

The Frances Taylor Foundation St Raphael's

Inspection report

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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

About the service

St Raphael's is a care home for up to 21 adults with learning disabilities. At the time of the inspection, 19 people were living at the service. The service is divided into three interconnected buildings, St Raphael's and Fatima House which offer accommodation in single bedrooms and Taylor House which is used as an activity centre.

The service is managed by The Frances Taylor Foundation, a not for profit Catholic organisation, offering accommodation and care for people with learning disabilities and older people in care homes and supported living services across the United Kingdom.

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

Improvements had been made to all aspects of the service, however, the provider's systems and processes for ensuring people received a quality service had not always been operated effectively.

More permanent staff were needed to provide consistent good quality care. The provider relied on a high proportion of temporary (agency) staff and this meant people were not always being cared for by familiar staff who knew them well. As a result of staffing problems, sometimes people had to wait for care. Additionally, staff working with people did not always have the advanced knowledge and skills to meet all their needs.

We identified potential hazards within the environment which the provider had not fully assessed to help ensure control measures were in place to mitigate any risks. The registered manager felt confident people were not at risk and agreed to fully assess the situation to make sure of this.

People were happy with the care and support they received. They liked the staff, who were kind, polite and caring. People took part in a range of different activities and made choices about their care and support. They were able to access healthcare services and medicines were safely managed.

Staff felt well supported and had opportunities to discuss their work with each other and the management team. They took part in a range of training and regular meetings. They enjoyed working at the service.

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.

Since the last inspection, a new registered manager started work at the service. They had made a number of improvements, with further work planned. The provider had kept us updated with information each month about how they were managing the service. There were appropriate procedures for dealing with complaints, accidents and incidents. The staff worked closely with other professionals to make sure people's needs were

being met.

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

This service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture, although further improvements were needed.

Right Support: The size of the care home was large, but this did not compromise the quality of care or safety for people. There was a sense of community, which people using the service, their relatives and staff described. Shared communal areas were popular and people enjoyed spending time together. Most people had lived at the service for many years and felt comfortable and relaxed living there. When people had moved to the service, this had been well planned to make sure the service was suitable for them and they were happy with the move. People were supported to make choices. Some people were supported with independent living skills, although further work to support others to increase their skills would be beneficial.

Right Care: The service was part of a Catholic order and people had opportunities to celebrate their faith and religion. The provider's ethos included the aim to treat all faiths equally, and they ensured information about people's other faiths and religions was clear, understood by staff and their needs were met. People received personalised care, although staffing shortages sometimes impacted on the quality of their experience and sometimes meant their needs were not met in a timely way. There was a reliance on temporary staff who did not always have the opportunity to get to know people or provide holistic care.

Right culture: There was a positive culture at the service. This had improved since the last inspection, with staff demonstrating a commitment to the provider's values, aims and objectives. People using the service and staff felt able to speak up, valued and heard. People cared about each other and were happy living at the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for the service was requires improvement (published 13 November 2020).

At this inspection we found improvements had been made. However, further improvements were needed to ensure good quality care and support was delivered in line with people's needs.

Why we inspected

This was a planned inspection based on the previous rating.

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.

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.

The overall rating for the service not changed.

Enforcement

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to good governance and staffing at this inspection.

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

Follow up

We will request an action plan for 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 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

St Raphael's

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.

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

Inspection team

The inspection was conducted by one inspector, a member of the CQC medicines team and an Expert by Experience. 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

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

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 the inspection

We looked at all the information we held about the provider. This included the last inspection report, notifications of significant events and information the provider had sent us each month to tell us about the action they were taking to make improvements.

We spoke with representatives of the local authority and asked them for feedback about the service.

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.

During the inspection

We spoke with six people who used the service. We also observed how people were being cared for and supported. We spoke with two visiting relatives and a visiting social care professional. We also spoke with staff on duty, who included, the registered manager, head of quality and compliance, a team leader, a senior support worker, support workers, the activities coordinator and the chef.

We looked at the care records for three people who used the service. We also looked at other records used by the provider to manage the service, which included six staff files, meeting minutes and quality audits.

We inspected how medicines were being managed, including storage, records and administration. We also conducted a partial tour of the environment and carried out an audit of infection prevention and control at the service.

After the inspection

We spoke with the relatives of five people who used the service and two external professionals who worked with the service.

Is the service safe?

Our findings

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

At 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

At the last inspection we found risks were not always assessed, monitored or managed. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer in breach of this part of Regulation 12. However, we identified further improvements were needed to maintain safety.

- There were some risks within the environment which had not been assessed. We discussed these with the registered manager who explained the risks were minimal. For example, some people kept medicated creams, vapour rub and denture tablets in their rooms. Rooms were not secured, meaning others could access these and possibly misuse them. Additionally, some of the call alarm bell cords in communal bathrooms were tied up and not accessible. The registered manager explained people did not use these rooms independently, and no one at the service was considered at risk of misusing the medicated creams or other items. However, they agreed to carry out assessments of these risks so they could identify if further control measures were needed to mitigate these.
- Other risks within the environment had been managed and there were regular checks on the building and equipment to make sure it was safe. There were checks on fire safety, and staff had created individual evacuation plans for each person to help them understand the support people would need in the event of an emergency evacuation.
- The staff had assessed risks for individuals connected to their health needs and the activities they participated in. These assessments were detailed and included guidance on how to minimise risks. They were regularly reviewed, and staff were familiar with these.
- We observed people being supported in a safe way. For example, when eating and drinking and moving around the home. The staff had a good understanding about providing safe care and treatment. They had undertaken relevant training and senior staff observed their practice to make sure they were supporting people safely.

Using medicines safely

At the last inspection, we found that medicines were not always managed safely. This was a further breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer in breach

of this part of Regulation 12.

- Medicines were safely managed. There were systems for ordering, administering and monitoring medicines. Staff were trained and deemed competent before they administered medicines. Medicines were safely secured, and records were appropriately kept. We found that medicines fridge and room temperatures were appropriately monitored.
- The provider had introduced a new system to monitor and audit people's medicines on a regular basis, and we found improvements had been made as a result of this. For example, daily and monthly audits by the registered manager and care staff were carried out to ensure medicines were appropriately managed.
- We were assured that medicines related incidents were investigated properly with appropriate action plans and there were adequate processes in place to ensure staff learned from these incidents to prevent them occurring again.
- People received their medicines as prescribed. We looked at 11 medicines administration charts and found no unexplained omitted doses in the recording of medicines administered, which provided a level of assurance that people were receiving their medicines safely, consistently and as prescribed.
- There were separate charts for people who had medicines such as patches, ointments and creams prescribed to them (such as pain relief patches), and these were filled in appropriately by staff. Observations of staff showed they supported people to take their medicines. The provider had a system in place to ensure where people needed support with their medicines this was received and managed in a safe way. During the inspection, we saw several instances of where people took PRN (as required) medicines, there were associated PRN protocols in place. This meant we had assurance that staff were able to administer these types of medicines effectively, with appropriate clinical guidance.

Staffing and recruitment

- There was a large number of staffing vacancies at the service which meant people were not always cared for by familiar staff. Some relatives and care professionals told us this meant staff did not always know people or their needs. One external professional told us they felt this had an impact on the quality of people's experience and explained there had been an incident where staff tried to give someone food which was not an appropriate texture. They had witnessed this and intervened. They were concerned if staff were unfamiliar and did not know people's needs there was a risk this would be repeated.
- During the inspection, we witnessed one incident where a person had to wait for care because staff were busy and there was not a full complement of staff on duty. The registered manager told us they aimed to maintain safe staffing levels by using temporary staff from agencies, although they could not always maintain the assessed staffing levels to ensure everyone received personalised care.

Failure to deploy sufficient numbers of staff was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where possible, agency staff worked at the service regularly so they could get to know people. However, this was not always the case. The provider was in the process of trying to recruit new permanent staff.
- There were appropriate systems for recruiting staff to make sure they were suitable and had the skills and experience needed. We saw staff files included records of pre-employment checks and inductions where they were provided with information about the service and their competencies were tested.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to safeguard people from the risk of abuse. Staff received training in safeguarding adults, and this was discussed during team and individual staff meetings to make sure staff understood what they would do if they suspected someone was being abused.

- People told us they felt safe and their relatives also felt people were safely cared for.
- The staff had worked with the local authority to investigate allegations of abuse and to make sure people were protected from further harm.

Preventing and controlling infection

- People were protected by systems designed to prevent and control infection. The building was clean throughout and staff carried out regular checks on cleanliness. There were audits of infection prevention and control and these identified where improvements were needed. The local healthcare team had also carried out an audit in June 2021 and had been satisfied with the systems there.
- Since the start of the COVID-19 pandemic, the provider had updated their policies and procedures in line with government guidance. People using the service, staff and visitors were tested for COVID-19 and provided with personal protective equipment (PPE). There was information about good hand hygiene displayed and hand sanitiser available around the home.

Learning lessons when things go wrong

- The provider had systems for learning when things went wrong. All accidents and incidents were reported and investigated. We saw managers had an overview of these so they could help make sure improvements were made to prevent reoccurrence. Staff discussed incidents, complaints and other adverse events in team meetings so they could reflect on these.

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.

Staff support: induction, training, skills and experience

At our last inspection, we found that staff did not always have the training, skills or experience needed. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found not enough improvement had been made and the provider remained in breach of this part of Regulation 18.

- Staff were not always suitably qualified and experienced. People living at the service had a range of complex needs, including communication needs, healthcare needs and they were at risk if care was not provided by suitable and competent staff. There was a reliance on a large number of temporary staff. This meant the staff caring for people had not undertaken advanced training to make sure they could meet these different needs.
- For example, one professional explained how people would benefit from 'positive behaviour support' (a personalised approach to communication and interaction). They also told us they wanted the staff to have a better understanding of dysphasia (a condition affecting communication and comprehension). This training had not taken place and staff supporting people did not have the skills to provide the necessary care to meet their individual needs. Following receipt of the inspection report, the registered manager told us they had no recollection this training had been offered. They also told us all staff had been assigned online courses regarding communication. Although not all staff had completed these at the time of our inspection.

Failure to deploy suitably qualified and experienced staff meant that people's needs were not being met. This was a further continuing breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they completed on-line training courses which they found informative and helpful. They said there were also some classroom-based training courses and one of the senior members of staff explained they were a qualified manual handling trainer. They assessed staff skills and practice and provided training for them as needed.
- There were regular team meetings and handovers which meant the staff were well informed about daily events and had shared ways of working with people. The staff also met on an individual basis with their manager to discuss their work, training needs and any areas of concern they or their manager had.

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

At the last inspection, we found the provider did not always ensure consent in line with legislation. This was a breach of Regulation 11 (consent to care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer in breach of this part of Regulation 11.

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 staff had carried out assessments of people's mental capacity and information about whether they could make specific decisions. These assessments had been regularly reviewed and updated.
- The registered manager had made applications for DoLS and reviewed when these needed to be renewed. Conditions on DoLS were monitored and met.
- People consented to their care and decisions where they were able. The provider consulted with people's legal representatives for consent to more complex decisions. They also met with family and professional representatives to make decisions in people's best interests when needed. The registered manager told us they had sourced an independent advocacy service to support some people with understanding decisions and consenting to changes to their care.

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

- The size of the building was not in line with the principles of right support, right care and right culture which recognise that smaller services better meet the needs of people with learning disabilities. However, the provider tried to mitigate this by providing different areas within the home for smaller groups of people.
- The design of the building was suitable, but the environment needed redecoration and some repairs. Paintwork, some furniture and some equipment, was marked or stained. This meant it was not always attractive or homely. One relative told us a person had been waiting for new furniture in their bedroom for a long time.
- The provider had used notice boards around the home to post a variety of messages for staff, such as training, guidance or instructions. These boards were situated alongside photographs and information for people using the service. This made the environment look like a workplace rather than a home. We discussed this with the registered manager who agreed to review how information was presented.
- The registered manager told us the service had been assigned a budget for repairs and redecoration and that work to the building had been delayed because of the COVID-19 pandemic. They explained the work

had been organised and would take place shortly after the inspection.

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

- People were supported to have enough to eat and drink. There was a planned menu which incorporated people's preferences and provided a balanced diet. The provider employed a chef who prepared main meals. They knew people's dietary needs and preferences. They were able to explain how they offered different meal options to people.
- Some people required specialist diets, or their food prepared in a specific way in order to meet their needs. There were detailed care plans describing what people should eat and how they should be supported.
- People were able to have snacks and drinks outside of their mealtimes. Some people were encouraged and supported to prepare these for themselves.

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

- People were able to access healthcare and other services when they needed. Relatives, professionals and staff told us referrals were made in a timely manner. Although some relatives felt there needed to be improvements in communication between healthcare services and the service. Following receipt of the inspection report, the registered manager told us this was not in their control.
- The staff had created health action plans for each person. These described their healthcare needs and how these were being met. We saw evidence of regular consultations with doctors and other healthcare professionals when people needed these and guidance from these professionals incorporated into care plans.

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

- People's needs were assessed before they moved to the service so that care could be designed to meet their needs and choices. The staff undertook regular reassessments to make sure changes in people's needs were identified and planned for.

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 remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were not always well treated or respected. During the inspection, we witnessed one person had to wait to be supported with continence care. They were left uncomfortable and during this time their dignity was not respected. However, staff apologised when they did support the person. Additionally, relatives and staff confirmed this did not often happen and was a result of staff being busy attending to other tasks at that time. The staff and management team acknowledged this was not acceptable and agreed to look at how they could prevent a reoccurrence of this type of incident.
- Staff were kind, polite and gentle when they spoke with people. They had friendly relationships with them. We saw staff and people using the service laughing and enjoying activities together. Staff allowed people to take their time and respected their choices.
- The majority of people had lived at the service for a long time and knew each other well. There was a sense of community, and people were calm and relaxed. We witnessed banter and people genuinely cared for each other, helping others when needed. Relatives confirmed this, telling us that staff and other people created a happy place to live, where people felt comfortable and at home.
- Some people were supported to be independent where they were able and wanted this. For example, some people were involved in household tasks and laundry and people were supported to access the community and be involved in shopping. Care plans explained what people could do for themselves and when they needed support. The registered manager acknowledged some people could be supported to learn more independent living skills but that this was work in progress because people who had lived at the service a long time were used to having things done for them by staff.

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

- People told us they were able to make decisions about how they spent their time, what they ate and where they went. People were able to move freely around the home and participate in group or individual activities.
- Whilst there was only one recorded menu choice for each meal, the chef was able to explain and demonstrate how they gave people choices about food and prepared alternative meals for people when they wanted these.

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 now improved to good. 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

At the last inspection, we found the provider did not always ensure people received personalised care which met their needs. 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 enough improvement had been made and the provider was no longer in breach of this part of Regulation 9.

- People received personalised care which met their needs. People using the service and their relatives told us they felt their needs were met and they were able to make choices about their care. Most people had lived at the service for many years and felt at home there. There was a family-like atmosphere, and people felt comfortable in each other's company. One person told us, "The staff are very good, every single one of them, they help me, they are lovely." Some of comments from people's relatives included, "[The staff] are good with [person]", "[Person] is active and independent" and "It is good care."
- Since the last inspection, the staff had updated and created new care plans for each person. These included information about people's likes and preferences, as well as guidance about how to meet their needs. The provider had introduced new records for staff to complete which showed the care they had provided to people. These indicated care plans had been followed and people's needs were being met.
- The registered manager told us they discussed individual people's needs with the staff at team meetings, and we saw evidence of this, where staff discussed about the different support and techniques they had when caring for people and shared ideas about how to improve the quality of care and support.

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.

- Some information was accessible to people, for example the complaints procedure had been presented in an easy to read format. However, further work was needed to make sure care plans and other information was accessible and could easily be understood by people.
- People's communication needs had been assessed and planned for. There were detailed plans describing how people communicated and the support they would need. Staff were able to describe about the

different people they supported and how they made sure there was good communication.

- The staff worked with people to make sure they accessed the services they needed to enhance their communication, such as specialist healthcare teams. They also used pictures and objects of reference to help people make decisions about their lives.

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

- People were supported to see friends and family. During the COVID-19 pandemic, the provider had updated their visiting procedures in line with government guidance. People using the service and their relatives explained they were able to see each other in person, as well as staying connected through video and phone calls.
- The provider employed a member of staff who planned and facilitated a range of different activities at the service. We saw people enjoying a variety of different social and leisure activities, and photographs of past events. During the inspection, people spent some time watching a movie of themselves and activities they had taken part in before. There was a sense of community, and people enjoyed spending time with each other.
- There were rooms dedicated for relaxation and different activities and people spent time in these.
- The care home was part of a complex of buildings for a wider community of other services managed by the provider, including a convent and a care home for older people. The priest connected to the Order running the care home, also lived close by and visited the home each day to support people with prayer and worship.

End of life care and support

- People's care plans included information about any specific wishes they had for care at the end of their lives, or religious needs. No one was receiving palliative care at the time of our inspection, although in the past, staff had worked closely with palliative care teams to make sure people were comfortable and pain free at the end of their lives.

Improving care quality in response to complaints or concerns

- The provider had suitable procedures for dealing with concerns and complaints. Relatives knew how to make a complaint, and people using the service told us they would speak with staff or a manager if they had concerns.
- The provider kept a record of complaints, including how these had been investigated and responded to. We saw that lessons had been learnt following complaints and information shared with the staff team, when appropriate, to help improve practice.

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 has 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.

Continuous learning and improving care

At the last inspection, we found systems and processes for improving the quality of the service were not always operated effectively. 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 not enough improvement had been made and the provider was still in breach of Regulation 17.

- The provider's systems and processes for monitoring the quality of the service had not always been operated effectively and improvements were needed to ensure people received a quality service. Staff were not always deployed to meet the needs of people using the service and we witnessed an incident where this impacted on someone receiving care when they needed it. Furthermore, many of the staff were temporary workers and had not had the opportunities to get to know people well, have an induction into the provider's aims and objectives or take part in specialist training to meet people's needs.
- Whilst we found no one was being harmed, we identified some potential risks which had not been fully assessed to make sure people were safe from harm. We also found the environment was in need of repair and redecoration .
- The provider had not yet taken enough action to improve the quality of the service in line with the principles of right support, right care and right culture.

Failure to effectively operate systems and processes for monitoring and improving quality was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had identified areas where improvements were needed and had an action plan to address these. They sent CQC updates about the service each month and they worked closely with the local authority quality improvement team who told us the provider had made improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People living at the service and their relatives told us they were happy. Some explained that messages and

information had not always been consistently relayed to staff or managers, but they felt able to raise concerns with the registered manager when needed.

- Some of the comments from relatives included, "I am happy because [person] is happy" and "I think they do their best." Staff also told us they felt happy working at the service, commenting on the "family atmosphere" and telling us the service had improved under the new registered manager.
- There was good engagement with people using the service, their representatives and staff to understand their views and tell them about changes in the service. The staff had a good understanding of people's individual cultural and religious needs and they were supported with these.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had procedures for dealing with complaints, accidents and incidents. We saw that following a complaint, they had written to the complainant apologising and explaining how they would put things right. Relatives also told us they were given information following any accidents or when people were unwell.

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

- The registered manager started working at the service earlier in 2021. They were appropriately experienced and qualified. Staff and relatives told us they felt the registered manager was approachable. One staff member commented, "[Registered manager] is very good, [they are] always there, there is no problems."
- The registered manager was familiar with good practice guidance and legislation. They told us they had worked hard to address the breaches of Regulations identified at the last inspection and said they felt, "Happy we are achieving good care, with levels of compassion and respect." They told us they had further plans to improve staffing levels and the environment.
- There were regular staff meetings and written guidance to make sure staff were well informed about their roles and responsibilities.

Working in partnership with others

- The staff worked closely with other healthcare professionals to make sure people's needs were assessed, monitored and met.
- The registered manager met with other managers and the local authority representatives to discuss good practice and look at ways to improve quality. A representative of the local authority commented that the registered manager was good at engaging with them, keeping them informed and asking for advice and support when needed.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not always effectively operate systems and processes to improve the quality of the service.</p> <p>Regulation 17</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered person did not always ensure sufficient numbers of suitably qualified staff were deployed to meet the needs of service users.</p> <p>Regulation 18</p>