

CSN Care Group Limited

# Carewatch (Colebrook House)

## Inspection report

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14 January 2020

15 January 2020

27 January 2020

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05 March 2020

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Carewatch (Colebrook House) is an extra care housing scheme providing support to people living in their own flats and houses across two schemes. Carewatch (Colebrook House) provides care and support to 57 flats at Colebrook House and 43 flats and two bungalows at Richard Neve. At the time of this inspection, 63 people were being supported with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service

People were not protected from the risk of avoidable harm. Risk to people was not always identified, assessed and had appropriate management plans in place to manage risks safely. Accidents and incidents were reported and recorded but these were not always analysed to drive improvements. Medicines were not always managed safely, and medicines records were not always consistent with the care and support people received. Care and support were not always planned to ensure people's individual needs were met. Records were not always accurate, complete and consistent. The systems in place for assessing and monitoring the quality of the service was not always effective. The provider failed to notify the commission of incidents that had occurred at the service as required by law.

People were not supported to have maximum choice and control of their lives and did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. However, the service did not seek people's consent for photography and records were not consistently clear whether people had given their consent to the care and support they received.

We have made two recommendations in relation to supporting staff and presenting information in formats that meet people's needs.

People and their relatives were complimentary of the care and support they or their loved ones received. They said the service had improved since our last inspection and they received care and support from staff that were kind, compassionate and treated them respectfully. People said their privacy and dignity was respected and their independence promoted. People and their relatives were involved in making decisions about their care and support needs and their views were respected.

Enough staff were available and effectively deployed to ensure people's needs were met. The service followed appropriate recruitment checks. Staff followed infection control procedures to minimise the spread of diseases. Before people started using the service their needs were assessed to ensure it could be met. People were supported with food and drink for their health and well-being. People were supported to maintain good health and staff engaged with healthcare professionals to provide care and treatment where

required. People and their relatives said they knew how to make a complaint and were confident their complaints would be addressed. People's views were sought through surveys and tenants' meeting to improve the quality of the service. The service worked in partnership with key organisations to ensure people's needs were met.

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 April 2019). Since this rating was awarded the provider has altered its legal entity.

#### Why we inspected

We carried out an announced comprehensive inspection of this service on 20 and 21 February 2019. 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, person-centred care, dignity and respect, safe care and treatment and good governance.

We undertook this comprehensive inspection to check they had followed their action plan and to confirm they now met legal requirements.

#### Enforcement

We have identified breaches in relation to person-centred care, need for consent, safe care and treatment, good governance and notification of other incidents at this inspection.

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

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive 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** ●

# Carewatch (Colebrook 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 Care Act 2014.

#### Inspection team

An inspector and an assistant inspector visited the service on 14 January 2020. One inspector returned on 15 and 27 January 2020. Two experts by experience made phone calls to people and their relatives to seek their views about the service. 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

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection. The Inspection activity started on 14 January 2020 and ended on 27 January 2020.

### What we did before the inspection

We reviewed information we held about the service since our last inspection, including records of events the provider was required to tell us about. We sought feedback from the local authority that commissioned the service and other health and social care professionals.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

### During the inspection

During the inspection we visited and spoke with three people to gather their views about the service, we spoke with 14 people and three relatives on the telephone to seek their views about the service. We spoke with 13 members of staff including the registered manager, the head of extra care, a deputy manager, and 10 care workers about the care they provided and the support they received to perform their roles effectively.

We reviewed a range of records including 14 care plans, risk assessments and medicines records. We reviewed ten staff files including staff recruitment, training and supervision records. We also looked at records used in managing the service including policies and procedures, accidents and incident records, complaints, staff rotas, call bell logs, daily care logs, audits and quality assurance reports, surveys and minutes of meetings.

# Is the service safe?

## Our findings

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

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

At our last inspection the provider had failed to manage risks in a way that reduced harm to people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12 (Safe care and treatment).

- People were at risk of avoidable harm. Risks to people were not always identified, assessed or had appropriate risk management plans in place to minimise or prevent the risk occurring. For example, one person's care records stated they lived with depression and abused substances including alcohol and drugs and this often affected their mood. There was no risk assessment to identify potential risks for example, relating to behaviours that may require a response, self-harm or depression. The care plan did not include evidence of any referral to healthcare professionals to support the person from abusing substances or mitigate any related risks.
- Where risks to people had been identified, they did not always have appropriate management plans to mitigate these risks. For example, a person who had complex mobility needs had in place a manual handling risk assessment. However, the only information under the risk management plan was 'hoist in use, two staff required.' There was no further guidance on how care workers should support the person safely especially during transfers between their bed and chair.
- Specific risk management plans were not always in place to ensure individual needs were safely met. For example, for one person who was at high risk of a fall, they had generic falls prevention information included in their care file which was not specific to their needs. This person had experienced two falls since using the service from mid December 2019. This showed the risk management plan in place was not always effective and in meeting their individual needs.
- Information on risk management plans were not specific to individual needs. For example, a person diagnosed with diabetes had a diabetes fact sheet included in their care plan and included symptoms staff should look out for such as still birth and miscarriage which did not relate to this person and their health care needs. Also, there was no information in their care plan to indicate how their diabetes was managed.
- Accidents and incidents were reported and recorded in line with the provider's policy. However, these were not always analysed to identify trends and to share any lessons learnt with staff teams to improve on the quality of the service.

A failure to ensure any risks associated with people's care were assessed and plans implemented and delivered to mitigate such risks was a continuous breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised these issues with the registered manager and they informed us they had plans in place to ensure risk assessment and management plans were specific and meeting individual needs.

- Following our last inspection, some care workers had completed falls prevention training. The registered manager informed us all other care workers had been booked to complete this training to improve staff knowledge and skills in preventing falls. We noted that the level of falls experienced at the service had significantly reduced since our last inspection in February 2019.
- For other risks in areas including prevention of skin breakdown there were risk management plans to ensure people were safely supported.

#### Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12 (Safe care and treatment).

- Medicines were not always managed safely. Information about managing people's medicines was inconsistent which posed a risk of unsafe care. For example, where people were prescribed 'as required' medicines (PRN) there were PRN protocols in place. However, one person's needs assessment record and their care and support plan stated they did not need PRN. However, we found a medicine record where a PRN medicine for pain relief had been prescribed for them.
- The level of support people required with their medicines was not always consistent. For example, a person's care records showed they required level one [prompting] support with their medicines. However, their medicines administration record showed care workers supported them on level two [administering] with their medicines. This puts people at risk of receiving unsafe levels of support with their medicines.
- Where people were prescribed topical creams, records were not always maintained. For example, care workers had completed a person's medicines administration record (MAR) until 31 December 2019. There were no further MARs completed to demonstrate their medicine was administered as prescribed by a healthcare professional.
- Monthly medicines audits were completed and where gaps were identified on MARs actions were taken. However, care workers continued to make the same errors.

A failure to ensure the proper and safe management of medicines was a continuous breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There were systems in place to protect people from the risk of abuse. The provider had safeguarding policies and procedures in place. People and their relatives told us that they and their loved ones were safe using the service. One person said, I do feel safe. There has never been any problem with feeling unsafe with any of the [care workers]."
- Staff had completed safeguarding training and knew of the types of abuse that could occur, what to look out for. They told us they would report any concerns of abuse to their line manager or a local authority liaison officer that worked in partnership with the service. The provider's whistleblowing information was available to staff. However, some care workers said they did not feel confident to use the whistleblowing procedure in raising concerns or challenging practice.
- The registered manager informed us they would report any concerns of abuse to the local authority safeguarding team and CQC.
- During our inspection, there was an allegation of a safeguarding concern. We have referred this to the local authority to investigate and update us with the outcome.

#### Staffing and recruitment

At our last inspection the provider had failed to ensure the safe deployment of staff. This was a breach of



regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

- There were enough care workers available to support people's needs. People said they were not rushed by their care workers and had not experienced missed calls. However, they did not have the same consistent care workers.
- The registered manager told us staffing levels were planned based on people's assessed needs. A staffing rota we reviewed showed the number of care workers on shift matched with the numbers planned for.
- Where people required additional staff support in between their regularly scheduled visits, a call bell or a pendant was in place. We had mixed feedback regarding staff response times, however, people felt this had improved. A relative informed us, "We have alarms and a pendant and we have pressed it both at weekends and at night and staff always respond." However, another relative informed us, "Staff don't always answer the alarm straight away, it can take a long time." A call bell log we reviewed showed call bells were answered promptly.
- Care workers informed us the staffing levels and shift patterns had improved. One care worker mentioned, "There is enough staff and it is better than before, the rota is better."
- The provider followed appropriate recruitment practices and had ensured pre-employment checks were satisfactorily completed for all staff before they began working at the service. These checks included two references, right to work in the United Kingdom and a criminal records check.

#### Preventing and controlling infection

- People were protected from the risk of infection. The provider had policies and procedures on infection control and prevention which provided staff guidance on how to minimise or prevent the spread of diseases.
- Staff had completed infection control and food hygiene training. Care workers told us they wore personal protective equipment (PPE) including gloves and aprons when supporting people.
- People and their relatives told us staff wore PPE when supporting them. One person commented, "They wear a uniform and have gloves and an apron."

# 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 remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's rights were not always protected because their consent was not always sought before supporting them.
- The registered manager told us people had capacity to make day-to-day decisions. Where people were unable to make specific decisions for themselves for example about their medicines, they carried out a mental capacity assessment and with best interest decisions.
- Despite this, care plans were not always clear whether people could consent to their care and support. For example, one person's care plan stated they were unable to give written consent due to living with dementia. The registered manager and care workers told us this person could not also consent verbally for this decision. Yet, their mental capacity assessment stated the person, "can communicate and make decisions by speaking." Therefore, we could not make a judgment about if this person had made the decision about the care and support in place or it was made in their best interests; there was no best interest decision record in their care file.
- The service had not sought people's consent about taking their photographs or using such materials on social media. Despite this we found evidence of people's photographs being used on a social media website without their consent.

This failure to obtain consent to care and support was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We raised this issue with the registered manager. Following our inspection, the registered manager emailed to inform us they had removed all information including photographs from social media and were acting to ensure the service worked within the principles of MCA. We will check on this at our next inspection.

Staff support: induction, training, skills and experience

- Staff were supported through induction, training and supervision however, this was not always effective. People and their relatives said most care workers had the knowledge and skills to support them or their loved ones, however felt that some care workers may benefit from additional training in areas such as dementia care.
- Staff were supported through induction. All staff completed a five-day induction programme which included information about the provider's policies and procedures, completing training programmes such as duty of care, health and safety, medicines awareness, safeguarding adults and MCA. Care workers also shadowed experienced colleagues until they had been assessed and found competent for the role.
- Care workers said they completed regular training; however, this was basic and the inhouse trainer did not always have the knowledge, skills and accreditation to deliver these training courses. At our inspection we found that some care workers did not have a clear knowledge and understanding on topics such as MCA.
- The service had mandatory refresher training courses in areas including safeguarding, manual handling and medicines awareness. Training records we reviewed were not always up to date for all staff or meeting the provider's 90% benchmark for training
- It was the provider's policy to provide one office-based supervision, one field-based observation, one annual appraisal and one office or group meeting, per year. Staff files and a supervision matrix we reviewed showed some staff had only one office-based supervision session in 2019 and this was not always effective in driving staff morale and development.
- Supervision and appraisal notes did not always address key issues at the service. We had mixed feedback from care workers about the support they received in their role. One care worker said, "...like yesterday I was confused, and the deputy manager came and helped me, whilst before managers wouldn't." Another care worker said, "The office door is continuously shut and when you knock they tell you to go away." Supervision notes included little information about the support staff received to perform their roles effectively.
- The registered manager informed us they had recently engaged the services of an independent certified training provider to support staff in mandatory training and other areas such as falls prevention, awareness in dementia, epilepsy, diabetes, and behaviours that require a response.

We recommend the service seek advice from a reputable source on best practice in supporting staff with training and supervision and act accordingly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law  
At our last inspection the provider had failed to carry out appropriate needs assessment and ensure people's needs were safely met. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

- Before people started using the service, their needs were assessed by the registered manager or the deputy manager to ensure the service would be suitable and their needs could be met.
- Needs assessments covered areas including medicines, personal care, mobility, eating and drinking, continence, skin care and making decisions. Information gathered at these assessments and referral information from the local authority were used to draw up care and risk management plans.
- Since our last inspection, people's care and support needs had been reassessed and updated to ensure their needs would be safely met. However, needs assessments were not always complete. See action we have asked the provider to take in our responsive and well-led key sections.

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

- People were supported to eat and drink sufficient amounts for their health and wellbeing. However, information in their care and support plans was minimal, inconsistent and incomplete. See actions we

asked the provider to take under our well-led key section. ● Each scheme had an on-site restaurant managed by an independent company. Comments from people included, "I am happy with the food, its lovely", and "the food is delicious,"

- Some people were independent with their nutritional needs and cooked their own food. Where people required support to purchase or prepare meals care workers supported them. They also supported people to the canteen or took food to people in their flats where required.
- Care workers knew the level of support people required including their dietary needs and said they would report any concerns to their manager or health and social care professional.

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

- People were supported to assess healthcare services. Each person was registered with their own GP of choice. At our inspection we observed a visiting GP and district nurses providing additional care and treatment to people in their flats.
- Records showed that people had received care and treatment from healthcare professionals including, dentist, pharmacist, hospital and staff from community health teams including district nurses. Records showed that where required care workers liaised with healthcare professionals to provide safe care and treatment.
- People and their relatives were responsible for coordinating their healthcare appointments. However, where they needed staff support, this was provided. A relative told us, "Care workers are very professional and have called for an ambulance once or twice for my loved one and they were taken to hospital."
- Care files included an 'emergency grab sheet' which provided hospital and emergency teams relevant information about people's health, communication, likes and dislikes. We noted not all care files included the emergency grab sheet. After further discussion among the management team it was identified that this information was now included in 'My individual needs assessment' record. Therefore, in the event of emergency staff may not be able to provide this information promptly. See actions we have asked the provider to take in our well-led section.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection the provider had failed to ensure people's privacy and dignity was respected and information was kept confidential. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

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

- People were supported by care workers that were kind and caring towards them. Comments included, "Care workers are wonderful", "They[staff] are kind and gentle", "Care workers are excellent, friendly, helpful and my loved one is very happy with them", and "Care workers are very friendly, and we have a laugh, a joke and some banter. All over the country I don't think you'd find a better group of care workers."
- People were supported by care workers that were attentive to their needs. A relative mentioned, "Sometimes my loved one gets a bit angry, but care workers deal with it in a professional way. My loved one can overreact to things, but care workers stay calm and are always very caring"
- People's life histories, preferences, likes and dislikes were included in their care plans to help care workers develop a relationship with them and to provide care and support that met their needs.
- The service worked within the principles of the Equality Act and staff supported people in a caring way and without discrimination. For example, people's visits times were scheduled to ensure they could practice their faith. Where a person required their food to be prepared differently, care workers had learnt how to prepare food in their preferred cuisine to ensure their needs were met.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. One person told us, "Care workers are very friendly, for example they come in and say 'Morning (name of the person) How are you? Is everything alright? What can we do for you? They are also respectful; but they do ring the bell first, they don't just walk in."
- Care workers told us they maintained privacy and dignity when supporting people by closing doors and curtains, giving people choice, address people respectfully and cover them if needed.
- Information about people was kept confidential. One person told us, "Staff never discuss anybody else when they visit, it's taboo, what you say to them stays with them." A relative commented, "Staff never talk to me and my loved one about any other residents, they are confidential."
- Staff said information about people was kept confidential and shared on a need to know basis only. People's files and other documents were kept securely, and computer screens were password protected.
- People's independence was promoted. Care workers told us they encouraged people to perform tasks they had had the ability to complete themselves, so they could maintain vital life skills. For example, some people accessed the local community independently, others performed their own shopping, cooking or

managed their own medicines.

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

- People and their relatives had been consulted about their care and support. They told us they were involved in making decisions and their views were respected.
- People were provided with choice and control of their day-to-day lives and could make decisions about the food they ate, clothes they wore or how they spent their day. Care workers told us where possible, they gave people options of a bath, a shower or a wash and their decisions were respected.
- Where people required additional support, the registered manager told us a key worker system was used to ensure their needs were met. A key worker is a named staff member responsible for coordinating a person's care and providing regular reports on their needs or progress.
- People were provided with information, including a service user guide so they could make informed decisions for themselves. The service user guide also provided people with information about the level of support they should expect.

# 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 requires improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider had failed to ensure care and support was planned and delivered to meet individual needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9 (Person-centred care).

- People had a care and support plan in place which was kept under review and was up to date. However, information in the care plans was not always consistent and in line with people's care and support needs. For example, one person's care plan stated they suffered from anxiety, but their symptoms stated they had depression. We were unable to verify whether this person had anxiety, depression or both and the care and support plan did not include guidance for staff on how they should be supported.
- People's health conditions were not always consistently recorded. For one person who recently had knee replacement surgery and lived with health conditions such as diabetes, asthma and arthritis, this information was not included in their care plan.
- Care plans did not always include guidance for care workers on how people should be supported. For example, where people were living with mental health conditions such as depression, paranoid schizophrenia and low mood, there was no guidance in place for care workers on how to support their individual needs and wellbeing to ensure they were kept safe.
- Care plans were not always person centred and did not always provide care workers guidance on how to meet individual needs in areas including personal care, eating and drinking and medicines support. Care plans included generic guidance for example for diabetes and falls prevention which may not always meet people's needs.
- Information in people's care plans were not always complete in areas including medicines, personal care and continence. This puts people at risk of receiving unsafe care and support

This was a continued breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised this issue with the management team and they told us they were in the process of implementing a new care planning template to ensure information on individual needs was available and met.

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.

- Information about how people communicated was included in their care plans.
- Where English was not people's first language the registered manager informed us, they used independent translators where required.
- Management staff told us that for one person who had a visual impairment they discussed information with them verbally and for another person who did not communicate verbally they used a board to spell out what they needed.
- However, it was unclear if people's communication needs were always met. We found that there were other people using the service that were living with visual impairment, dementia and learning disabilities. Despite this the registered manager informed us information was presented in standard formats only and that if people request for information in other formats this would be provided.

We recommend the provider seek advice from a reputable source on best practice to ensure information was presented in formats that met individual needs and act accordingly.

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

- The service had an effective system in place to handle complaints. People and their relatives told us they knew how to make a complaint if they were unhappy with the service. A relative told us, "If I'm worried about anything for my loved one I will go downstairs and chat with the senior staff in the office. Staff will listen if we are not happy about anything and they will sort it out."
- The service had a complaints policy and procedure which provided information on actions the service would take when a complaint was received including the timescales for responding.
- The service maintained a complaints log and had received eight complaints in 2019 which had been addressed satisfactorily. We saw that complaints were investigated, and the outcomes and actions taken shared with people before they were closed.

#### End of life care and support

- At the time of this inspection, no one using the service required end of life care and support. The registered manager informed us that where this was required they worked with people, their relatives where applicable and other professionals to ensure the person's end of life care needs were met and wishes respected.
- At the time of this inspection, the registered manager informed us they had consulted with people about end of life care and support. However, people and their relatives did not wish to discuss this. Care records we reviewed confirmed this.



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

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

At our last inspection we found the provider failed to have effective systems in place to monitor and assess the safety and quality of the service, and to maintain records accurately. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17 (Good governance).

- Records were not always accurate and complete. Information about people's care and support including their health conditions, personal care, nutrition, medicines and continence care was not always complete to ensure information was readily available to care workers to deliver safe care and support which met people's individual needs.
- Information was not consistently presented in people's care files and managers could not easily identify or differentiate which document in people's care file was their care and support plan, this puts people at risk of receiving unsafe care and support.
- Not every care file included a care and support plan. Some people's care files only included a tick box information in 'my individual needs assessment' and did not include detailed assessment or guidance on how the person's needs should be met.
- The systems and processes in place for assessing and monitoring the quality and safety of the service were not always effective. The service had carried out checks in areas including medicines, finances, care files, staff files and pendant checks. However, the auditing system did not identify the shortfalls we found at our inspection relating to risk assessments, medicines, the need for consent and care planning.
- A mock CQC inspection was carried out by the provider's governance team in November 2019 and a local authority monitoring check was carried out in December 2019. Both audits identified some of the shortfalls we found at this inspection. However appropriate actions had not been taken to continuously learn and to improve the quality of the service.
- Accidents and incidents were reported, recorded and investigated. However, these were not always analysed to identify trends and to drive improvement. Regular call bell response analysis was not carried out to demonstrate people's care and support was consistently delivered in a timely manner and the quality of care was not compromised.
- There was an organisational structure in place; however, care workers said their job roles were not always clear as they sometimes had to work as 'care workers' and other times as 'senior care worker' and that this two job roles were completely different and sometimes challenging to perform them to the best of their

ability.

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We brought this to the attention of the registered manager and the head of extra care. Following our inspection, the registered manager informed us they were acting to ensure records were accurate, consistent and complete and would undertake more audits to improve on the quality of the service.

- There was a registered manager in post who knew of their responsibility to work within the principles of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. However, the registered manager did not notify CQC of incidents that had occurred at the service as required by law.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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

- People and their relatives were complimentary about the service. One person mentioned, "I do however think everything is in place and I think there have been improvements in the way the service works and is well led. The staff in the office seem more relaxed and so this has a positive effect on the care workers too."
- The registered manager and other management staff understood their responsibility to be open, transparent and take responsibility when things went wrong at the service.
- Where there were missed visits, management staff took appropriate actions and acted to prevent repeat occurrences and to achieve good outcomes for people.
- We had mixed feedback from care workers about the organisational culture; they said they could not always speak-up in an open and honest way to challenge practice. However, all staff agreed they had experienced some level of improvement since our last inspection in February 2019.

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

- People and their relatives' views were sought to improve the quality of the service. The service carried out annual satisfaction surveys to gather people's feedback, the most recent in October 2019. The results of the survey showed 100 percent of people felt their care workers respected them and their home, another 100 percent said they felt treated with compassion, dignity and respect. Where only 33 percent of people said they knew which care worker would be supporting them, the provider had devised an action plan on how they could improve people's experience of using the service.
- Monthly residents' meetings were organised to update and gather feedback from people and their relatives. However, minutes of meetings we reviewed did not include people's feedback on the care and support they received but rather about the accommodation and maintenance issues. Despite this action was taken to address any issues raised.
- Despite the above information, quality monitoring forms used to gather people's views about the service on a regular basis did not always include actions taken where people provided negative feedback about the standard of care and support received. We will check on this at our next inspection.
- Staff meetings were held to update staff and gather their views about the service. The registered manager informed us daily handover meetings were used to consistently inform staff of their expectations and to follow up on any issues raised. Staff told us they found these meetings useful.

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority and health and social care professionals to provide joined-up care. Feedback we received from the local authority and health and social care professionals all said the standard of care had improved and management teams were more proactive in reporting issues and acting accordingly which has resulted in fewer safeguarding concerns and complaints; however, the service needed to do more to improve on the quality of service as whole.
- The service also worked in partnership with a housing association whose office is based in the same building and liaised with them regularly to ensure people's needs were met.

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
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The provider had failed to notify the commission of incidents that had occurred at the service as required by law.
Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  People were put at risk of receiving unsafe care and support because their care was not always planned to meet their individual care needs.
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider had failed to act by seeking consent from people in line with the requirements of the Mental Capacity Act 2005 (MCA).
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to people were not always identified, assessed and had appropriate risk management plans in place, medicines were not always managed safely.
Regulated activity	Regulation

## Personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

Records were not always accurate, consistent and complete. The systems in place for assessing and monitoring the quality of the service was not always effective.