checks and audits were carried out by a designated person with specific responsibilities.

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 provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. Staff understood the provider's vision and values and knew how to apply them in the work of their team.
- Despite the shortfalls with required documentation, reported on above. We saw examples where people had improved their current skills, learnt new skills and achieved good outcomes.
- The support provided by staff was person-centred and the provider had an oversight of that. People were supported to have meaningful lives and were empowered to experience new things and activities that were appropriate to their age.
- Regular staff meetings took place to ensure information was shared and expected standards were clear. Staff told us they felt listened to, were supported, and had input into the running of the home.

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 provider understood their responsibilities under the duty of candour.
- Relatives told us they were usually informed if things had gone wrong. Relatives told us that if they made complaints these were responded to appropriately.

Working in partnership with others

- Records showed that staff worked in partnership with health care services and supported people to attend routine health care and health screening appointments.

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 11 HSCA RA Regulations 2014 Need for consent Systems were either not in place or not robust to assess and records people's wishes, needs and preferences, in line with MCA and make best interest decisions
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff lacked competency and support in order to meet people's needs and assess and mitigate known risks to people.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines and risks to people were not always assessed and managed safely

The enforcement action we took:

We issued a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems failed to assess, monitor and mitigate the risks to people or maintain securely accurate or up-to-date records of people's care or the management of the service.

The enforcement action we took:

We issued a warning notice.