

Alderwood L.L.A. Limited

# Alderwood L.L.A. Limited - The Chestnuts

## Inspection report

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Date of inspection visit:

25 April 2022

28 April 2022

05 May 2022

16 May 2022

Date of publication:

29 September 2022

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Alderwood L.L.A. Limited - The Chestnuts is a residential care home providing personal care to up to six autistic people with mental ill health and learning disabilities, in one detached building. At the time of the inspection six people lived in the service.

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

The service was not always able to demonstrate how they were meeting some of the underpinning principles of Right Support, Right Care, Right Culture.

### Right Support

People were not always being supported by staff who had received enough training to meet their needs. Care plans were not always personalised. We have made a recommendation about improving how people's care plans are written.

Systems were in place to support those who lacked verbal communication to make choices.

Staff supported people to develop strategies to manage emotional distress and anxiety, when encountering a new situation or dealing with a change. Periods of anxiety or emotional distress were recorded, which included the action taken by staff to support people.

Staff supported people to access health and social care support. Staff supported people with their medicines safely. Positive relationships had developed with local health care providers, who provided support, taking into account people's emotional needs for planned appointments.

### Right Care

People were not always cared for by staff they knew. The provider relied on a high use of agency staff and was not always meeting people's assessed needs. This had the potential to put people at risk due to lack of knowledge of the service, people and systems.

People's needs had not always been fully assessed, which meant people were at risk of experiencing sensory overload, which could then lead them to experiencing emotional and physical distress.

The service was impersonal. We have made a recommendation about improving the environment for the benefit of the people who use the service.

Many of the staff team provided kind and compassionate care and wanted to see improvements for the benefit of people receiving support.

People had detailed care records, which were regularly reviewed. Risks associated to people's care and choices were set out in their care records, however, due to the volume of documents, there was a risk that new staff may not quickly and easily identify the most up to date information in order to support people effectively.

#### Right Culture

We found negative language being used in some people's care records which was not dignified.

Staff told us they were concerned about the high use of agency staff at the service as they did not always have the same drive for improvement or focus on quality within the service compared to permanent staff.

People were supported to have choice and control of their lives.

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 good (published 21 May 2019).

#### Why we inspected

The inspection was prompted in part due to concerns received about allegations that abusive practices were used at the care home. A decision was made for us to inspect and examine those risks.

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.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will

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

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

We always ask the following five questions of services.

### Is the service safe?

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 not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always 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** ●

# Alderwood L.L.A. Limited - The Chestnuts

## **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

This inspection was carried out by four inspectors who visited the service on different days and supported remotely with making telephone calls to staff and relatives.

#### Service and service type

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

#### Registered Manager

This 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 on the first day we inspected and then announced on three follow up visits. Inspection activity started on 25 April 2022 and finished on 8 June 2022. We visited the service on 25 April, 28 April, 5 May and 16 May 2022.

### 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. 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 are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method, and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff and the person themselves. In this report, we used this communication tool with three people to tell us their experience.

We also spoke with two relatives about their experience of the care provided. We spoke with 12 members of staff including team leaders and care workers. We spoke with the registered manager, regional manager, behaviour lead and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included the relevant parts of four people's care records and medication records. We looked at three staff files in relation to the safety of recruitment. A variety of records relating to the management of the service, including policies, training records and procedures were reviewed.

After the inspection we continued to seek clarification from the provider to validate evidence found.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for 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.

### Staffing and recruitment

- There were not always sufficient numbers of staff employed and on duty to meet people's assessed needs. The provider relied on a high use of agency staff to cover people's care. This had the potential to put people at risk due to lack of knowledge of the service, people and systems. The registered manager stated they employed regular agency staff at the service to minimise these risks.
- Rotas showed that people did not always receive all of the support hours they received funding for. The provider told us they were working to improve recruitment in order to reduce the number of staff vacancies at the service. Staff told us that some agency staff who worked at the service, lacked confidence in supporting people's range of needs. We found no evidence that anyone had come to harm.
- Staff said they worked additional hours, to help people have the staff they knew and trusted, as much as possible.
- The registered manager shared staff training records that included the records of regular agency staff. However, at the time of inspection, nine agency workers who were listed on the rota, were not listed on the training records shared with the CQC. After the inspection the provider submitted further evidence to show that agency staff had been trained. However, we still did not have evidence to show that five agency staff had received required training to support people safely.
- The provider had vacant staff posts and recruitment was ongoing. It is understood the pandemic impacted staff retention and recruitment. As a result, the provider had created a recruitment programme, utilising technology to complete effective interviews to try and improve recruitment timeliness and fill vacant posts more effectively.
- Recruitment processes were safe. The provider told us people who used the service were involved in the recruitment process by helping to devise interview questions.

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

- During the inspection, whilst attempting to speak with a person living at the service, an inspector witnessed a care worker physically intervene when the person became distressed. This was reported to the registered manager and the registered manager assured us they would keep us updated following their investigation into what took place.
- Appropriate policies and procedures were in place to protect people from abuse.
- Relatives were confident their family members were safe and staff told us they were confident any concerns raised would be acted upon by the provider.
- Staff had training on how to recognise and report abuse and the registered manager kept clear records of safeguarding concerns and completed investigations when required.



### Assessing risk, safety monitoring and management

- Risk management systems were in place and risks to people were documented.
- People had care plans in place which provided information for staff about how to avoid triggers which may cause people to become upset or anxious. They also indicated how to deescalate situations to reduce the risk of someone coming to harm. Historic information was also available to the staff team, so they could use this information in developing their understanding of the person and their past.
- Staff recorded incidents and the registered manager monitored these with support of an internal behaviour team. However, it was not clear how many times restrictive practices or interventions had been used by staff or if the staff interventions were recorded as pro-active, re-directions or restraint, as per the provider's policy.
- The registered manager told us that no form of physical restraint was used at the service, only a holding approach with people when necessary. They told us staff followed PROACT-SCIPr-UK (Positive Range of Options to Avoid Crisis and use Therapy – Strategies for Crisis Intervention and Prevention), a training approach used while supporting people with distressed behaviour. Both the registered manager and the positive behaviour support practitioner were qualified as PROACT-SCIPr-UK trainers.
- The registered manager told us staff used the least restrictive approach with people when they become distressed, records reflected this.
- Staff understood risks to people. We observed staff to act quickly in situations where if they had not intervened, people showing signs of distress could have become a risk to themselves or others.

### Using medicines safely

- At the last inspection, the provider needed to ensure that staff consistently followed safe practice in relation to the storage and recording of medicines. At this inspection, the provider had improved oversight of medicines management at the service. Medicines were stored safely.
- Staff recorded when medicines were given to people. Medicines were given as prescribed.
- Inspectors observed, one person appeared potentially overmedicated in their presentation at the service. The registered manager told us they had been trying to obtain a medicines review and professional guidance for some time for this person. Following the inspection we were informed by the registered manager the person had now been seen by a specialist, their medicines had been reviewed and reduced.
- CQC raised this to the local Clinical Commissioning Group (CCG) and signposted the registered manager to them, as a point of contact if they were to encounter any similar issues again for anyone at the service, with accessing medical help.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was 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 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.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We signposted the provider to resources to develop their approach.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

### Learning lessons when things go wrong

- Systems were in place to demonstrate accidents and incidents were monitored and reviewed.
- For example, the number of staff at night had recently been increased at the service following an incident. An increase in staffing meant the provider was able to ensure there was always enough staff to meet the needs of the people living at the service at night.
- The provider was in the process of implementing a new incident reporting system in the service, giving the provider further oversight of all safety related events that were occurring within the service.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The physical environment was impersonal. The walls of the service were painted the same colour throughout. People's bedrooms were not always personalised.
- We could not be assured that people's sensory needs had been considered with regards to the communal areas and the interior. The registered manager told us the environment was set out by the provider to be a low arousal environment to suit the needs of the people. However, there was no evidence to demonstrate how the provider or staff had considered the environment for the people living at the service.

We recommend the provider reviews the environment to see what improvements can be made for the benefit of the people who use the service.

- The registered manager told us that staff had been successful in bringing in gradual changes and personalisation to people's bedrooms at the service, and that this work was continuing.
- There were two large gardens at the service, with access to a trampoline and basketball net for people to enjoy. Secure fencing was in place and this was seen to have large visual signage repeated across the garden. The signage was in place to support people's communication.
- Signage was also used on a number of internal doors in the service to help people recognise the rooms they should or should not enter.
- The registered manager told us staff always considered the least restrictive practice for the people at the service, however they would review what alternatives might be possible to improve the environment.

Staff support: induction, training, skills and experience

- People were supported by staff who had skills and experience to carry out their roles.
- Staff working at the service had completed autism awareness training, however not all of the staff had completed further training in this area, to ensure they were meeting the care and support needs of people at a service specialising in providing care to people with a diagnosis of Autism.
- The training provided to staff included eLearning and face-to-face training and getting to know people individually.
- Staff did not always receive regular supervision from the management team, which may have helped to identify any development or training needs. The registered manager confirmed staff had not been receiving regular formal supervision, however they had plans in place to address this. Staff had opportunities to meet with the registered manager and regional manager, or to contact the central support teams such as the human resources and training team for any additional support.

- Staff told us they had received induction when they started work at the service. Staff told us they had received mandatory training for their roles.
- The provider had a confidential employee assistance program in place to support staff to share concerns and worries with a trained professional.

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

- Peoples' needs and choices had been assessed and were regularly reviewed. However, improvements were needed in how the provider assessed people's sensory needs, to ensure their needs were being met and understood by staff at the service.
- Trained staff completed assessments, that included transition plans. These were then fed into the initial support plan for each person. The manager then worked with a number of different people, including an internal multi-disciplinary team (MDT) and relatives to formulate the overarching support plan.

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

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

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

- DoLS were in place for people and the registered manager had taken steps to reapply for these when they had expired.
- Detailed restrictions were in place at the service to keep people safe.
- Assessments were in place to help people protect their personal belongings, including storing high value items safely, while not restricting people's choice as to how and when they accessed these.
- Relatives told us their interaction and attendance at the service had been reduced during COVID-19. However, they had been greeted by staff when they had visited recently and were happy with the care their relative received. One relative told us, "Staff were fantastic throughout the pandemic. [Staff] always work in [in our relatives] best interests".

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 access the healthcare services they required.
- A relative told us, "During COVID-19, [our relative], was quite poorly. Staff made sure what was the best for [our relative]. Staff worked with the paramedics, and for them to agree that the best place for [our relative] was for them to stay at [their] home. [Staff] did not take the easy route, but what was best for [our relative]. We are very grateful."
- We saw staff had access to bespoke personalised communication tools to aid people living at the service. Pictorial social stories were used on a regular basis to support people with a change or a new experience. For example, after having an injection, you may feel, tired or achy.
- The pictorial tools had proved effective in enabling people to receive the healthcare, that they might have not been able to tolerate due to their complex health conditions. For example, supporting a person with their diabetes management. Previously this person had struggled to engage with a blood sugar sensor. A

series of social stories were introduced to the person by staff, to support them to process the steps needed to use the sensor. The sensor was now being trialled, with the hope that this would reduce the number of times they had to have their finger pricked in order to monitor their condition.

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

- People were supported to eat and drink in order to maintain a balanced diet.
- People were asked if the food was good or bad at the service and people told us this was good.
- A relative told us their loved one's diet had changed for the better since moving to the service, as they were encouraged to try and eat a variety of foods by staff. They said, "It's had a real impact on him, a real change."

# Is the service caring?

## Our findings

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

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

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

- Some language used by staff in records was not always respectful or valued people. For example, when we reviewed staff shift records, we found comments that said, "[Person] refused to follow their schedule well". This potentially limited their choice to not engage in a task. This was feedback to the management team during the inspection. The provider told us they had already taken steps to communicate these concerns to staff and to improve staff practice in this area.
- People's diagnoses were not always described correctly on some care records. For example, on one person's general risk assessment, stated, 'Diagnosis of Autism spectrum disorder and associated challenging behaviour due to this diagnosis, [person] has a severe cognitive impairment'. A diagnosis of autism itself does not cause distressed behaviours.
- Relatives told us people were treated and supported well. One relative explained this was what they witnessed during their regular visits to the home. They said, "[Our relative] has good relationships with staff and we see the way they treat [our relative].
- We observed the majority of staff interacting with people in a kind and caring manner. We saw staff encourage people to carry out different targets and support them with their needs and interests, as documented on their daily timetable. For example, Hoover floors, reading time and exercise.
- Core staff demonstrated an understanding of people's needs and were able to explain people's preferences when asked.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible with areas of their daily routines. People's behavioural plans included information on what elements of, for example personal care people could do independently and how staff should support people to further develop their hygiene routine.
- People were observed to communicate their needs and choices with staff.
- We saw staff encourage people to carry out different targets and support them with their interests, as documented on their daily timetable. For example, Hoover floors, reading time and exercise.
- The registered manager and staff team knew when people needed their space and privacy and respected this. Feedback from people's relatives was positive.

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

- People and relatives had been involved in decisions about the care provided. This included what people needed help with and how they liked care to be carried out.
- For example, one person was able to communicate using basic verbal communication, however they were not always able to understand everything that was said to them, so staff used a communication board to

help them communicate their choices.

- One relative told us, "[The staff] are really good at how they support [our relative] to make their own choices."
- Care plans showed people's routines and preferences and staff told us they were able to make choices according to their mood and preference. For example, one person was observed as being supported by staff to complete a puzzle, whilst another person was not disturbed in their bedroom when they wanted quiet time with their personal belongings.
- The provider had introduced a survey to give people the opportunity to give their own views and opinions on their care. For example, one person identified they did not like their meals. As a result, people are now involved in meal planning and a new menu has been devised from recipes people have chosen.
- One person at the service had access to a statutory advocate which meant their voice was supported.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Support to follow interests and to take part in activities that are socially and culturally relevant to them;  
Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care and support plans for people were not always person-centred. They had been written in the first person; however, the plans did not make it clear whether the person was being directly quoted. For people who do not communicate with words, or for those who communicate primarily with behaviour, caution should be used with how people's expressions of choice or needs are recorded in their care plans.

We recommend the provider reviews how the care plans are written for people, to ensure they are person centred.

- The provider acknowledged that the first-person perspective used in the support plans needed revising and that this work had started.
- Records stated during COVID-19, opportunities such as volunteering were stopped for people's own safety. The registered manager told us these opportunities were now slowly being introduced via people's day curriculum targets, as it would take time for people to feel settled and not get overwhelmed.
- Staff at the service implemented a variety of different structured garden games alongside in-house activities to minimise the effects of the COVID-19 restrictions.
- People were supported to participate in their preferred social and leisure interests. People's care plans contained information about the things they enjoyed doing such as eating at a fast food restaurant or going swimming. Daily records had been completed by staff, detailing the care and support people had received and the activities they had engaged with.

Meeting people's communication needs

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

- People had a range of communication abilities and ways of communicating their needs, wishes and feelings. Care plans included information about people's individual communication needs. This included how people expressed themselves and how best to support people to communicate.
- During Covid-19, staff used visual communication aids to communicate the changes in a way which would be understood visually to people which supported their understanding.
- Where people used speech to communicate, care records stated how they did so, and support required



from staff. For example, if people used one or two words at a time this was stated.

Improving care quality in response to complaints or concerns; End of life care and support

- Relatives said they knew how to make a complaint and would feel comfortable doing so.
- The provider had a complaints policy in place and complaints had been documented.
- A shower room was not in use on the first floor. Staff told us this had been out of use for a few months. People had access to another bathroom on the first floor and toilets downstairs. The registered manager told us there had been a delay in getting the necessary repairs as it was not straightforward, however they were actively chasing this up within the organisation.
- There was no one receiving end of life care at the time of inspection at the service.

Supporting people to develop and maintain relationships to avoid social isolation

- People were supported to regularly speak and spend time with people who were important to them.
- During COVID-19, staff used electronic equipment, such as tablets for video calling and phone calls, so people could have regular conversations with the people who meant the most to them.
- Staff also supported some people to write to family members. They sent cards and letters to keep active interaction.

# 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 good. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- The provider's governance systems and oversight of the service was not always effective, as they had failed to identify or rectify the shortfalls identified during this inspection.
- A lack of appropriate systems and oversight of staffing meant there were not always sufficient numbers of staff employed and on duty to meet people's assessed needs. Although agency staff were utilised, there were still occasions when people did not always receive the number of hours support they received funding for, which impacted on the quality of care they received.
- Training records for agency staff were found to be incomplete, as described in the Safe question of this report. This meant the provider had failed to maintain accurate, complete and detailed records relating the employment of staff at the service. They failed to ensure effective oversight was in place to ensure all staff working with people were suitably trained.
- Staff had not received regular supervisions from the management team, as described in the Effective question of this report. This meant there was a missed opportunity to identify areas for improvement including staff training and to receive feedback from staff in order to monitor the quality and safety of care provided, .
- The registered manager carried out a range of audits to monitor the quality at the service, however these were not always effective. Negative language was found in people's care records and information was not always accurate, as described in the Caring question of this report. This had not been identified during audits or quality assurance processes and therefore action had not been taken to make improvements in this area prior to our inspection.

We found no evidence that people had been harmed, however systems were not robust enough to consistently assess, monitor and improve the quality and safety of services provided. This placed people at potential risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was in the process of installing a new risk management system across the organisation, which would mean that all statutory notifications would be monitored and tracked by multiple responsible people within the organisation. The provider put in place contingency plans for the safe running of the service in the event of a crisis and staff were made aware of these.

Continuous learning and improving care; 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;

- Communication had improved in the service following feedback from relatives.
- The registered manager met the legal responsibilities and submitted notifications of significant events to the relevant agencies in a timely way to ensure effective external oversight and monitoring of the service.
- The registered manager understood their responsibilities regarding the duty of candour. They worked with the people, their families and an advocate, and kept them updated. Staff and relatives told us they were able to raise any queries with the management team.

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

- The majority of staff told us they were happy with the care they provided at the service. However, some staff told us they were concerned about the high use of agency staff. They told us, they believed this to have an effect on people's behaviours, and anxieties, due to the new faces and not being able to maintain relationships with regular staff.
- Relatives were happy with the care their relatives received, and they said they felt well informed by staff about their family member's progress. Comments included, "[Our relative] is so happy, never had issues at this service" and "[the staff] are really good with choices and letting [our relative] do things for themselves".
- The provider told us a suggestion box was implemented within the service to support staff to come forward with suggestions, designed to help improve how they support people. Staff also had access to regular communication updates, celebrating successes, activities, and social engagement throughout the organisation via an App.
- Staff worked with external agencies including Psychiatrists, GP, Dental Departments, Appointee's, Advocates and other professionals. Records confirmed this and compliments had been received.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems were not always effective.