

# Achieve Together Limited

# Telegraph Road

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Telegraph Road is a small residential care home providing personal care for up to 4 people. The service provides support to people who live with learning disabilities and autistic people. At the time of our inspection there were 4 people using the service.

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

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.

**Right Support:** The service was not maximising people's choices, control or independence. 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. We could not be assured the service was working within the principles of the Mental Capacity Act 2005 (MCA). We have made a recommendation about this.

**Right Care:** People were not always treated with dignity and respect and were not supported to lead inclusive and empowered lives. People had care plans in place. However, these were not always written in a way that was person centred and easy to understand; we found a lack of detail to guide staff on how to support people safely and consistently. People were at increased risk of harm because staff did not always have the information, they needed to support people safely. Medicines were not always managed safely. We were concerned people were not always safe from the risk of financial abuse. We have made a recommendation about this.

**Right Culture:** The service was not always well led. The quality assurance systems to assess and monitor the service were not always in place, and where they were, they were not always effective. We found the provider did not have enough oversight of the service to ensure it was being managed safely and quality maintained. Quality assurance processes had not identified all of the concerns in the service. Records were not always complete, or person centred. This meant people did not always receive high quality care. However, the provider was responsive throughout the inspection and took prompt action to address the concerns. There is a new manager, deputy manager and regional manager in post who implemented an action plan and introduced new processes and systems. These processes and systems need time to become embedded within the service.

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

### Rating at last inspection

This service was registered with us on 1 December 2020, and this is the first inspection. The last rating for the service under the previous provider was good, published on 29 December 2017.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

#### Enforcement and Recommendations

We have identified breaches in relation to assessing risk, medicines management, dignity and respect, person centred care and management oversight.

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Telegraph Road

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was carried out by 2 inspectors.

#### Service and service type

Telegraph Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Telegraph Road 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 not a registered manager in post. However, there was a manager newly in post who intended to apply to become the registered manager.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are

often out, and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service and sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

#### During the inspection

We spent time with 3 people getting feedback and observing the quality of care and support they received. This helped us to understand the experiences of people who we were unable to communicate with effectively. We received feedback from 2 relatives about their experience of the care provided. We looked at 7 staff files in relation to recruitment and reviewed a variety of records relating to the management of the service, including medicines management, risk assessments and quality assurance records. We spoke with 7 members of staff including the manager, regional manager, a manager providing support to the new manager and 3 care workers.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

### Assessing risk, safety monitoring and management

- Staff did not always follow people's choking risk management plans to ensure they were supported to eat and drink safely.
- Environmental risks were not always mitigated, and we found external doors and Control of Substances Hazardous to Health (COSHH) products were not managed safely.
- We found concerns relating to the quality of the care plans and risk assessments. Such as, care plans and risk assessments not always containing enough detail to ensure people were supported safely, some care plans contained inaccurate information and some care plans contained out of date information which did not reflect the support being provided to people.
- For example, one person's care planning documentation referred to a health diagnosis for the person and what support they required to manage the health condition. However, the person did not have the health condition.

The failure to ensure people were provided with safe care and treatment and risks were assessed, monitored, and mitigated was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection the provider started to take action to address some of these concerns. In response to the choking risks identified they ensure all staff had read and signed the SaLT guidelines for people, reviewed the guidelines with staff through a team meeting and ensured the accurate and current guidelines were easily accessible to staff to refer to. In addition, they removed inaccurate and outdated care planning documentation, implemented a new process to ensure staff read and signed updated documentation and reviewed lessons learnt in a team meeting and supervisions.

### Using medicines safely

- Medicines were not always managed safely. People who were prescribed 'as required' (PRN) medicines had a PRN protocol in place to guide staff when and how to use these medicines. However, these did not always sufficiently detail to guide staff in the administration of these medicines and some people's PRN protocols had not always been updated. For example, 1 person was no longer prescribed 1 PRN medicine prescribed but the protocol had not been updated to reflect this. Another person had a PRN protocol in place which contained outdated information and had not been updated.
- When PRN medicines had been administered the time of administration had not been recorded. to show whether PRN medicines were being administered with the minimum time required between doses. This meant people were at increased risk of overdosing on medicines. We raised this with the manager who implemented a new process during the inspection for administration times for PRN medicines to be clearly

recorded.

- Medicines Administration Records (MAR) charts were not always signed to evidence if medicines had been administered. This meant there was a risk people were not having their medicines administered as prescribed or were at risk of having medicines administered again if they had been given and not signed for. We found no evidence people had been harmed as a result of this, where there were gaps on the MAR charts the provider was able to demonstrate people had received their medicines as prescribed.
- There were no risk assessments in place for the safe management of flammable creams.

The failure to ensure safe management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of financial abuse. We found discrepancies within people's financial records which had not been identified by the provider. The finance records were not completed accurately, and discrepancies not identified and acted on. We raised our concerns with the local authority safeguarding team. The manager identified lessons learnt for the service and staff team in relation to the financial records and took action to reduce the risk of recurrence. Following the inspection site visits the provider carried out an independent audit of the finances within the service.

We recommend the provider reviews their quality assurance processes in relation to finances within the service.

Learning lessons when things go wrong

- Staff had not always recognise incidents and report them appropriately. For example, the financial discrepancies identified during the inspection had not been reported by staff.
- The manager investigated incidents and accidents they were aware of and identified lessons to be learnt. For example, they had investigated medicines errors and implemented learning and strategies to prevent recurrence prior to the inspection. These processes would have identified the gaps on medicines administration records when the audits took place. The manager took action to address this.
- The manager promoted a culture of reflective practice and learning. Throughout the inspection we observed the manager feeding back to staff identified learning and encouraging reflective practice and participation from staff for improving and learning from incidents.

Staffing and recruitment

- Staffing levels were adequate; however, the service had a predominately new staff team. Whilst they had worked hard to recruit new staff and could evidence a successful recruitment drive for Telegraph Road, the staff team were not all fully trained or knowledgeable to the level required to support people safely or to meet their needs.
- The provider's training records showed gaps in the completion of health and safety training, basic life support training, safeguarding training, dysphagia training, epilepsy training and dementia awareness training.
- The manager was aware of the training requirements for the staff team and had been prioritising booking staff onto training. This was evidenced by the confirmation dates for the scheduled training. In the interim, to mitigate risks, the manager and deputy manager were supporting staff by working alongside them, scheduling regular supervisions and team meetings and providing protected time for new starters to complete e-learning and other training.
- The provider was aware of the challenges of recruiting and retaining staff. They had developed a clear development career progression programme with different pay points staff in all roles could progress



through. Staff were positive about this development opportunity.

#### 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.

#### Visiting in care homes

- People confirmed they had visitors who came to the service, and they were supported to maintain contact with friends and family. Relatives told us they could visit when they wanted and that there were no restrictions on how long they visited. Visiting was managed in line with current guidance.

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People had an assessment of their needs prior to admission to the service. However, people and their relatives had not always been involved in developing their support plans and risk assessments which meant their needs and choices were not always considered when planning their care. This had been recognised by the provider prior to the inspection and they were taking action to address this.
- We found not all people had relevant assessments in place, such as sensory assessments. Understanding people's communication and sensory needs is fundamental to planning and delivering good quality person-centred care.

The failure to design care which reflected people's preferences and ensured their needs were met was a breach of Regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

- The manager had made referrals to the community learning disabilities team for 2 people for support to meet their sensory and communication needs.

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

- The manager was working closely with healthcare professionals for 1 person to support their mental and physical wellbeing. The manager understood the benefits of working with others to promote positive outcomes for people and this was an area they were prioritising.
- People were supported to access physical healthcare. For example, GP's, opticians and chiropodists.
- Telegraph road had an effective working relationship with their local GP surgery; they had a named contact who facilitated any requests and were in contact with the service at least weekly.

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.

- Whilst we observed people being offered choices and being supported at their pace, where people were supported to make choices, such as meal or activity choice, these choices were not consistently recorded.
- There was a positive culture of reviewing and reducing restrictions placed on people to keep them safe. However, there was a lack of robust documentation evidencing the provider's reviews of risk and how people had been involved in the risk assessment and where relevant mental capacity assessments and best interest meetings. In addition, where restrictions had been reduced, people's care planning documentation had not been updated to reflect this.
- The provider had made appropriate DoLS applications and had systems in place to renew and meet any recommendations of authorised applications. However, the provider had not ensured these were being fully complied with at the time of the inspection. People were under continuous supervision and control and their risk assessments identified all external doors were to be secured at all times to keep them safe. Throughout the inspection we found external doors unlocked. Although the provider took prompt action to respond to the risks and mitigate them, their processes and systems in place at the time of the inspection had not identified these concerns.

We recommend the provider consider current guidance on the MCA in relation to assessments, best interest and DoLS and review their practice accordingly.

- The provider took prompt action to secure the premises. To increase people's independence, they changed the access to the home. An external gate leading to the home was locked and a doorbell with a camera put in place. This meant the external doors in the home no longer needed to be secured and enabled people to independently access the garden when they wanted to.
- The provider had identified some of the concerns prior to the inspection. For example, in relation to choices not being consistently recorded. They had taken action in response and needed time for the changes to become embedded within the service.
- We could not be assured there were effective records in place detailing the financial arrangements in place for people who had been assessed as lacking capacity in relation to managing their finances. The manager had identified the records relating to people's finances required more information. For example, ensuring people were in receipt of the full benefits they were entitled to. The manager had been working with the local authority and relatives to ensure they had the necessary information.

Staff support: induction, training, skills and experience

- The provider's training records evidenced not all staff had received adequate training in a timely way to equip them to carry out their roles safely and effectively. We have reported on this in the safe key question of this report.
- The manager was aware training was out of date and told us they were prioritising ensuring staff completed all required training and were working to improve the training statistics. They had an action plan and had implemented measures to mitigate risk in the interim. For example, the manager and deputy manager were working alongside staff to role model best practice, the deputy manager worked every other weekend to enhance management oversight and the manager and deputy manager alternated being on-call for Telegraph Road. The provider was in the process of recruiting a senior carer who would work

alongside staff, role modelling best practice.

- In addition, the manager based themselves in communal spaces to enable them to observe interactions between people and staff. This meant they were able to identify any concerns or training needs for staff and to be able to provide feedback to staff either instantly or in supervisions. They also identified key themes which were discussed at team meetings.
- Staff had not been receiving regular supervision and team meetings however, the new manager had already supported some staff with supervisions, had created a supervision schedule and had planned a team meeting.
- Staff told us they felt the new manager was supportive, approachable and were positive about the manager's ideas for improving the service.

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

- Relatives told us they were concerned about the food provided to their loved ones. They told us that they had seen a shift from home cooked meals as the norm within the service to pre-packaged ready meals, convenience food and some unusual food combination choices. In addition, they told us vegetables had been regularly provided alongside main meals to encourage and promote healthy eating and this no longer seemed to be taking place.
- At the time of the inspection there was no menu planning in place. People's daily notes did not show that people were supported with a varied healthy diet. For example, some meal entries for people were just recorded as 'cake', for people who had been supported to eat out for lunch there was not always evidence they had been offered a later dinner or snack and some people had a diet consisting of mainly high processed foods.
- The manager understood the risks of poor nutrition and knew how to access additional resources if required, such as dietician support.
- Following the inspection, a weekly menu plan has been introduced; people are supported to plan their menu choices for the week. The manager told us they had oversight of the planned menus to ensure the menus were varied, well balanced and nutritious as much as possible whilst respecting people's choices. We recommend the service review the weekly menu planning to ensure people are receiving a healthy, varied and well-balanced diet incorporating peoples preferred food choices.

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

- People mostly had personalised rooms. Some people told us, and evidence seen reflected this, they had been involved in making decisions about their bedrooms and the décor. One person's room was having a new design purposely built for them based on input from the person and their relatives.
- The home was a building that required regular maintenance. We found that there was some required maintenance that once completed would enhance the environment. The provider had already identified this and was in process of updating areas of the home. For example, during the inspection new bathrooms were being fitted.
- Some relatives told us there was some outstanding maintenance that had taken months to be completed. In some instances, had taken a year to repair. The manager told us the maintenance team had needed to be recruited which had resulted in only essential maintenance being carried out until they were in post. They told us there was a maintenance action plan which was being worked through now the maintenance team were fully staffed.
- Some areas of the home were not as homely and inviting as they could have been. The manager had identified this and had a plan in place to personalise the home with people. For example, garden furniture had been ordered to make the garden a more inviting space for people.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Feedback from relatives was mixed in relation to the caring attitude of staff and their engagement with people. They told us some staff at times focused on the task that needed completing and did not seem to know how to engage with people to promote their independence.
- One relative felt staff tended to speak to each other rather than engage and include people in conversations. Another relative told us, "Biggest thing I was concerned about was how carers would interact or not interact with [person's name] ... I walk to the window and see some staff chilling together not interacting with people."
- Staff did not always have the information on how they should work with people to promote their independence, support them to achieving their goals and develop their strengths. One person had a goal of wanting to be in paid employment within 10 years. There was no guidance or plan in place about how they would be supported to work towards, and achieve, this goal. We saw some staff completing tasks with little or no engagement with people and not encouraging them to do the task for themselves such as making drinks.
- We found people were not always treated with respect and in a dignified manner. We observed some staff supporting people with adjusting their clothing without speaking to the person and informing of what they were going to do, why and whether the person was happy to be supported with this. Another person had a chest of drawers in their bedroom with labels on display to guide staff in which items of clothing went where.
- Mealtime was not a positive, dignified or respectful dining experience for everyone. Most people were served their meals with separate food components making the meal distinguishable on their plates. However, for 1 person they required their meal to be modified to manage their risk of choking. For this person their meal had been mixed up all together and had become the same colour and indistinguishable. It did not look appetising and also meant the person would not have been able to choose to try the different components of the meal or leave any part of the meal they did not like.
- We observed 1 staff member who was supporting a person with their meal getting up 3 times whilst they were eating their dinner to fetch something from the kitchen. Each time they did not communicate to the person they were leaving, why they were leaving or ensure another member of staff was aware and available to support the person until they returned.
- Care plans were not always personalised, and some contained other people's names in them.

The failure to ensure all communication with people was respectful, that people were treated in a caring

and compassionate way and treated with dignity and respect was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us they felt the more established and experienced staff were caring and more person-centred focussed. Our observations supported this.
- We saw some positive interactions between people and staff. People appeared comfortable with staff and staff mostly spoke passionately about people.
- The manager told us of their plans to work with people and staff to develop people's independence. For example, they were in the process of arranging for people to access the kitchen in the empty annexe to support them to be involved in preparing their meals.

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

- Feedback from relatives was mixed in relation to people being supported to make decisions and be involved in their care. One relative told us how the person's preferred communication method was not utilised and fully supported by the service. We have reported on this in more detail in the responsive key question of this report.
- The manager spoke passionately about involving people in the service and told us how they ensured they spent time with people informally to enable them opportunities to feedback about their care and their views about the service. They had plans to review and update everyone's care planning documentation with people and their relatives.
- People were supported to maintain contact with those important to them. People were supported to call their friends and family when they wanted to and to visit with them. Relatives confirmed the provider facilitated visits to them.
- People had access to independent advocacy for support with specific issues.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- People did not always receive care that was planned, personalised or responsive to their needs.
- Staff were not always knowledgeable about people's preferences, likes and dislikes. We saw 2 staff members discussing with the same person a television programme they were watching at different times. 1 staff member believed the person did not like the programme and the other believed they did like the programme. One relative told us, "General care planning documentation not personalised to [person's name] ... It is really, really obvious to us that either the care plans were being ignored or being massively misunderstood."
- People's care plans did not have accurate information to support new staff to understand people's needs and the support they required. One person's care planning documentation referred to a health diagnosis and the support they required to manage this health condition. However, the person did not have the health condition. Another person's care planning documentation referenced Intensive Interaction. Intensive Interaction is an approach used to develop positive social communication with people. However, this approach had not been assessed as part of their needs and staff had not received training in it.
- We saw some evidence people were encouraged and supported to make choices. For example, what they did when, where they wanted to sit and what they wanted to wear. However, records did not always evidence what choices people had made and how they were made.

Meeting people's communication needs

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

- We were not assured people were consistently supported with their preferred communication methods. One relative told us, "Not communicating at the right level. Not speaking to [person's name] at their level, not seen anyone use Makaton with [person's name] except [staff member's name]." They told us how important Makaton was to the person and how they used Makaton to communicate how they were feeling. Makaton is a language programme that uses a combination of speech, signs and symbols as a communication aid for people who have difficulty speaking.
- The majority of the staff team were not trained in Makaton. Staff and the manager told us there were alternative communication methods used by people which enabled them to communicate. For example, 1 person who used Makaton also used writing to communicate. However, there was no consideration by the

provider to support people to maintain their skills in communicating and for people to be able to use their preferred communication methods. This meant people were at increased risk of isolation if their preferred communication methods were not available to use or if staff were not trained in how to support these communication methods.

- Another person's care planning documentation identified a different communication tool they used, although there was a lack of guidance for staff on how to support the person to use the communication tool. We saw the communication tool in the lounge of the home; however, we did not see the person being supported to use it at any point during the inspection. A staff member we spoke to confirmed they didn't use the communication tool with the person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them;

- People and relatives confirmed people were supported with activities of their choice. However, we received mixed feedback about the quantity of activities made available to people. Relatives told us they had seen a decline in activities since the change in provider. One relative told us, "[Person's name would regularly go bowling and dance class. None of that seems to have been picked up. An activity now would be a walk to the shop to buy a drink and a snack."

- We observed people being supported with various activities during the inspection. For example, going to the cinema, going for a walk and going out for lunch. However, we did observe missed opportunities to engage people in activities. One person who chose not to go out for any activity spent a lot of the time in the home not engaged in an activity but moving from area to area. Another person waited over 2 hours for a TV issue to be resolved and were not offered an alternative activity whilst they waited. Another person was sat in the lounge with no activities offered to them.

- Care records contained reference to people's cultural and religious preference but did not always reflect the support people were receiving at the time of the inspection. One person's care plan detailed their regular attendance at church and how meaningful this was for them. . However, at the time of the inspection the person had not been supported to attend church since before the pandemic. The manager told us they had identified a church they believed the person had previously attended and had made arrangements for them to resume attending.

All the above demonstrated that people had not always received care and support to meet their individual needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager had identified activities were a concern prior to the inspection and had been working with the staff team to encourage new activities to try and to focus on the positives. For example, 1 person who was being supported to build up their confidence to leave the home following the pandemic was supported to go to the cinema to see a film of a franchise they enjoyed. The person successfully made it to the cinema but declined to stay and watch the film. The manager encouraged the person and staff to focus on the success of having made it to the cinema. We observed the person being offered the cinema as an option regularly throughout the inspection with reassurance he could leave at any time he wanted. The manager told us they planned to build on this approach to introduce other activities to the person.

- During the inspection we observed 1 person sharing with the staff team and manager that they would like to go to dance club. Within days of the request the manager had identified a club they may like, had spoken to the person and organised a night the person would be going.

Improving care quality in response to complaints or concerns

- Relatives told us they knew who to speak to at the service if they had any concerns. However, one relative told us due to the turnover of management staff it had been difficult to schedule a meeting with a member



of the management team to discuss their complaint. The manager confirmed there had been some management changes which had resulted in one complaint being passed between different people to act on which had caused a delay. However, they confirmed there was a clear process and procedure in place to manage and respond to complaints and open complaints were in the process of being resolved.

- A complaints procedure was in place to make sure any concerns or complaints were responded to and investigated.

#### End of life care and support

- When we visited the service, nobody was receiving end of life care. The provider had processes in place to sensitively discuss with people and those important to them about their wishes.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant 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

- Systems and processes to monitor the service were not always robust. This meant they did not identify all of the issues we found during this inspection and did not drive improvement effectively. Concerns were found with regards to care planning, risk management, medicines, records, training, person-centred care, communication and quality assurance.
- The provider had some audits and checklists in place. There were not always completed effectively. For example, there were financial discrepancies which had not been identified.
- The provider failed to ensure records were accurate and up to date. For example, we saw care planning documentation contained out of date information or inaccurate information which meant staff did not have easily accessible current information about people. In addition, some records relating to the management of the home were incomplete, lacked detail and did not always use respectful language. For example, cleaning schedules, daily notes and temperature checks. Although since the new manager and regional manager had been in post the concerns with the records had been identified and action taken to address the concerns. These actions needed time to become embedded within the service.
- The provider failed to follow some of their own guidance within their policies and procedures to ensure quality and safety. For example, COSHH policies and risk assessments and medicines policy.

The failure to operate effective systems to assess, monitor and improve the service, monitor and mitigate risks and maintain accurate and complete records was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was not a registered manager in post. However, there was a newly appointed manager who will be applying to become the registered manager.
- The manager and regional manager were responsive throughout the inspection. When concerns were raised with them, they took prompt action to address the concerns. Some of the concerns they had already identified and had started to take action to address. The systems and processes they had implemented needed time to become embedded within the service.
- The manager and regional manager were passionate, transparent and open about the challenges and their plans for improvements. One relative told us, "There has been a marked difference since the change in ownership, it is not just visibly; qualitative support has decreased."
- The manager told us they were fully supported by the regional manager and provider to make the changes they had already identified. There was an action plan in place which the manager regularly reviewed and

updated.

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

- The culture of the service did not reflect our Right Support, Right Care, Right Culture guidance. People were not adequately supported to have maximum choice, control and independence over their lives. People did not receive consistent person-centred care that was empowering, of a high quality and achieved good outcomes.
- The lack of effective quality assurance processes to identify these concerns did not enable an open culture. Where people's needs are not placed at the heart of care practices and people not being involved in their support.
- The manager and deputy manager were passionate about personalising the service and ensuring people were at the centre of their care and fully involved. They recognised the challenges and improvements had a plan in place to improve the service people received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was a lack of systems in place to evidence people were supported to express and review how they wanted their care to be provided. Although people were given regular informal opportunities to discuss their individual care needs or wider issues in the home, these were not documented.
- Some relatives told us the service was not always well led. The high turnover of managers had impacted on communication and confidence in the provider. The manager told us how they had made sure to contact every relative directly to introduce themselves and started to build trust and an effective working relationship. They felt the initial contact had been received positively.
- The provider worked with other professionals to help provide people with joined up care, such as social workers, GPs and speech and language therapists. Since the manager had been in post, they had been proactive in supporting people to access health and social care professionals. For example, the home manager had supported 1 person in advocating for the support they needed which had resulted in a positive outcome for the person.
- Staff were positive about the provider and manager. They told us they felt valued, supported and listened to.
- The manager had an open-door policy and we saw this in practice throughout the inspection. Both people and staff were comfortable accessing the office and interacting with the manager within the home as they wanted. People clearly knew the manager and we observed some warm interactions between people and the manager.

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 had a duty of candour policy that required staff to act in an open and transparent way when accidents and incidents occurred.
- Statutory notifications to CQC had been received following any notifiable events at the service. Notifications submitted to us demonstrated relevant external organisations were informed of incidents and accidents.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to ensure people were provided with person centred care, to ensure people were supported to use their preferred accessible format to communicate and get information, to ensure that care and support was appropriate to meet people's needs and failed to design care which reflected people's preferences and ensured their needs were met.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>The provider failed to ensure all communication with people respectful, that people were treated in a caring and compassionate way and treated with dignity and respect.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure safe management of medicines and that people were provided with safe care and treatment and risks were assessed, monitored, and mitigated.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p>

The provider failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of people, to maintain securely accurate complete and contemporaneous records and to operate effective systems to assess, monitor and improve the service, monitor and mitigate risks.