

Heathcotes Care Limited

# Heathcotes Wendover House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Heathcotes Wendover House is a residential care home providing accommodation and personal care to people with a learning disability. The service can support seven people and at the time of the inspection six people were being supported.

Heathcotes Wendover House accommodates people in one adapted building. All of the bedrooms have ensuite facilities and people share a bathroom, lounge and kitchen/diner. There is a small separate sitting room which has been converted into a sensory area.

The service is also registered for the regulated activity personal care to enable them to support people in a two bedroomed supported living service, next door to the care home. At the time of the inspection the regulated activity personal care was not provided. Therefore, only the regulated activity Accommodation for persons who require nursing or personal care was looked at as part of this inspection.

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

Most relatives felt their family member was safe and happy living at the service. They commented "[family members name] is happy and most importantly not ill-treated, they are free to do what they want, independent, and can choose to say no if they do not want to do something," and " [Family members name] enjoys living there and all is good."

Some relatives still felt there was a lack of continuity of staff and that activities, communication, meals and management of laundry could be improved. Those areas were being addressed by the provider.

Risks to people were identified and mitigated. Staff were aware of people's risks and how best to support them. Risks around fluid monitoring and the environment needed further consideration. Action was taken to mitigate those findings.

Staff were suitably recruited, although recruitment files did not contain photos or risk assessments regarding the decision to employ a staff member, where this was required. The registered manager confirmed this would be addressed.

Auditing and monitoring of the service was taking place which enabled the provider to identify shortfalls in the service provided. Improvements had been made to records, with further improvements identified and being implemented.

Sufficient staff were provided with the service actively recruiting into vacancies which had reduced agency use. Staff felt better trained and supported in their roles with gaps in training and supervision identified through the providers auditing. This was being addressed.

Systems were in place to safeguard people from abuse and staff were proactive in recognising and reporting potential safeguarding incidents. Accident and incidents were recorded and showed debrief of incidents to prevent reoccurrence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: Model of care and setting maximises people's choice, control and Independence. People were encouraged to make choices and the service was working to promote their independence.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights. The service was working to further develop person centred care. A dignity workshop had taken place and the provider continued to address practices where people's privacy and dignity was not upheld.

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. The provider was proactive in addressing the culture within the service with staff roles defined, further training provided, rota better managed to meet the needs of people within the service and action taken where staff attitudes and behaviours did not promote the right culture.

The registered manager had been proactive in improving the service and had a clear focus on what they wanted to achieve to further promote person centred care, sustain improvements and continue to develop the service. A relative commented "[registered managers name] is really trying to bring stability and change to the service, which is positive."

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 and update

The last rating for this service was inadequate (published 8 December 2021) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since November 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We carried out an unannounced focused inspection of this service on 20, 21 September and 6 October 2021.

Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, safeguarding, staffing, recruitment practices, good governance and informing us of incidences without delay.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements and warning notices. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this 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 Heathcotes Wendover House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Heathcotes Wendover House

## 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 one inspector on site over two days and an Expert by Experience who carried out telephone calls to relatives, after the site visit.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Heathcotes Wendover House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is also registered for the regulated activity personal care to enable them to support people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. At the time of this inspection the regulated activity personal care was not being provided and

therefore not reviewed.

### Registered Manager

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

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

### Notice of inspection

This inspection was unannounced.

### 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 informally with one person who used the service. We spoke with five staff which included the registered manager, a team leader and three support workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the environment and a range of records. This included three people's care records and six medicine records. We looked at four staff files in relation to recruitment and six other staff files in relation to training and supervision. We reviewed a sample of health and safety records, fire records, in house audits and team meeting minutes.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, rotas, provider audits and policies and procedures. We spoke with five relatives to get their view of the service.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection risks to people were not mitigated. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvements had been made to meet the requirements of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, we found certain areas required further attention.

- Nutrition and dehydration risks to people were identified. Fluid and food records were maintained. A person's care plan indicated their daily fluid target was 1800 millilitres. The fluid charts viewed showed the person rarely if ever, had the target amount of fluid and no guidance was provided on the action to take if the fluid target intake was consistently not achieved. This was addressed during the inspection with the GP contacted for advice.
- During the inspection we observed disposable gloves were accessible to people. The risks to individuals around this had not been considered or mitigated. The provider agreed to review the risks to individuals.
- Since the last inspection areas of the home had been decorated and refurbished, although further damage had occurred to the walls, doors and windows which impacted on the conditions people lived in. We saw these had been reported in a timely manner and escalated by management. However, there was a delay in sourcing the materials to make good the damage which had resulted in a delay to the repair. The rear garden was overgrown, with weeds on pathways and the garden table was broken. The registered manager confirmed new garden tables were chosen and awaiting senior manager approval. They confirmed the grass would be cut and a system put in place for the garden to be consistently maintained.
- People's care plans contained a series of risk assessments which were person centred. Risks associated with mobility, epilepsy, choking, community access and life skills were identified and mitigated. To further mitigate the risk of choking a LifeVac was available. A lifeVac is a device to clear the airway to deal with a choking emergency. Staff were trained and had their competencies assessed to use it.
- People who required it had positive behaviour plans in place. These outlined triggers and strategies for responding to an incident to mitigate risks to the person, staff and others living at the service. Staff were aware of risks to people and supported them appropriately to mitigate the risk.
- Health and safety checks took place which included fire safety, first aid boxes, water temperature and equipment such as wheelchairs and mattresses. Legionella testing was completed and equipment such as gas, electricity and fire equipment were serviced. An up to date fire risk assessment was in place. People had personal emergency evacuation plans (PEEPs) in place and monthly fire drills took place to promote fire safety.



## Staffing and recruitment

At our last inspection recruitment procedures were not operated effectively to ensure fit and proper staff were employed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvements had been made to meet the requirements of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, we found certain areas required further attention.

- Systems were in place to promote safe recruitment practices. Staff completed an application form and attended for interview. Completed health questionnaires were on file and gaps in work histories were explored.
- A minimum of two references were on file and Disclosure and Barring Service (DBS) checks were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Where a conviction had been highlighted, discussions had taken place around it. However, a risk assessment was not completed to evidence how any risks might be mitigated. The registered manager agreed to complete a risk assessment to support their decision to recruit a staff member.
- Not all of the staff files viewed contained a recent photo. The registered manager advised this would be addressed.

At our last inspection Sufficient numbers of suitably trained staff were not provided. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider was proactive in recruiting to vacant positions with one team leader vacancy and three support workers vacancies at the time of the inspection. Some relatives felt there was still a high use of agency staff which impacted on the continuity of care their family member received. Relatives commented "Staff changes means that they do not understand [family member's name] and they take time to engage," and "Lots of agency staff on shift." Other relatives acknowledged there was new staff around which they hoped would mean less agency use and they felt the staffing levels had improved.
- The rotas showed the staffing deemed required was mainly provided except for an occasional shift where agency staff were not able to be sourced. The staffing levels allowed for the required one to one hours to be provided to individuals at home and two to one staffing for when individuals were in the community. We saw regular agency staff were used when required which ensured staff were familiar to people and there was a noticeable reduction in agency use from the last inspection due to the recruitment of permanent staff members.
- Staff told us the staffing levels had improved with more permanent staff recruited. Staff commented "Staffing levels have definitely improved with the recruitment of more permanent staff who are ready to listen," and "The staffing levels seem good, an allocation board is in use which is completed in the morning and it is agreed which staff are supporting people at home and to go out on activities."
- A relative told us all staff were not suitably trained to support their family member with their needs and medical condition. The provider confirmed that following the previous inspection all staff in post at that time had received enhanced training and assessment of their competencies in relation to the family member's medical condition. New staff undertook initial on-line training in that topic, and they were booked on face to face sessions at the earliest opportunity. Other relatives were complimentary of individual staff

and commented "Yes generally, there are a couple of staff that work well with [family member's name], they are absolutely brilliant and very good at predicting upcoming behaviours and needs."

- The registered manager confirmed all staff employed at the service were working through the Care Certificate training and assessments regardless of previous experience. The Care Certificate training provides a framework to ensure that staff have the skills, knowledge and behaviours to provide compassionate, safe and high-quality care. This enabled the registered manager to ensure all staff were trained to an agreed standard.
- Staff told us they felt suitably trained for their roles and team leaders were enrolled on management training. New staff confirmed they worked shadowing shifts with experienced staff as part of their induction. The training matrix showed some gaps in training. This had been identified at the provider's monitoring visit carried out in May 2022 and was included in the actions for the registered manager to follow up on with the training department.

### Systems and processes to safeguard people from the risk of abuse

At our last inspection people were not safeguarded from the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Systems were in place to safeguard people. The provider had safeguarding policies in place and staff were trained in safeguarding. Staff were aware of their responsibilities to report safeguarding concerns. Staff commented "I am open with my opinions, If I saw or heard something that concerned me I would report," and "If I observe poor practice I would take the staff member to one side and escalate it to management".
- A recent notification to us showed staff had reported poor practice to safeguard a person which assured us staff were responding appropriately to safeguard people.
- Relatives generally felt their family member was safe and confirmed they were informed of accident/incidents as they occurred. A relative commented "[Family members name] is in safe hands, happy and well looked after."

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People's care plans contained detailed decision specific mental capacity and best interest decisions for people who required them in relation to aspects of their care. These related to decisions around living at the service, medicine administration, locked doors and use of monitors to promote safety. A person did not

have a mental capacity assessment and best interest decision for the use of a lap belt. However, this had been identified by the provider and was being addressed.

### Using medicines safely

At our last inspection safe medicine practices were not promoted. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Systems were in place to promote safe medicine practices. The provider had a medicine administration policy in place and staff involved in medicine administration were trained and had their competencies assessed to administer medicines.
- Medicines were suitably stored and at the recommended temperature. A record was maintained of medicines ordered, received, administered and disposed of.
- Protocols were in place for "as required" medicines. A person's "as required" medicine indicated it was to be administered for behaviours that challenge, with no guidance around how those behaviours might present. The medicine administration record showed it had not been administered on recent administration records. The registered manager agreed to update the protocol to ensure all staff were clear on when it was to be administered.
- The medicine administration records viewed showed medicine was given as prescribed. In one person's medicine record the instructions for administration of emergency medicines were not clear. This was pointed out to the registered manager and the prescriber was contacted for the prescription to be amended.
- The provider's policy on taking medicine out of the service was developed in line with best practice. However, a staff member told us they decanted some medicines when people were going out on social leave. Other staff were clear that medicine for leave away from the service was not to be decanted from its original packaging. The registered manager was made aware for this to be addressed. On day two of the inspection we saw staff had been reminded of the policy on taking medicine out of the service and this was reinforced to staff on all shifts.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. On arrival checks were completed on us, which included ensuring we had completed a lateral flow test.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. During the inspection, a new cooker was installed. The area behind and by the sides of the cooker had a build-up of dirt, food and grease and was unhygienic. This was immediately addressed, and measures agreed for it to be cleaned regularly.
- 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

The home was open to visitors. Most relatives were happy with the visiting arrangements during the pandemic and felt reassured safe processes were in place to enable them to visit.

#### Learning lessons when things go wrong

- Systems were in place to promote learning from accident and incidents. A debrief took place after an incident, with a record maintained of learning by staff and signed off by the registered manager.
- Accident, incidents, safeguarding's and complaints were reported to head office weekly, or as they occur. These are viewed by senior managers and followed up on where necessary. This enabled the provider to have oversight of occurrences within services. We saw learning from incidents in other services were also communicated to the service to prevent reoccurrence.

# 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. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection systems and processes were not operated effectively to ensure the service was effectively monitored and that records were accurate, suitably maintained and secure. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvements had been made to meet the requirements of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, we found certain areas required further attention.

- Some improvements had been made to record management in that staff files, the rota and supervision records were better maintained. However, people's records were not always kept secure with the lock not working and records left out on the table/worktop, whilst staff went off to attend to something else. Some daily records were illegible, not dated and in one file viewed there was conflicting information on the one to one hours required. Mental capacity assessments were not dated, and best interest decisions were not signed and dated. Some health and safety checks were not signed as being completed at the required frequency and a person's fluid chart record was not routinely completed to be assured, they were provided with the required daily fluid intake. The provider was working to improve records with templates being devised to ensure staff recorded key issues, dated documents and they were reviewing storage of people's records.
- Since the last inspection the provider had been proactive in addressing the culture within the service to promote the right support, right care and right culture for adults with a learning disability to promote their independence, dignity and ensure they were supported in an anti-discriminatory way. A dignity workshop was held with all staff and the provider was in the process of identifying and training named staff members as dignity champions to further promote dignity in the workplace. Boundaries were set around the rota, with the rota monitored to ensure staff were not working excessive hours or leaving the service during their shift. Staff roles and responsibilities were clarified with training provided to improve practices. Poor practice and team conflict were addressed, with staff having the confidence to report concerns to promote people's safety and well-being.
- During the inspection, we heard one staff member use terms of endearment whilst supporting a person and saw another staff member did not promote a person's privacy whilst observing them. This was immediately identified and addressed by the regional manager on site, which assured us poor practice was

recognised and challenged.

- Systems were in place to audit the service. The registered manager carried out a series of daily, weekly and monthly checks with records maintained of the findings and actions. In house audits of medicines, care plans, infection control and health and safety were routinely completed. Alongside, this the provider carried out monitoring visits which we saw had identified issues we found in relation to there been no Mental Capacity Assessment for the use of a lap belt, record management, gaps in training, supervision and in the recording of the health and safety checks. Action plans were in place to address the findings from the audits and the provider visits. These actions were followed up at the next provider visit. The provider confirmed they were planning further improvements to their auditing to ensure all actions are captured in one document.

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

At the last inspection CQC was not notified of incidents without delay. This was a breach of regulation 18 Notification of other incidents (Registration Regulations 2009).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager was aware of what needed reporting to CQC, and the required notifications were made, in a timely manner.
- Since the last inspection a manager new in post at that time had become registered with CQC. Staff were positive about the changes within the service and described the registered manager as approachable, calm and a good listener. They felt roles were clearer, tasks were delegated, and the rotas were appropriately managed to benefit the people living at the service. Staff commented "[Registered managers name] and the team leaders are on the same page," "The manager is approachable and gives us feedback so we know what action has been taken," and "Things have improved, I am better supported, trained and feel able to go to [Registered managers name] and know he will get back to me with a response."
- Relatives were generally complimentary of the registered manager and felt he had brought stability to the service. They described him as "Lovely, approachable, accessible and gets things done, although felt the organisations head office prevented him from being more responsive". They commented, "New manager is the best manager, very approachable, understands and listens, very positive so far," "[Registered manager's name] takes feedback on board and listens," "If I am niggled I will speak to the manager about it and generally he sorts it," and "It appears to be better with the manager there, he is a lovely chap, easy to get on with, no one is afraid to approach him. He delegates to staff who have been there longer as opposed to jumping in headfirst and the home is running better."

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

At our last inspection systems in place to seek feedback and promote effective communication to mitigate risks to people were not fully established and embedded into practice. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems were in place to get feedback on the care provided. A recent relative survey was carried out. This was undated. Feedback from the survey was analysed with actions in place to address the issues raised.
- Relatives told us they had asked for relative meetings which so far had not been established. Relatives were kept up to date via email and telephone with the intention being to set up family forum meetings in the near future. Some relatives described communication with them and within the team as ineffective. Other relatives felt communication was good and had improved. A relative commented "I am really happy with communications and feel well informed." Some relatives were not aware of keyworkers or who their family member's keyworker was. A relative told us some staff were not aware their family member wore glasses, where they were kept and hence rarely worn and requests for regular email updates on their family member was not always forthcoming. These concerns were fed back to the registered manager to follow up on. The provider confirmed they had identified communication with families as an area that required improvement and they continued to address with the support of their operational and quality team.
- Systems were in place to promote communication within the team. Handovers took place on each shift and a shift planner was in use which outlined tasks and activities for the shift. Staff were provided with one to one supervision, with probation reviews and appraisals also taking place. The records showed some gaps in staff supervisions which had been identified by the provider and was being addressed. Monthly team meetings were taking place with staff encouraged to contribute to them.
- Staff told us they felt better supported with communication and teamwork improved. Staff commented "I feel able to raise concerns and concerns are addressed. Communication and teamwork have improved," "I feel better supported and listened too. Regional managers come around and I feel able to raise issues with them also," and "Team meetings are good, and I feel able to speak freely."

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 in place which was developed in line with regulation 20. It included a template letter to use to inform a person and/or their family member about a duty of candour incident.
- Whilst no duty of candour incidents had occurred in the time under review, the registered manager was aware of their responsibilities in respect of a duty of candour incident.

Working in partnership with others and Continuous learning and improving care

- A person was supported to be involved in volunteering work and they were due to commence training with the organisation to enhance their first aid skills. Their relative was complimentary of the support and intervention provided.
- People had more frequent access to community activities which included trips to Oxford, Milton Keynes, London Zoo, Madame Tussauds, meals out, the cinema, trips to theme parks such as Thorpe Park and Lego Land and internal opportunities such as Heathcote's Got talent and music therapy. However, relatives told us the variety of activities on offer to their family members was limited and the lack of drivers on shift prevented people accessing the community as frequently as they could. During the inspection we saw use of public transport was encouraged, although this was not suitable for everyone and other activities were offered but not taken up by individuals.
- Families were actively involved in people's care to ensure person centred care was promoted. Relatives were concerned about the meals provided as their family member had either gained or lost weight. The provider had accessed a dietician to work with the service and the menus provided showed a range of homecooked meals were provided. The dietician planned to carry out a series of observations of meals with a view to developing person-centred menu plans. A cooking workshop with staff was scheduled to take place in June to build staff's confidence in preparing meals that have been identified as being of greater nutritional value.

- The service liaised with health professionals such as a Speech and Language therapist, GP, Psychiatrist and an epilepsy nurse. Key workers roles were being developed in the service to promote a more person-centred approach to people's care and improve communication with families.
- After the inspection it came to light that communication from a consultant was not acted on by the person's GP and not followed up by the service. The provider confirmed systems were put in place to prevent reoccurrence.