

# Clearwater Care (Hackney) Limited

## Kacee Lodge

### Inspection report

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Date of inspection visit:

22 November 2019

29 November 2019

Date of publication:

09 January 2020

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Kacee Lodge is a residential care home registered to provide accommodation with personal care for up to seven people with learning disabilities, and who may also have an autistic spectrum disorder. The service does not provide nursing care. At the time of the inspection six people were living at the service.

Kacee Lodge is a domestic style single storey detached house within a residential area of Colchester. Each person has their own bedroom and access to additional communal facilities, including a purpose built sensory room. The design of the building fits into the residential area and is like other domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

At our last inspection we recommended the provider reviewed their arrangements relating to their quality assurance processes, to ensure they meet best practice guidance and relevant legislation, and ensure staff were properly trained, had regular supervision and an annual appraisal of their overall performance. The provider had made these improvements.

However, further improvements were needed to ensure the governance systems used by the registered manager at local level were effective. These had not identified the issues we found during this inspection in relation to safe recruitment, cleanliness of the laundry and failed to recognise and address people's protected characteristics.

Although the majority of staff had worked at Kacee Lodge for a long time, a review of recruitment files found, references from previous employers had not always been obtained to confirm their fitness to work at the service. Additionally, where previous convictions had been disclosed on a staff's disclosure and barring service check, the registered manager had not explored these issues to ensure they were not a risk to the vulnerable people in their care.

We have made a recommendation about the safe recruitment of staff.

Further work was needed to promote people's protected characteristics, such as age, disability, race,

religion or belief, and sexual orientation. People had not been involved in deciding who provided their care, including their preference for male or female staff.

We have made a recommendation about people's protected characteristics.

The premises need modernising. The provider had a plan in place for refurbishment of the service over the next 12 months, and some progress had already been made in relation to fire safety and replacement flooring throughout the premises. The registered manager took immediate action during the inspection to refer issues about the laundry flooring to the estates team, and ensure it was cleaned to prevent the risk of spreading infection.

Staff had good understanding safeguarding procedures and how to report concerns. Medicines management and risks to people were assessed and managed well. The service had worked well liaising with other professionals and services to ensure people received the support they need to stay safe. Staff understood how to support people's anxieties and behaviours in a positive way.

Staffing levels were sufficient to meet people's complex needs. Staff and records confirmed they had received a range of training to give them the skills and experience to carry out their roles.

Where things have gone wrong, systems were in place to learn from such incidents and improvements made. Improvements had been made since our previous inspection to ensure people's personal monies were accounted for.

Staff were aware of people's specific health needs. Changes in people's care and support needs were identified and responded to promptly. People were being supported to live a healthy lifestyle and had access to food and drink of their choice. Work was in progress to develop end of life care plans to ensure people's wishes are considered at such time, and ensure they experience a pain free and comfortable death.

The requirements of the MCA and DoLS were understood and managed in line with relevant guidance and legislation. 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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People were supported to access colleges and activities, such as 'bounceability' to improve their fitness, however we found little evidence to reflect people had access to community-based activities on a regular basis that were socially and culturally relevant to them.

People using the service were well cared for, by staff that knew them well. People were involved in making decisions about their care and how their home was decorated. People had good access to advocacy support where needed to support them when making important decisions. The service was meeting the requirements of the Accessible Information Standards (AIS) which ensured people were provided with information in a way they can understand.

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

Rating at last inspection: The last rating for this service was requires improvement (published 22 November 2018).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kacee Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Why we inspected

This was a planned inspection based on the previous rating. The inspection was also prompted in part by notification of a specific incident, following which a person using the service sustained a serious injury. The information CQC received about the incident indicated concerns about the management of scalding. This inspection examined those risks. The provider had taken immediate action to mitigate the risks of a similar incident happening again, and we found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was good.

Details are in our good findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Kacee Lodge

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

Not everyone chose to or were able to communicate with us. Therefore, we spent time observing how staff interacted with people to understand the experience of people who could not talk with us. We spoke with

two relatives about their experience of the care provided to their family member. We spoke with the providers regional director by telephone, the registered manager, a senior carer and a support worker.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed, including management of people's finances, policies and procedures.

# Is the service safe?

## Our findings

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

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

This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The recruitment and selection process needed better management to ensure staff recruited had the right skills and experience and were suitable to work with people who used the service. A review of staff files found, references for two prospective employees had not been obtained from their previous employer to verify their fitness to work at the service. Additionally, where convictions had been identified on a staff member's Disclosure and Barring Service (DBS) check, no record of discussion or risk assessment had been completed to ensure they were suitable to work with vulnerable people. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

We recommend the provider seek advice and guidance from a reputable source, about safe recruitment practices.

- The service had enough staff to meet people's complex needs including additional support hours as contracted by the local authority funding the care.
- The registered manager and staff worked flexibly to meet the needs of the people using the service.
- The registered manager told us, "Staffing levels are regularly reviewed and adjusted according the number and needs of the people using the service. As the service has a vacancy, staff numbers have recently been reduced from six, to five."
- Staff told us there were enough staff to meet people's needs and keep them safe. One member of staff commented, "We have six people, with five staff during the day and two waking nights. Its fine, it's what we need."

### Preventing and controlling infection

- Systems were in place to prevent the spread of infection; however, these had not identified improvements were needed in the laundry. For example, we found the drainage cover under the washing machine did not fit flush with the flooring, and there was debris in the rim. Additionally, the floor was dirty around the edge of the walls, and there was a build-up of dust, and fluff around the back of the washing machine. The registered manager confirmed they would refer this immediately to the estate's management team, to look at the flooring, and ensure the laundry was cleaned.
- Staff were trained and understood their responsibilities when preparing and handling food and maintaining hygiene. One member of staff commented, "I have completed infection control training, wear personal protective equipment, such as gloves and aprons, and I am aware of the Control of Substances

Hazardous to Health (COSHH) regulations, when using cleaning products."

- Staff had access to and followed infection control procedures in relation to dealing with soiled clothing and linen. One member of staff commented, "All soiled washing goes in a red dissolvable bag, which is washed separately on a hot wash to prevent the spread of infection."

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding systems, policies and procedures in place. Staff had a good understanding these processes to keep people safe. One relative confirmed this stating, "I feel my [Person] is kept safe whilst living at Kacee Lodge."
- Staff understood their responsibilities to report concerns and had worked well liaising with other professionals and services to ensure people received the support they needed to stay safe.
- The registered manager was aware of their responsibility to liaise with the local authority and where safeguarding concerns had been raised, and such incidents had been managed well. They commented, "Due to a recent event, where a person was injured due to scalding, safeguarding has been a big topic. Staff have recently redone safeguarding training. I also ask questions about safeguarding and discuss with staff at supervision to test their understanding."

Assessing risk, safety monitoring and management

- Risks to people were anticipated and managed well to keep them safe. This included managing people's finances, scalding, accessing areas of the service, such as the kitchen, sensory room and using the mini bus to access the community.
- The registered manager worked well with people's family and/or advocates to ensure they were involved in managing risks. Where restrictions were made to reduce risks to people, and keep them safe, the least restrictive option had been considered. This ensured people had as much control and independence as possible.
- People's complex needs meant they often behaved in ways that challenged others. Staff managed these situations in a positive way, which protected people's dignity and rights.
- Regular fire safety checks were undertaken to reduce the risks to people if there was a fire. People had individual personalised evacuation plans in place which guided staff on how to support them to evacuate the premises in the event of fire.
- Systems were in place to ensure that equipment was safe to use and well maintained

Using medicines safely

- People's medicines were ordered, stored, administered and disposed of safely and in accordance with relevant best practice guidance.
- Random sampling of people's routine medicines, against their records, including controlled drugs confirmed they were receiving their medicines as prescribed by their GP.
- Where medicines were prescribed on an 'as required' (PRN) basis, clear protocols were in place to guide staff when these should be administered.
- Staff had worked with GP's to reduce the amount of psychotropic medicines prescribed to people using the service to improve their quality of life. For example, a senior member of staff told us, "[Person] used to be prescribed a medicine to manage their behaviour, but since being at Kacee Lodge this has been reduced, and they now no longer need it."

Learning lessons when things go wrong

- Staff were aware of their responsibilities to raise concerns, record safety incidents and near misses.
- Where things had gone wrong, systems were in place to learn from such incidents and improvements made. A recent serious incident had been managed well, and dealt with in an open, transparent and objective way, including working with the police.

- Following the incident, the registered manager had carried out an investigation to find out how this incident had occurred. They had worked with staff to review the persons care plan and risk assessments to ensure this could not happen again.
- The outcome of the investigation and lessons learned had been shared with staff at supervision and monthly team meetings.

# Is the service effective?

## Our findings

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

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

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Peoples care plans contained information on how their physical and mental health needs were being assessed and met.
- Staff had received training to ensure they had the skills and experience to support people with specific health conditions, such as managing epilepsy and PEG feeding in line with recommended best practice guidance. Percutaneous Endoscopic Gastrostomy (PEG) is medical procedure where a tube is passed into a person's stomach to provide a means of feeding when oral intake is not adequate, due to the risks of choking, because of poor swallowing.
- The service followed the National Institute for Health and Care Excellence (NICE) guidance on oral health. This ensured people's oral health and hygiene needs were being met, including access to dental services.

Staff support: induction, training, skills and experience

- Since our last inspection the provider had introduced a new on-line training system. This system enabled the registered manager to track staff had completed training.
- Where staff had previously not been up to date with moving and handling and medicines training, we saw these had been completed. One member of staff commented, "I have completed medicines training on line, and via the pharmacy. Another told us, "Done all my training, including administering emergency medicines to a person in the event of prolonged, or recurrent seizures."
- Staff had completed a range of training, on line and face to face which gave them the skills and knowledge to carry out their roles and meet the specific needs of people using the service. Training included, assessing and managing risks around dysphagia, choking, learning disabilities, palliative care and stoma care. Two staff had attended a four-day intensive training course on how to assess and manage challenging behaviours. The training focussed on the specific complexities of people using the service, which ensured staff had the skills to provide safe care and respond to unforeseen events.
- The registered manager had completed a course enabling them to deliver practical manual handling training to staff. They also carried out observations periodically throughout the year, to check staff were competent when assisting people to move. One member of staff confirmed this, commenting, "The registered manager observed me the other day to ensure I was correctly using the hoist."
- Staff told us they were supported to achieve a National Vocational Qualification (NVQ) or an equivalent diploma in health and social care as part of their professional development.
- New staff completed an induction when they joined the service, including completion of the 'Care Certificate' which is a set of standards that social care and health workers should adhere to in their daily

working life. Staff confirmed as part of their induction they had shadowed an experienced member of staff before they were able to work independently.

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

- People were supported to have access to food and drink of their choice.
- People's nutritional needs were assessed, and professional advice and support was obtained for people where needed.
- Staff were aware of people's dietary needs, including those that were diabetic, or who needed a soft diet due to the risk of choking. One staff commented, "[Person] needs a thick pureed diet, whereas [Person] has a fork mashable diet."
- Meals times were a positive, and sociable experience for people with a good ratio of staff present to ensure they received the support they needed to eat their meal.

Staff working with other agencies to provide consistent, effective, timely care

- Systems were in place for referring people to other services. Staff told us, and records showed advice and support had been sought from health professionals, such as, the GP, dieticians, and speech and language therapist.
- The registered manager and staff worked well with people's relatives and other professionals to ensure continuity of care.
- Where issues around people's health were identified, prompt referrals to the appropriate health services had been made.
- Hospital passports had been completed to help professionals understand the needs of people using the service with a learning disability and how best to communicate with them, if they needed hospital treatment.

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

- The environment was a safe and comfortable place for people to live, however improvements were needed to the décor, and to replace worn furniture.
- The providers regional director showed us a maintenance programme to improve the current living conditions and to modernise the premises. They provided us with a list of remedial works planned over the next 12 months and those that had been completed. To date improvements had been made to fire safety installing new fire doors, and new laminate flooring had been laid throughout the premises.
- People's rooms were in the process of being decorated. Those that had been completed were decorated to reflect the persons individual needs and personality.

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

- People were being supported to live a healthy lifestyle, including healthy food options and access to services such as 'bounceability'. This is a trampolining activity which helps adults and children with special needs and disabilities to have exercise, fun and improve their fitness.
- Staff were aware of people's specific health needs, and they attended routine appointments with people to ensure their health was being monitored. One member of staff told us, "We support people to go to appointments at the dentists, and to see the epilepsy nurse and disability team. We try to book appointments around their scheduled activities."

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

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

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The requirements of the MCA and DoLS were understood and managed in line with relevant guidance and legislation.
- Where people had been deemed to lack capacity to make significant decisions about their health, welfare and finances, the relevant people including their power of attorney and health professionals had been involved.
- Systems were in place to support people in the least restrictive way and ensure their rights were protected. The registered manager confirmed all six people had authorisations in place to restrict their freedom for their own safety. Best interest assessors had been involved in the assessment process ensuring any restrictions in place had been made legally.

# Is the service caring?

## Our findings

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

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

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

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

- People using the service were well cared for, by staff that knew them well.
- Staff had a good knowledge of people's personalities, their likes and dislikes and what they could do for themselves.
- Relatives were positive about the care provided. Comments included, "Staff are very good and helpful. Our [Person] seems happy here, they are always happy to go back after being at home with us."
- Staff had developed good relationships with people using the service. We saw positive interactions between staff, and the people they supported. Staff were smiling and using humour as they engaged with people. Interactions were natural, but respectful.

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

- The registered manager had worked with professionals, social workers and families when people needed help to make decisions about their care, and when they required treatment.
- People had good access to advocacy support where needed to support them when making important decisions.
- People were involved in making decisions about their care and how their home was decorated. The registered manager told us, people had been consulted about how they wanted their rooms decorated, including paint colours, furniture and bedding.
- Staff knew people's communication needs well and we saw people being able to make decisions about how they spent their day and what they had to eat.

Respecting and promoting people's privacy, dignity and independence

- Staff completed equality and diversity training during their probation period and then yearly. The registered manager told us these expected standards of care were also discussed in staff meetings and supervisions, to ensure staff understood the importance of people's rights to privacy and confidentiality. One member of staff commented, "I have completed training about new legislation when sharing information. I don't speak about people outside of home."
- The service had 'dignity champions' in place to train, inspire and motivate other staff to ensure people received better care as a result.
- Staff understood it is a person's human right to be treated with dignity and have their privacy respected. We observed them putting this into practice. Staff spoke discretely when asking or encouraging people to

use the toilet and were observed gaining people's consent to enter their rooms and before providing personal care. One member of staff told us, "When providing personal care, I ensure I keep the door shut and when administering medicines, and fluids through [Person's] PEG. I take them to their room, to maintain their dignity."

# Is the service responsive?

## Our findings

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

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

This meant people's needs were met through good organisation and delivery.

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

- People's care plans reflected their relatives, and or advocate had had input into their care. This included information about the persons past, their likes, dislikes, health and behavioural needs. However, there was limited information about people's identity, such as age, disability, race, religion or belief, sex and sexual orientation, or preferences around receiving personal care from male or female staff.

We recommend the provider seek advice and guidance from a reputable source, about ensuring people's needs on the grounds of protected equality characteristics are identified and protected.

- Changes in people's care and support needs were identified and responded to promptly. For example, where a person had developed an infection, their records showed immediate action had been taken to see the GP and a referral made to the ear, nose and throat specialist.
- Positive behaviour support plans provided detailed guidance for staff on how to support people during episodes of distressed behaviours, including self-harm. Staff understood people's routines which provided continuity and stability and helped to reduce causes of behaviour or distress.

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

- Further work was needed to ensure people accessed community-based activities on a more regular basis. Although, people had a structured timetable in place for weekly activities, such as 'bounceability', and college, despite the good ratio of staff there was limited information to reflect engagement in activities in the wider community. The lack of activities had also been raised by relatives in a recent survey.
- The registered manager and staff told us the service only had one minibus, which limited people's access to the community. However, the service is located on the outskirts of Colchester, and easily accessible using public transport, or wheelchair accessible taxis.
- Staff told us people do go out to eat, go to the park, the coast and the pub, however there was no record or evidence in photo albums to confirm these activities had taken place. The registered manager informed us they were concerned about staff taking photographs of people engaged in activities, as none of the people had capacity to consent to these being taken, but would discuss this with people's relatives, social workers and advocates.
- People were involved in home based activities, including access to a purpose-built sensory room, and entertainment brought into the service, for example, 'frantic pantomime', provide a performance twice a

year.

- People were supported to maintain relationships with family and friends. One relative told us "Staff will meet us half way between home and Kacee Lodge, when our [Person] comes home, which is a real help as it is a long way."

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had a stable staff team, many of whom had worked at Kacee Lodge for several years and understood the different ways people communicated, such as facial expression, gestures, pictures and via information produced in an easy read format.
- Where required, support had been obtained from other professionals such as the occupational therapist and SALT to look at ways of improving people's communication.
- One person used an iPad to communicate with staff and their relatives, but there was not much use of technology to aid other people's communication.
- Staff confirmed they had received training to support people to communicate their needs effectively, including the use of objects of reference, positive behaviour support and intensive interaction training.
- Information on how to complain, raise concerns about safety and about keeping information confidential had been provided in an easy read format and displayed in accessible areas of the service.

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

- Systems were in place to acknowledge and respond to complaints.
- The registered manager confirmed there had been no complaints raised about the service since our inspection in 2016. They told us, "I see complaints as a positive, which ensures where things have gone wrong I can put them right."

#### End of life care and support

- The service does not currently have anyone approaching end of life. The registered manager told us they were currently exploring ways to obtain people's preferences and choices in relation to end of life care, to ensure they experience a pain free and comfortable death. As mentioned previously in this report, this needs to include people's preferences relating to their protected characteristics, cultural and spiritual needs.
- The registered manager provided an example, where a person's cultural and spiritual needs had previously been considered. The person who had no living relatives passed away in the service. They had taken steps to work with the Jewish community to ensure the person's religious beliefs had been respected after they had died.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same.

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

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

- Our last inspection identified improvements were required to the governance arrangements to assess and monitor the quality of the service. At this inspection whilst the provider governance arrangements had improved, further improvements were needed to ensure the governance systems used by the registered manager at a local level were effective. Their audits had not identified issues with safe recruitment, cleanliness of the laundry and failed to recognise and address people's protected characteristics.
- A review of Kacee Lodge carried out by a representative of the organisation on 17 June 2019 to check the service was being managed appropriately in line with the provider's expectations and in line with the Care Quality Commission's standards of care had identified where improvements were needed. Following this review an action plan had been developed setting out timescales for the improvements to be made, including recommendations following a fire safety risk assessment. We checked at this inspection and found these improvements had been or were in the process of being completed.
- Our last inspection identified discrepancies in people's personal monies. The registered manager had implemented new processes to ensure people's monies were accounted for, including weekly audits. We checked three people's cash balances against financial records and receipts and found these were correct with no discrepancy.

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

- Staff were not aware of the core values of the company, which were to be supportive, ambitious, loyal, unique, transparent, engaging and meaningful, but intuitively applied these in their day to day roles.
- Staff told us there was a good culture in the service. Comments included "Staff do work together well, it's about supporting people who live here, all staff are approachable, and help each other."
- The registered manager told us morale in the service was good, and praised the staff team, commenting, "Staff are very loyal, they often volunteer in their own time to support people, they love and support the service, so I put them through for a company loyalty award, although they didn't win, their contribution was acknowledged."
- The provider has a range of incentives to reward staff for their commitment and loyalty. Staff had access to 'Perkbox' a computer-based system which gives money off vouchers for a range of products and leisure activities. For example, a member of staff who had completed 100% training had been acknowledged and

provided with vouchers.

- Staff told us, the registered manager was approachable, and supportive. One member of staff commented, "I have supervision with the registered manager every three months. We discuss how I'm getting on, any worries I may have and what additional training I may need. I do find these meetings helpful and feel supported in my role."

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 registered manager and staff understood their responsibility to be open and transparent. This was demonstrated following the recent incident where a person had sustained a serious injury at the service.
- Relatives told us they were kept informed about their family members, including when things went wrong. One relative, commented, "Communication is good."

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

- The registered manager told us they tried different ways to seek feedback from people using the service, their relatives and / or their advocates and staff on a regular basis.
- Surveys had been completed by people's relatives and other people involved in their care, including the reflexologist, health practitioner and hairdresser. All provided positive feedback about the care, support and treatment people received and said they would recommend the service. Comments included, "Residents get the right support," and "Residents are happy, there are enough staff who are obliging and willing to assist, the attitude of staff is excellent."
- Team meetings provided staff with an opportunity to feedback their views and suggestions for improvements.

Continuous learning and improving care

- The registered manager attended regional meetings with other managers to share information and best practice.

Working in partnership with others

- The registered manager worked well with other professionals to ensure people using the service were safe and received the care and support they needed.