Achieve Together Limited

Inglewood House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
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
Inglewood House provides accommodation and personal care for up to 12 people who have a learning disability and autism. At the time of our inspection, there were 9 people living at the service. The service was a large home, bigger than most domestic style properties. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size.

People's experience of using this service and what we found
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. We considered this guidance as there were people using the service who had a learning disability.

Right Support: Care plans were not always up to date or reflective of people's current needs. However, staff we spoke with did have an understanding of the support people needed. There was limited information on people's life histories and there was a lack of monthly key worker meetings. The audits at the service were not always robust and did not identify some of the concerns we found. Health care appointments were not always followed up or care records updated to reflect health care information. We have made a recommendation around this.

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.

Right Care: Staff treated people with dignity, courtesy and kindness. They respected people's choices and encouraged people to live independent lives. People told us they had developed positive and supportive relationships with staff. Risks associated with people's care were managed in a safe way. People's medicines were reviewed regularly and managed well.

Right Culture: Staff and the management team showed a dedication to support people appropriately. People and their families fed back they felt the management team was supportive and listened to their views. Complaints were listened to and acted upon.

Rating at last inspection
The last rating for this service was inadequate (published 20 May 2022). We also undertook a targeted but not rated inspection (published 09 November 2022).

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

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

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.

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 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 safe.	**Good**
Is the service effective? The service was not always effective.	**Requires Improvement**
Is the service caring? The service was caring.	**Good**
Is the service responsive? The service was not always responsive.	**Requires Improvement**
Is the service well-led? The service was not always well-led.	**Requires Improvement**

Inglewood House

Detailed findings

Background to this inspection

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

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

Inspection team
Our inspection was completed by 2 inspectors.

Service and service type
Inglewood House 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. Inglewood House 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection the registered manager was absent from the service. We were supported on the inspected by a regional manager.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We also asked for feedback from the local authority and spoke with 2 people using the service.

During the inspection
We spoke with 4 people who used the service about their experience of the care provided. We called and spoke with 3 relatives.

We reviewed a range of records including 5 people's care plans, daily care notes, medication records, safeguarding records and incidents. We reviewed a variety of records relating to the management of the service including supervisions and spot checks. We spoke with 5 members of staff including the regional manager and care staff.

Good

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 inadequate. At this inspection this key question has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our inspection in April 2022 and September 2022 we found people were not being protected from the risk of abuse. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Since the last inspection all staff had received updated safeguarding training. Detailed discussions took place with staff at meetings around the importance of reporting concerns in a timely way and who to report the concerns to.
- People looked and acted relaxed and their body language was more open than previously at the inspection in April 2022. Staff actively enjoyed being with the people they were supporting, and most people were present in the communal areas during the inspection which was an improvement from the previous inspection.
- People told us they felt safe with staff with one person saying, "I feel safe here, it is my home. I have got staff here; I feel safe around all the staff. Staff are kind."
- Relatives told us they felt more confident their loved ones were treated well by staff. Comments included, "Definitely safe there now, when I go there is a nice atmosphere. Now when I say shall we go back he wants to", "The general feeling to me was (family member) is very much happier" and "The last couple of months I feel a lot more easy with staff around him."
- Staff understood what constituted abuse and who they should contact if they had concerns. One member of staff told us, "I report straight away, I would do whatever I have to do. If needs be, I will call the whistle blowing line." Another told us, "I may pick up on someone that is withdrawn that doesn't speak out anymore. It may be they don't want one person to support them anymore. It might be something is wrong."
- The regional manager investigated any concerns and reported to the local authority safeguarding team where appropriate.

Using medicines safely

At our inspection in April 2022 we found the management of medicines was not safe and people's medicines were not being reviewed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● Since the inspection in April 2022 the provider had undertaken reviews of people's medicines. As a result, people who had been on anti-psychotic medicines for a number of years had these reduced. A relative told us, "Thanks to (staff) he is getting his medication reduced which it is making such a difference. He (person seems more switched on."
● People had their medicines in their rooms which were stored securely and temperatures in the rooms were monitored appropriately. Staff reviewed medicine stocklists regularly. Medicine expiry dates were checked, and unwanted medicines were disposed of safely.
● The service had a comprehensive medicines policy. This had been reviewed, updated and communicated to staff. Staff who administered medicines completed annual written and practical assessments to ensure they were competent.
● The safety of medicines at the service was continuously monitored and staff were supported to reflect on their practice. The regional manager completed a monthly medicines audit. The service manager produced an action plan and actions were tracked to ensure they were completed.

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

At our inspection in April 2022 we found the risks associated with people's care was not safe and the management of incidents was not robust. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● Since the inspection in April 2022 the provider's management team and staff had reviewed the risks associated with people's care. People and relatives felt risks were managed well and that staff encouraged people to take risks whilst maintaining their safety. One relative said, "(Person's) mobility was dreadful but now improving. (Person) is walking to college, they (staff) were doing exercises with (person) in the mornings."
● Staff used a hoist to transfer and reposition a person who was assessed by the physiotherapist to ensure that they had the correct sling. Staff checked the pressure of the person's mattress to ensure it was set correctly. One member of staff said, "(Person's) mattress has been adjusted according to their weight to avoid bed sores." We saw the person's mattress was set correctly.
● There were people who were at risk of seizures. The care plans detailed that staff were to ensure that seizures were recorded and when it was appropriate to administer medicine and to call an ambulance. Staff were familiar with the signs to look out for when a person had a seizure.
● Staff understood the risks to people and how keep people safe. They told us that they wanted people to remain as independent as they could. One told us that a person could be unsteady on their feet and said, "We have to be watchful of (person), (person) may be in a hurry, she may not get her balance so we remind them to slow down."
● There were appropriate plans in place in the event of an emergency. In the event of an emergency such as a fire each person had a personal evacuation plan which was reviewed regularly by staff. There was a business continuity plan in the event the building needed to be evacuated.
● Since the last inspection incidents and accidents were fully recorded and action taken to reduce the risks of incidents reoccurring. There was detailed information around how the incident was followed up and what steps had been taken. For example, one person had left the service without staff knowledge. The

person came to no harm however the provider installed a sensor door mat which would notify staff of anyone coming or going at the front door.
● Incidents of people's behaviour had significantly reduced since the last inspection. Staff were knowledgeable of the signs of people becoming anxious and what steps to take to support them with this.

Staffing and recruitment

At our inspection in April 2022 we found there were not sufficient staff to support people. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● Since the last inspection the provider had ensured there were sufficient staff to safely meet people's needs. There were regular reviews of people's dependencies to ensure staff levels were correct. There were a high number of agency staff working at the service however they had all been working there for a long period of time to ensure consistency of care.
●. One person told us they thought there were enough staff. Relatives told us they were looking forward to there being a permanent staff team in place but felt there enough staff at the service. One relative said, "When we have been there, I would say there are enough staff."
● We found that staff attended to people's needs without them having to wait. When people wanted to go out there were staff available to support them with this. Staff told us they felt there were enough staff with one telling us, "Definitely have enough. We have 5 carers, so everybody is well taken care of. Everybody gets to do their activities, no one is left out."
● All staff had undertaken enhanced criminal records checks before commencing work and references had been appropriately sought from previous employers. Application forms had been fully completed; with any gaps in employment explained. The provider had screened information about applicants' physical and mental health histories to ensure that they were fit for the positions applied for. All agency staff had profiles in place to evidence the background checks that had taken place.

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 supporting people living at the service to minimise the spread of infection.
● 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 responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
● The care homes approach for visitors was in line with current government guidance. People and their relatives were positive about their experience of visiting and being able to see their families throughout the pandemic.

Requires Improvement

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 inadequate. At this inspection this key question 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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

At our inspection in April 2022 we found the risks associated with people's care health care were not managed in a safe way. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, there were some areas that still required improvement.

● People were not always supported to remain healthy and had not always had access to health care professionals. One person had been supported to the dentist after a long delay in attending appointments. As a result, the person required extensive treatment. Their care plan was not updated to reflect the support the person required with their dental hygiene.
● According to their care plan there was no record of when another person had their last dentist appointment. The provider had also not followed up on an appointment since July 2022 in relation to a health care condition the person had. The regional manager told us they would follow this up.
● Other people and relatives told us people had been supported with health care appointments. One person told us, "I have been to the dentist. If something is wrong, I ask staff to make an appointment." People had a health action plan that was used to engage people in discussion with staff and health care professionals.
● We saw that people had access to appropriate health care professionals in relation to their autism and epilepsy. People were supported to visit the opticians and hospital appointments. One member of staff said, "We support people to attend appointments."
● We saw staff supporting people to access breast, cervical and bowel screening. The regional manager told us where people were refusing appointments, they were working closely with them with the support of health care professionals.
● Staff worked well together to ensure people received the support and care they required. We saw that staff worked well throughout the day and supported each other when needed. There was a handover each time staff came on duty. One member of staff said, "Handover is very important. They [staff] need to know what has happened through the day."

We recommend the provider ensures appointments with health care professionals are followed up and care plans are updated to reflect the appropriate guidance.

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. 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our inspection in April 2022 we found care and treatment was not always provided with the consent of people and the principles of MCA were not being followed. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

● At the previous inspection we found people had monitors in their room to alert staff if they had a seizure and there were no capacity assessments in place in relation to this. At this inspection we saw the monitors had been removed as it was assessed as them not being needed.
● We observed at this inspection people were asked for their consent before any support was provided. One person told us, "I can make my own choices, I don't like being told what to do." A relative told us when asked if they were involved in decision-making, "I am consulted absolutely."
● People's rights were protected because staff acted in accordance with the MCA. We saw that there were decision-specific capacity assessments in place in relation to finances, consent to care and medicines. There was evidence of meetings where discussions took place with staff, family and health care professionals to ensure that whatever care was provided it was done in the person's best interest.
● Staff had a good understanding of principles of the MCA with one telling us, "We need to ask people before we do anything. It is important to make sure we give people choices." Another said if a person was unable to consent, "We have their family contact details to be consulted and the doctor to help make choices for them in their best interest."

Staff support: induction, training, skills and experience

At our inspection in April 2022 we found the provider had failed to ensure that staff received appropriate training and supervision. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● Since the last inspection comprehensive training had been provided to staff including autism awareness and positive behaviour support. As opposed to the previous inspection the provider ensured there was now a member of staff on duty who had been trained to give emergency medicine if a person had a seizure. One relative said, "I notice the staff are a lot more experienced."
● Staff had the qualifications, skills, knowledge and experience required to provide the most appropriate care to people. The majority of the staff team were agency carers who had been working at the service for a number of months. Agency staff were provided with additional training at the service including diabetes, epilepsy, moving and handling and safeguarding training. One member of staff said, "Training is good, really effective." Another said, "We had some face to face training recently that was specific to the clients' needs."
● All new agency staff were provided with a comprehensive induction including reviewing a summary of people's needs. One member of staff told us, "We have a pack and a grab folder. We have an induction check list and we tell them to go to the client's folder to read about their needs." Another said, "New staff have a massive induction. You have to sign and be sure of what you are signing."
● Care staff had received appropriate support that promoted their professional development and assessed their competencies. One member of staff said of supervisions, "You just have to keep refreshing, it makes me be on my 'A' game. We have to tell [manager], how we feel if anything isn't going right." Another said, "(Regional manager) is very helpful. So supportive, makes sure I get whatever I need for example training and development."

Supporting people to eat and drink enough to maintain a balanced diet
● People told us they liked the food at the service. One person said, "Best thing is the meals." A relative told us, "He was losing weight and looks like he is putting it on. He has got his appetite back."
● People were individually asked what they wanted to eat for lunch and each person was given their choices. We saw where people asked for second helpings and staff were more than happy to provide it. Throughout the day people were offered snacks and drinks of their choice. Where people required support to eat this was undertaken in a patient and attentive way.
● Meals were planned with people and we saw the kitchen was well stocked with nutritious and healthy food. We observed staff encouraged people to make their own drinks and snacks. One member of staff said, "We do the shopping every day, then we have charts for food timetable, but they have choices."
● Nutritional assessments were carried out which showed if people had specialist dietary needs. For example, where people required a softer diet to reduce the risk of choking this was being done. People's weights were recorded and where needed advice was sought from the relevant health care professional. One person told us, "I was weighed on Monday, staff weigh me every month."

Adapting service, design, decoration to meet people's needs
● Relatives told us the service décor had been improved with comments including, "((Person)room is more homely" and, "They have changed his room and it's better for him and he has his own toilet which is nice for him."
● We saw that the environment was set up to ensure that autistic people had a place to go to help them feel calm including a sensory room and lounge.
● The communal areas had been decorated and furnished with sensory items, photos and objects of interest that were placed in the lounge which people accessed independently.
● The rooms were lightly coloured, but the lighting was not overly bright so as not to overstimulate autistic people.

Good

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 inadequate. At this inspection this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Respecting and promoting people's privacy, dignity and independence

At our inspection in April 2022 we found people were not always treated with dignity and respect. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People fed back to us they were treated in a respectful way. One person said, "Staff understand that I don't always want to be around them. I am my own person, doing my own thing and staff let me get on with things."
- Staff respected people's choices including what they wanted to do with their day. We observed a member of staff discreetly speaking to a person asking them if they would like to go and purchase a gift for their family member's birthday. They gave the person options about when they could do this and gave the person time to respond.
- There was an increased focus on supporting people to live as independently as possible. For example, the kettle had been specifically designed for those people with limited reach, and mobility in order for people to be able to be supported to make their own drinks.
- Staff understood the importance of encouraging people to be independent and treating people with respect. One told us, "By giving people choices, and respect their opinions. I wouldn't barge into people's rooms. I would knock and get their consent." Another told us, "Everybody deserves dignity, let them know they are being valued and appreciated."

Ensuring people are well treated and supported

- People told us staff were kind and caring towards them. One person told us, "If I had a worry I would go to my keyworker. I go to them if I have a problem and talk about my problem."
- Relatives fed back about the caring nature of staff. Comments included. "I think they want to please (family member), sometimes he comes down without his coat and they go up and get it quickly. It's those little things that mean a lot" and "(Staff member) is very nice and I can tell from (person) he is fond of her."
- We observed staff being attentive to people's emotional needs throughout the inspection. One member of staff told us, "It is important to make people feel valued, asking if everything is ok with them." Another told us, "I go around and greet everyone in their rooms first thing in the morning because I have just come into their house."

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

● People were involved in decisions relating to their care including when they wanted to get up, go to bed and how they wanted to spend their day. Relatives told us they felt involved in their family members' care. One told us, "They have listened to me."

● When we asked staff how they would ensure people were able to express their views one told us, "I would tell them to speak their mind, speak to them in a caring way so they feel comfortable." Another told us, "I would ensure by respecting their boundaries. Gaining their consent, we have to ask them and not tell them."

Requires Improvement

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 inadequate. At this inspection this key question has changed to requires improvement. 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; End of life care and support

At our inspection in April 2022 we found care and treatment was not provided that met people's individual and most current needs. This was a breach of regulation 9 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.

● At the previous inspection we found people's care plans had limited information about their life histories. This had not improved sufficiently, and they still lacked information on people's lives prior to them living at the service. The regional manager told us they were asking families for additional information.
● Whilst there had been some improvements in the guidance in people's care plans, additional work was still required. For example, one member of staff told us a person's mobility had decreased significantly however the care plan only stated the person needed support with their posture with no further detail.
● Another person had been diagnosed with a cognitive impairment. There was a lack of information in their care plan on how this impacted the person or guidance for staff on how best to support the person with this. One relative told us, "I feel a completely new plan should have been written by the new senior staff." This meant new staff may not provide the right level of care and in line with people's wishes and preferences.
● Although people were allocated key workers there was lack of evidence of the monthly meetings to check the progress against people's goals, aims and future aspirations.
● After the inspection we spoke with the regional manager. They told us they were taking steps to review each person's care plan and updating them to reflect people's needs.

Care and treatment was not always provided that met people's individual and most current needs. This was a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff we spoke with were aware of the needs of people they supported. One person told us, "When I need a bit of support, the staff are there for me." Staff told us any changes to people's needs were discussed at the handover each day.
● There had been improvements with people's behaviour support plans. There was guidance in place on the strategies staff needed to support the person.
● Relatives told us there was an improvement with staff ensuring people's choices and preferences were

considered. One relative told us, "The staff seem to be really motivated and really good. They are on the ball and doing well. I feel she (person) is happy and motivated. She seems so happy in what she is doing."

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

●. At the previous inspection people were not being supported to take part in activities that were important to them. This had improved with one person telling us, "I meet with keyworker and we go out together."

● Relatives fed back that their loved ones were taking part in activities they enjoyed. Comments included, "I gave a list of places for him to go to and they are working down the list", "She seems to have a programme going on, she is going out now which is so good. I am so pleased they are resuming activities" and, "He has started to go out more."

● There was a programme of person-centred activities for people including trips out to the cinema, shopping, museums, bowling and restaurants. On the day of the inspection staff engaged people with music, dancing and games. Other people were supported to attend college.

● People had access to a specially designed sensory room which combined a range of stimuli to help the person develop and engage their senses.

● Staff fed back that activities had improved with people. Comments included, "The residents go out much more. People are given more choice" and, "We plan some activities a day or two in advance."

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.

●. Since the inspection in April 2022 there had been improvements in how staff communicated with people. There were sections in people's care plans on how staff should communicate with people including to ensure face to face contact when speaking. We saw staff communicating in this way.

● One member of staff told us for people who were unable to verbally communicate, "We know how they communicate. If people are happy, we know the signs to look out for. We know when they are not happy."

● There was picture format information in people's care plans and policies that were displayed around the service.

Improving care quality in response to complaints or concerns

At our inspection in April 2022 we found complaints were not always recorded and responded to appropriately. This was a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

● Relatives told us they were able to approach the regional manager and staff team about any concerns they had. There was a complaints policy in place, and this was also in picture format for people.

● The regional manager told us no formal complaints had been received into the service. They told us they would regularly speak to people to ask if they were happy with their care.

● Staff told us they would support people to raise concerns and complaints. One member of staff said, "I feel that the residents are so much more confident to talk to staff." Another told us they would support people making a complaint by, "Giving a listening ear to them, whatever they feel it's important. We should be patient and compassionate and a listening ear. Whatever complaints they have is attended to. It has to be addressed."

Requires Improvement

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 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; Continuous learning and improving care

At our inspection in April 2022 we found there was a failure to ensure quality assurance and governance systems and performance was not evaluated and improvements made. This was a breach of regulation 17 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.

● Since the last inspection in April 2022 there had been several changes to the management team at the service. Whilst there had been a lot of positive changes there remained a lack of consistency around the oversight of the care delivery.
● After the inspection in April 2022 the provider was required to send in action plans stating the improvements they had been making. In the October 2022 action plan, it stated that people's support plans have been fully re-written. However, when we spoke to the regional manager, they confirmed they were still working on people's support plans. We found shortfalls in care plans where people's care was not fully updated based on their current needs.
● People's health care records were not always updated where there had been appointments with health care professionals. Not all health care appointments had been followed up on.
● Records relating to people's care were not always accurate or up to date. For example, in one person's care plan it stated their last dental appointment was in September 2020, yet the regional manager confirmed the person visited the dentist in August 2022.
● Another person's care plan stated they 'appeared to lack capacity' and they required a referral to a psychiatrist. However, this had already taken place and it had already been determined the person lacked capacity to make decisions. A third person was at risk of choking and their meals were required to be cut into small pieces. Staff were not recording whether the person's meals were being served in this way. We also noted a member of staff had recorded the person had eaten a 'small amount' for their lunch, yet on the diagram of the meal plate they recorded three quarters of the meal had been eaten.
● There was a lack of robust auditing around people's care plans, care notes and health action plans that should have identified the shortfalls we found. The provider undertook an audit in October 2022 where it was recorded that all care plans were reflective of people's needs however this was not the case.

The failure to ensure quality assurance and governance systems were effective was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

● There were other audits taking place that were effective in ensuring quality of care. This included medicine audits, health and safety, activities, training and supervision audits.
● People and their relatives told us they felt the management of the service had improved. Comments from relatives included, "(Interim managers) were doing a job share. They were doing really well" and, "Things are organised. To me, the home feels more relaxed. (Regional manager) is great."
● Staff were also complimentary of the management team with one member of staff saying, "Very good management team, they assess each one of us. How we do it, they come to the floor, they come and chat with us, make us feel welcome and appreciated."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People were more involved in the running of the service and able to influence changes. The regional manager told us people were consulted when new staff were being recruited. We saw the regional manager introduce people to a member of staff attending their interview of the day of the inspection.
● There were regular house meetings with people where they were asked about activities, how they wanted to support audits in the service, menu choices, safeguarding and fire safety. We saw minutes from a meeting where one person had asked to go to the cinema, and this had been arranged for them.
● Relatives told us they were kept updated of any changes and asked for their opinions of the care being provided. One relative told us, "(Regional manager) has started to ring me and if there is anything I want to ask." Another said, "(Regional manager) phones me once a week."
● Staff told us they felt supported and felt they played an important role at the service. Comments included, "I feel valued and what I'm doing is seen and appreciated makes me feel happy" and, "The management value me, the deputy and my co-workers. We all respect each other. I feel supported."
● Regular meetings took place with staff where they had discussions about policies, training and people's needs. One member of staff said, "Meetings are very useful, they can talk to us about things that are lacking and addressed at the meeting. We all discuss things we could be doing better. Our suggestions are taken on board, the management are open."
● Staff had a sense of pride working with people at the service and that was evident in our observations during the inspection. One member of staff told us, "I just feel happy I have made a difference to people's lives. This is why I do it."

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; Working in partnership with others
● The provider ensured they shared information with relatives regarding unsafe care and people being harmed whilst receiving support with regulated activities. We saw a letter from the provider that was sent to relatives apologising for care their relatives received leading up to the inspection in April 2022.
● Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The management team had informed CQC of significant events including significant incidents and safeguarding concerns.
● Health care professionals were complimentary about the joint working they undertook with the service and the advancement they had seen at the service. The provider welcomed visits from clinicians and social workers to support the service with the improvements.

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 9 HSCA RA Regulations 2014 Person-centred care The provider failed to ensure care and treatment was always provided that met people's individual and most current needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure quality assurance and governance systems were always effective.