

Mrs Susan Kay Hardman

Luke's Place

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Requires Improvement 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Inadequate 

Is the service well-led?

Inadequate 

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

Luke's Place is a residential care home which can support up to four people. At the time of the inspection three people who were autistic or living with a learning disability were being supported with personal care. People have their own personalised bedrooms and bathrooms and access to shared communal areas such as a kitchen, lounges and a large garden.

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

Right Support

- People were not supported to pursue their interests or achieve their aspirations and goals.
- People were not being supported to try new things or to follow social interests and past times on a consistent basis.
- Reasonable adjustments were not made so that people could be fully involved in discussions about their support, including support to travel where they needed to go. Staff did not always communicate with people in their identified and preferred methods.
- People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.
- The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative.
- The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their support needs.
- Staff supported people to take their medicines in their preferred way. People were supported to live healthy lifestyles and staff members promoted healthy choices in areas such as eating and drinking.

Right Care

- Staff were not promoting people to try new things which may have enhanced their wellbeing and enjoyment of life.
- People who had individual ways of communicating such as using symbols or body language could not always interact comfortably with staff as they did not have all the skills necessary to understand them.
- Staff were not being supervised to support people effectively. The registered manager was not checking staff competency to perform their job roles.

- People's support plans did not fully reflect their range of needs and promote their wellbeing and enjoyment of life
- People were not always receiving kind and compassionate care. Staff did not always protect and respect people's privacy and dignity.
- Staff knew people well as individuals, however in practice, did not support people in line with their identified likes, dislikes and preferences.
- Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff knew how to recognise, and report abuse and they knew how to apply it.

Right culture

- The management and staff team did not understand the key principles of guidance such as Right Support, Right Care, Right Culture. Audits completed at the service by management had not picked up on areas that could have been improved to help support a more positive culture. Audits had not been completed in a lot of areas.
- People and those important to them, were not involved in planning their support. It was unclear how staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.
- The service had a negative culture that was at risk of becoming a closed culture. Staff were not supporting people to have a good quality of life or achieve good outcomes.
- When people did receive kind and compassionate care from a staff team who had got to know them as individuals, they were happy and relaxed.

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 requires improvement (report published 13 May 2022) and there were breaches of regulation. At this inspection we found the provider remained in breach of regulations. The overall rating for the service has changed from requires improvement to inadequate based on the findings of this inspection. This service has been rated requires improvement or inadequate for the last ten consecutive inspections.

Why we inspected

We undertook this inspection to assess that the service was applying the principles of Right support right care right culture. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

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

Enforcement and Recommendations

We have identified breaches in relation to staffing, person centred care and good governance at this inspection. Please see all sections of this full report. Please see the action we have told the provider to take at the end of the 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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 effective.

Details are in our effective findings below.

Inadequate 

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement 

Is the service responsive?

The service was not responsive.

Details are in our responsive findings below.

Inadequate 

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate 

Luke's Place

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

This inspection was completed by 1 inspector.

Service and service type

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

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 registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke and communicated with 3 people who used the service and 2 relatives about their experience of the care provided. People who used the service who were unable to talk with us used different ways of communicating such as using their body language. We spent lots of time observing how staff supported people in their day to day lives at the service.

We spoke with 8 members of staff including support workers, senior support workers, the deputy manager and the registered manager.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 2 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 also reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

Staffing and recruitment

- The registered manager and provider had not ensured that disclosure and barring services (DBS) checks were completed for staff members. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Recruitment files for staff members were also missing important and required checks to help ensure staff were safely recruited. The registered manager and provider had failed to record staff members employment histories or evidence that staff members were suitable for jobs based on their application forms and interviews.
- The registered manager told us they had this information and would send it to us. However, they did not show us this evidence during the inspection process.
- The registered manager and provider had not followed safe recruitment practices for staff. This put people at risk of being supported by staff members who were not suitable for their job roles.

We found no evidence people had been harmed. However, safe recruitment practices for staff members were not being followed by the provider. This is a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014.

- There were enough staff to support people safely. However, staff were not deployed effectively to ensure people were always supported according to their preferences throughout the day. People were left for long periods of time without interaction, whilst staff stayed in another area of the service. One person explained they were 'bored' when we asked them what their plans for the day were.
- The registered manager and deputy manager were not reviewing how staff were deployed at the service. People were not being supported in a meaningful way when there were plentiful staff available. For example, people were left alone when staff could have been supporting them to leave the service to pursue their interests or learn skills in the home.
- Relatives raised concerns about their family members not being supported to leave the service or try new things, particularly as their family member had a dedicated member of staff all hours of the day. There was no evidence of this 1 to 1 time being utilised to broaden people's experience or improve their lived experience at the service. One relative said, "Unfortunately I do not think [family member] had been engaged with to try new things in a long time."
- People and relatives confirmed staffing levels were safe. One person said, "There are enough staff to help me. There is always someone about at weekends and at night-time as well."
- People were supported by a consistent staff team and agency staff use was very limited at the service. This

meant people were familiar with staff supporting them. One person told us staff were 'funny'. A relative told us, "[Family member] knows all the staff so they are like a family."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The deputy manager had created risk assessments for people based on their support needs. However, some of these risk assessments lacked detail and most were very similar across each person. Some risk assessments were identical for each person or had the wrong person's name recorded. Risk assessments did not always clearly reflect what changes had occurred when people's support needs changed.
- It was unclear how often staff or the management team completed health and safety checks of the environment. There were checks completed in December 2022 however no records of checks being completed other than this since March 2022. We could not be sure regular health and safety checks were taking place.
- The registered manager had not developed effective systems to monitor when things went wrong. There were no systems in place to review accidents or times when people became distressed, to see if staff could do things differently to support people. One relative said, "We keep bringing up the same issues about [family member's] support but nothing ever changes."
- Staff were not being supported to learn lessons when things went wrong. There was no evidence of staff being supported to discuss incidents or being supported to identify where the support they were giving people could be improved.
- We fed this back to the registered manager who told us they were still in the process of putting systems in place to learn lessons and reviewing risk assessments. However, these issues had been known since our last inspection in March 2022 so we could not be assured processes would be put in place in a timely manner.
- Despite our findings staff felt staff supported them safely. One person said, "I feel 100% safe and in control when staff help me use [piece of equipment.]" Another person was visibly relaxed when staff supported them to move using a piece of equipment.
- Staff monitored and recorded the support people received in line with their support needs. For example, making sure people moved regularly to prevent pressure sores. One person said, "[Staff] always make sure I do my exercises, and these help me stay safe."

Using medicines safely

- People were supported safely with their medicines. Staff were trained and had good knowledge about how people liked to take their medicines.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- The registered manager completed audits and checks of medicines to ensure that these were being administered safely.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they/ their family member were safe living at the service. Staff knew what signs may indicate potential abuse and who to report concerns to outside of the service such as the local authority safeguarding team or CQC. One person told us, "I feel totally safe here. If I did not, I would ring safeguarding. Staff have taught me how to do this."
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. Staff did not employ physical restraint techniques because of this.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were supported to have family and friends visit them in their home.
- The service was clean, and staff had a good understanding how to prevent infection. One person told us, "[Staff] are still keeping my house nice and clean. I help them sometimes."

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had the training, skills and knowledge to be effective in their roles. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- The registered manager was not ensuring staff had the skills and experience to perform their job roles. Staff were not receiving supervisions and only some staff had received checks on their competency to perform their job roles. However, it was not clear how observations were checking how staff were competent in their job roles. Over a year's period staff had either 1 of these competency checks completed or had received no supervision or competency checks at all.
- The registered manager explained they thought they had more time to complete supervisions and competency checks with staff members. However, it had been a period of 9 months since these issues were raised at our last inspection and improvements had not been made.
- Staff did not have an induction when they started in their job roles. Staff had worked at the service a number of months, but an induction had not been completed with them. This meant key areas about how to work at the service or support people safely were not discussed with staff members.
- Staff had now completed some training relevant to their job roles. However, staff knowledge following this training had not been checked. Staff did not understand key principles of some training they had completed such as training around supporting people living with a learning disability or autistic people or the Mental Capacity Act.
- The registered manager was aware of issues about the lack of staff training and supervision at our last inspection in March 2022. Despite this, processes had still not been put in place to ensure staff were being supported effectively. One relative said, "I have no idea what training staff have. I have asked but staff do not tell me."

We found no evidence people had been harmed. However, the provider and registered manager were not ensuring staff had the training, skills and knowledge to support people effectively. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite our findings people felt staff knew how to support them effectively. One person told us, "The staff have the right training. I feel totally safe with them." Staff had a good understanding of training such as safeguarding.

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

- The provider and registered manager continued to not take account of current statutory guidance such as Right Support, Right Care, Right Culture. This had still not been embedded in staff practice at the service.
- People's care plans had not been updated to capture and reflect people's goals and aspirations and there was still no focus on people's future goals. The management team told us they were updating people's care plans however, this had been ongoing for an extended period of time. Relatives told us they had not seen any updated care plans. One relative told us, "[Management team] have been updating the care plans for months. However, I have never seen the care plan and when I ask to see what has been done so far, I am told the care plan is not ready yet."
- There was a lack of understanding from the management and staff team around how to find out and listen to people's needs and choices. People were not being offered opportunities to try new things in line with their individual preferences. Staff had not noticed this and did not see this as an important part of people's lives. One relative told us, "[Staff] do not really know what [family member] wants from the service. Nothing has changed since they moved in."
- Issues around assessing people's needs and making sure people were receiving support in line with statutory guidance were known to the management team. However, it had been a period of 9 months since these issues were raised at our last inspection and improvements had not been made. We could not be assured that the provider or registered manager had the necessary skills to improve in this area.

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

- People were not always supported to see health professionals who may have been able to support them to have better outcomes. For example, one person had a communication device that may have aided them when speaking with staff. However, staff had not had training to use this and it had taken a long period of time to contact the right professional to organise this training.
- Another person needed a new piece of mobility equipment; however, this had taken a number of months to organise. We asked to see evidence of this piece of equipment being chased up with the equipment supplier however this was not provided. One relative said, "Things seem to take so long to organise and I do not understand why this is when [family member] has a staff member with them 24 hours a day."
- Advice from health professionals such as Speech and Language Therapists or GP's was not recorded clearly in people's care plans and risk assessments. This advice was written in daily notes or stored as letters from the health professional in the back of people's care plans. This meant there was a risk of advice from health professionals being missed or not followed by staff members.
- Despite our findings people told us they were supported to see health professionals. One person said, "If I need to see someone to make me feel better than I would be able to."
- Staff supported people to stay healthy as much as possible. One person said, "[Staff] make sure I eat lots of vegetables and will remind me if I am eating too many snacks. They also make sure to remind me to go out for some fresh air every day." People were also supported to do regular exercises to help improve their health and wellbeing.

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

- People were supported to eat and drink according to their preferences and in line with their support needs. Staff encouraged people to eat a healthy and varied diet and people could eat their meals and snacks at times of their choosing. One person signed to say they were enjoying their meal.

- Food looked and smelled appetising and people were supported to make choices about what they wanted to eat. One person told us, "Food and drink is all really good here. We are all involved in making the menus, but we can have whatever we want."

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical preferences. One person said, "The building is great, and I have a lot of room to move around."
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. One person used sign language skills to say they were happy with how their room had been decorated.
- The service had been designed to support people's individual needs. For example, there was ample space for the equipment that people used to help them move around the service.

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

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff did not have a full understanding of all aspects of the MCA. For example, how to support people who make decisions that can be seen as unwise or continually assessing people's capacity to make decisions.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was documented in support plans. For people assessed as lacking mental capacity for certain decisions, assessments and best interest decisions were in place. DoLS were in place for people where necessary.
- People were asked for consent before staff supported them. For example, we saw staff explain to a person where they were going before, they supported them to use a piece of equipment.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were not always supported with kindness and compassion. Staff were observed to sit and talk with one another in one area of the service leaving people without interaction for long periods of time. One person moved around the service independently looking for staff and told us, "Are [staff] still all in the kitchen together?" Another person became visibly more alert and happier when staff spoke with them, however, was more subdued and quieter when left by themselves.
- Staff did not always speak about people kindly or with dignity and respect. For example, staff spoke about how long a person took to eat their meal in a negative manner to us, in front of the person. Staff referred to people as a 'good boy' or a 'good girl' which did not show dignity to people.
- Staff did not always respect people's home environment. Staff spoke on their personal phones whilst supporting people. There were numerous notices up in living areas such as the kitchen and lounge advising staff how to record daily notes, not to eat food bought for people or advice about healthy eating or washing hands. This made the service feel less homely.
- One person also told us staff supported them to be independent sometimes. They said, "I sometimes do my own laundry or make my own snacks. I am really good at peeling onions and I do this sometimes as well." However, staff were not consistently supporting people to be independent. Staff completed daily tasks such as cooking and cleaning without supporting people to be involved in this. There was no recorded evidence of independence being promoted. One relative said, "There are so many things [staff] could be helping [family member] do. We feel more and more they are losing their skills." Another relative said, "A big reason [family member] likes the service is because [staff] do everything for them."
- Staff spoke about how they would promote people's independence and had a good understanding of how to do this. However, they were not supporting people to do this in practice.
- People's care plans were not always personalised to make sure staff knew their likes and dislikes so equality and diversity could be respected. However, staff had worked with people for a long time and knew their likes and dislikes.
- Despite our findings people and relatives gave positive feedback about the kind and caring nature of staff. One person said, "I would describe the staff as kind. They know me too well!" A relative told us, "Whenever I speak with [family member] they cannot stop talking about how nice the staff are."
- Staff respected people's privacy and understood when people needed time to themselves in their bedroom, for example.

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

- People and their relatives had not been involved in larger discussions about their care and support. They had not been involved in discussions about their care plans. One person said, "I have not been asked to look at my care plan." A relative told us, "We have not been involved in the care plan since [family member] has lived at the service."
- People were supported to make day to day choices such as what to eat or what to wear. One person said, "[Staff] always let me make my own choices."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant services were not planned or delivered in ways that met people's needs.

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

At our last inspection people were not being supported to try new things and achieve their aspirations and were not always being supported in line with their assessed communication needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- People were still not being supported to try new things or develop their skills. There were no records of new things being offered to people which they may have enjoyed. Staff and the management team had still not discussed goals or aspirations with people in a meaningful way. People did not have any recorded goals or aspirations and staff were not supporting people to identify or achieve these. There was a lack of focus on people's outcomes and these were not regularly monitored by the staff team. This was identified as an issue at our last inspection and people had still not been supported to do this.
- Staff were still not supporting people to leave the service to pursue social interests and past times. People remained at the service watching TV, listening to music or spending time in their room. One relative said, "We do not know what [family member] gets up to but they seem to spend all their time at the service watching TV."
- Daily records showed very few times when people left the service for anything other than going to set 'activities' which they had been doing for a long time such as attending day services. When people did leave the service, it was as a group to go shopping or to the cinema. There was no evidence of people being supported to leave the service on an individual basis to pursue their own interests. One relative told us, "[Family member] has one to one staffing all the time but they do not seem to go out and about." Another relative said, "[Family member] does not really go out. They tell me they do the same thing day in and day out."
- People had access to several vehicles to access the community. However, there were very few staff who could drive these. This limited people's opportunity to leave the service.
- People were also not being supported to follow social interests in their home. The management and staff team knew what people's likes and dislikes were. However, people were not engaged to follow these whilst at home. One person said, "It can be quite lonely here. I spend a lot of time by myself in my room." A relative told us, "[Family member] has lost a lot of their skills because staff are not encouraging them to use them."
- Staff recorded they had offered choices for people to take part in activities such as playing board games.

However, staff then recorded people said no and continued to not be engaged. Staff were not supported to encourage people to try new things or offer activities to people in a different way to encourage participation. A person told us, "Sometimes staff ask me to do things, but it is not really my cup of tea, so I go back to my room." One relative said, "[Family member] will only try new things if they are interested and it looks exciting. If staff are not enthused, then they will always say no. This has been an issue for some time."

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 (AIS). 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.

- People were still not being supported to communicate in ways they understood. One person, who had a device to help them communicate was not being supported to use this. This was a concern at our last inspection; however, this device was still not being used. A relative said, "[Family member] is still not using their device and the staff do not know how to use it. I have had to give up on thinking this will happen now."
- People's support plans and minutes from meetings with staff on a one to one basis or as a group, were not available in accessible formats for people. This was a concern at the last inspection and had not been actioned.
- There was limited use of individualised support such as tailored visual schedules to support people's understanding. People's visual schedules were not meaningful for them because they were not always updated to show what they would be doing in a day. These would have benefitted people who could not read written words. Daily notes showed that schedules were not always followed.
- Staff did not have the understanding or knowledge to communicate effectively with people in different ways other than verbal communication. Staff continued to not understand the importance of offering meaningful choice to people, supporting them to achieve goals or be a part of their local community.

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

- Staff and managers did not provide people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. Support plans and assessments did not give enough detail about how to support people to set and achieve aspirations or how to support people to communicate. When support plans did give this information, it was not followed in practice by the staff team.
- People did not receive personalised care. One relative explained how their family member used to enjoy doing a certain task on a daily basis and still enjoyed doing this with them. However, staff did not support them to do this. There was no evidence that staff had supported the person to do this.
- Relatives raised concerns about raising issues relating to person centred care, but these issues were not actioned or resolved. One relative said, "It is a small service so all the staff should know everyone well/. However, the basic things do not happen and when I see [family member] the issues I have raised are still happening." Another relative said, "I think the service could probably be doing more for [family member] but they are happy."
- One person's name was not being spelled in their preferred way by staff in their daily records.
- One relative explained how upset they were that staff were not encouraging a person to use a communication method to stay in contact with them. This had been an issue at our last inspection and no improvements had been made.

- There had been a lack of focus on improving person centred care for people since our last inspection. We could not be assured that the registered manager or provider had the skills or knowledge to improve in this area.

We found no evidence people had been harmed. However, people were not receiving personalised care. People were not being supported to try new things, achieve their goals and aspirations or to be supported in line with their assessed communication needs. This is a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite our findings people were happy at the service. One person told us, "My experience overall here has been awesome, and I would not be where I am today if not for the staff team." Another person indicated they were 'happy' when we asked them how they felt.
- Staff knew people's likes, dislikes and preferences with regards to everyday life and choices. For example, where people liked to eat and what time people liked to go to bed. Staff had supported people for a long time in most cases and people were happy and relaxed in staff members presence.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints and these were responded to. However, relatives did raise frustrations that concerns were raised frequently and would only get better for a short time, before needing to be raised again.
- People and relatives told us they would speak to the registered manager or the staff team if they had any concerns. One person told us, "If I had a problem I would go to [registered manager] and I know they would sort this out."

End of life care and support

- People had not been supported to put plans in place for the end of their life. The registered manager had still not discussed this with people or their relatives. However, they told us they would do this and would contact external professionals for support if necessary.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question inadequate. The rating for this key question has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection there were still shortfalls in how the service was being managed and a lack of governance to help ensure that people were receiving person centred, quality care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider is still in breach of regulation 17.

- The registered manager and provider had not made improvements at the service since our last inspection. They had not actioned known areas for improvement and this had resulted in people receiving poor quality care at the service.
- Audits were not being completed or were ineffective in identifying shortfalls at the service. This included areas such as staff supervision and support, people not being supported to achieve goals or follow their interests and past times, people not being supported in line with guidance such as Right Support, Right Care, Right Culture or the AIS and audits and policies not being in place to monitor the quality of the service effectively.
- The registered manager showed us audits they completed to monitor the quality of the service. However, these were not personalised to fit the service. The registered manager showed us audits for December 2022, however, did not show us any evidence of audits completed between this date and March 2022. Audits did not cover areas such as people's care plans or daily records.
- The registered manager and provider were not supervising and supporting staff to be clear about their job roles. Staff were not receiving inductions or supervisions to understand their job roles. Key information was missing from staff files relating to safe recruitment checks. There had been a lack of urgency from the provider and registered manager to action this from the last inspection.
- The provider and registered manager did not have specific policies in place relevant to the service. Policies such as safeguarding, moving and handling and whistleblowing procedures were generic and were not accessible to staff. This meant staff did not have access to key policies and information relevant to their job roles.
- Service improvement plans put in place by the registered manager had not been updated for over six months. Known issues at the service had not been actioned. The registered manager told us they had not

had time to put everything in place, however it had been 9 months since these issues were first brought to their attention and no improvements had been made.

- The registered manager had not been supported to develop the skills necessary to perform their job well or to improve the service. The lack of oversight at the service posed an inherent risk to people living there as issues and areas for improvement were not being picked up. The registered manager told us they were waiting for some coaching for their job role, but this had not happened yet. The registered manager told us they were not receiving any support from the provider.
- A deputy manager had been employed at the service however, they had not been inducted into their role. This meant they did not have the skills or knowledge to complete any audits, staff supervisions or competency checks since they started in their role. They had started updating care plans and risk assessments however progress had been slow, and relatives had not been consulted on these. One relative said, "[Management] have said they are updating the care plans for months. We still have not seen anything though and when we ask to see what has been done so far, we are told this is not possible."
- The registered manager was often away from the service. The deputy manager had not been supported to have the skills to manage the service when they were away. The provider was not involved in managing the service. Management were not present at the service at times such as evenings and weekends to monitor the quality of the service and support the staff team.
- We could not be assured the provider or management team would be able to address, make and sustain improvements at the service. The service has been rated inadequate or requires improvement for the last 10 inspections. Relatives said, "Nothing ever changes at the service" and, "Things have not really moved forward since [family member] moved into the service. It is very frustrating."
- Throughout the inspection process, we asked for evidence to be sent to us if this was not available whilst we were at the service. None of this evidence was provided to us.

We found no evidence people had been harmed. However, the provider and registered manager did not have the skills to make and sustain improvements at the service. There had been a lack of urgency from the provider and registered manager to action this from the last inspection. Systems were not in place to audit and monitor the quality of care people were receiving at the service. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they had plans to remedy some of these issues. However, we could not be assured these plans would be implemented or would be effective, due to the lack of improvement since the last inspection.

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

- There were still missed opportunities for people to be engaged with at the service. People were not involved in their care and support planning. Meetings with people were not available in accessible formats. People were not being asked for their opinions or thoughts on what was happening at the service or how to make improvements.
- Relatives were not being asked for feedback about the service or be involved in care and support planning for their family member. Relatives comments included, "I never hear from the service unless there is a problem" and, "I do not feel involved with [family members] support. I have never seen their care plan and [staff] do not contact me to let me know what is going on."
- Relatives were concerned that the management and staff team were not always open and honest when things could be improved. One relative said, "I am not sure whether the service can get better. They will not be able to get the big things right if they cannot sort the little things out."

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

- The lack of improvement at the service and the inherent risks of poor governance meant people were not always supported to achieve good outcomes. Staff were not empowering people to learn new skills or try new things and did not see this as an important part of people's lives. This led to a negative culture at the service and there was a risk of the culture being closed.
- Despite our findings people and relatives gave some positive feedback about some aspects of the service. One person said, "The service is being run great and [registered manager] is doing a brilliant job." One relative told us, "As far as I am concerned, if [family member] is happy then I am happy."

Working in partnership with others

- The registered manager and staff team linked and worked with external professionals to support people's health and wellbeing.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>We found no evidence people had been harmed. However, safe recruitment practices for staff members were not being followed by the provider.</p>

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>We found no evidence people had been harmed. However, people were not being supported to try new things and achieve their goals and aspirations and were not being supported in line with their assessed communication needs. People were not receiving personalised care.</p>

The enforcement action we took:

Cancel provider and registered manager registrations.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence people had been harmed. However, systems were not in place to audit and monitor the quality of care people were receiving at the service. The provider and registered manager did not have the skills to make and sustain improvements at the service.</p>

The enforcement action we took:

Cancel provider and registered manager registrations.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>We found no evidence people had been harmed. However, the provider and registered manager were not ensuring staff had the training, skills and knowledge to support people effectively.</p>

The enforcement action we took:

Cancel provider and registered manager registrations