

Peak 15 Ltd

Flint Cottage

Inspection report

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Date of inspection visit:
26 October 2022
02 November 2022

Date of publication:
17 January 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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

Flint Cottage is a residential care home providing personal to 4 people at the time of the inspection. The service can support up to 4 people.

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

Right Support:

Assessments of people's needs did not always consider known risks and guidance for staff was limited. Support plans and risk assessments were not always detailed although for some people who had lived at Flint Cottage for many years more extensive information was available. Safeguarding concerns were not consistently reported to the local authority or to CQC. At times these concerns had significantly impacted on people's lives and well-being. The provider had begun an investigation into the reasons these concerns had not been shared as required.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Capacity assessments and best interest decisions had not always been completed in relation to restrictions in place. This meant there was a risk people's legal rights were not being met.

People were supported to access healthcare when required and staff were vigilant at identifying health concerns. People's medicines were reviewed regularly and reduced where possible. Records of medicines administration were being reviewed as the way medicines were signed for was not in line with best practice.

People had choices regarding their food and staff were aware of people's preferences and dietary needs. People were able to choose where they spent their time when at home and staff were respectful of their decisions. Adaptations had been made such as placing a gazebo in the garden and fitting a swing to support people's sensory needs.

Right Care:

Different opportunities for people were not fully explored to take account of people's interests. Care plans did not contain goals and plans to develop people's day to day lives. However, people did have the opportunity to take part in activities they had enjoyed for many years such as horse and cart riding and

bowling.

There were sufficient staff available to support people. Staff received training in relation to people's needs. Staff had requested training in supporting people with specific mental health support needs and the provider was in the process of arranging this.

People were supported with kindness and staff showed genuine affection in their approach. Day to day choices were offered to people and staff demonstrated a good understanding of people's communication styles. People were encouraged to take an active role in their home with tasks such as making drinks and doing laundry.

Right Culture:

Effective quality assurance systems were not in place to monitor the service people received and to ensure continuous learning and development. This meant shortfalls in the service people received were not always identified and acted upon. Records were not always consistently maintained which had led to concerns not being reviewed promptly. The provider had employed a quality assurance manager to monitor systems and audit processes going forward.

Staff told us they worked well together as a team and felt supported in their roles. The provider held a number of different staff forums to enable staff to raise concerns and share good practice. Staff received an induction when starting their employment and on-going supervision.

Staff knew people well and had formed positive relationships with people and their loved ones. Relative's told us they were kept informed of any significant events. Staff accompanied people to see their relatives where this was their wish.

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

Rating at last inspection

The last rating for this service was outstanding (published 17 September 2019).

Why we inspected

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.

The inspection was prompted in part due to concerns received about risks to people's safety and how people's mental health support needs were being met. A decision was made for us to inspect and examine those risks. During our inspection we found improvements were needed in the way risks to people's safety and well-being were managed, how assessments were completed and how people's goals and opportunities were explored. In addition, we found improvement were required in the management oversight of the service to ensure concerns were identified and acted upon promptly.

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

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.

We have identified breaches in relation to risk management, person-centred care, need for consent and good governance. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Flint Cottage

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

The inspection was carried out by 2 inspectors

Service and service type

Flint Cottage 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. Flint Cottage 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 there was not a registered manager in post. The provider told us a manager had been appointed and was undergoing recruitment checks. The previous registered manager continued to be employed within the organisation and was available to support the team during this transition.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (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 observed people's care and spoke with 3 relatives about their experience of the care and support provided at Flint Cottage. We spoke with 7 members of staff including the previous registered manager, regional manager and positive behaviour support practitioner.

We reviewed a range of records. This included 3 people's care records and 2 people's medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- People did not always live safely because staff and the management team did not consistently assess, monitor and manage safety well. There was limited guidance for staff in relation to how to support one person during times of anxiety. This included a lack of information in how staff should support the person with their emotional distress and how to minimise the impact on others.
- Information within incident records was not always clear such as recording what had led to the concerns and how staff responded. Monitoring charts were used to record when one person showed anxiety and distress although these did not always contain full details or correspond with other records such as monitoring tick charts and daily notes. This meant it was difficult to monitor and review people's needs to establish what had worked well and what had not so staff were confident they were offering the right support.
- Incidents were not reviewed and discussed promptly to ensure the impact on those living at Flint Cottage was minimised. Whilst there was a good management presence within the home, information was not always shared or reviewed to ensure action was taken to keep people safe and feeling secure in their home. Once these incidents had been reviewed during the inspection process, the management team provided assurances regarding the action they would take to help keep people safe.

The failure to ensure risks to people's safety were robustly assessed and monitored was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- In other areas we found risks to people's safety were managed well. Risk management plans were in place for others in relation to their anxiety, how they expressed their emotions and how staff should engage with them. This included information regarding things which may cause people to become upset.
- Risks in relation to daily living and doing things people enjoyed were assessed such as personal care, medicines, use of the kitchen, trampoline and transport. Staff were able to describe the risks to people were aware of how to support them to remain safe.
- People lived in a safe environment as regular checks on equipment and fire procedures were carried out. Staff completed health and safety audits to ensure the property was maintained to a good standard.

Systems and processes to safeguard people from the risk of abuse

- People appeared relaxed and confident in the company of staff and relatives told us they felt their loved ones were safe. One relative told us, "When (he comes to visit) and it's time to go he is quite happy to go which I like. They are good with him and I don't worry. "

- Despite these comments we found safeguarding concerns had not always been reported appropriately. Daily recording systems highlighted some instances where there had been altercations between people. Not all of these incidents had not been flagged on the providers internal systems and had not been reported to the local authority safeguarding team as required. This meant the local authority had been unable to monitor the action being taken to minimise the risks to people's safety.
- We discussed these concerns with the provider. They gave us assurances a full investigation would be completed into why their systems and staff training had not been effective in ensuring concerns were reported in line with requirements. Additional support was provided to people and the staff team whilst the investigation was undertaken.
- In other instances, we found that safeguarding concerns had been shared with the local authority and additional information provided as requested. Investigations and learning had been implemented to minimise risks to people going forward.

Staffing and recruitment

- There were enough staff to support people safely, including where people needed one to one support to meet their needs. We observed staff were responsive when people approached them and people appeared comfortable to do so. The provider had increased staffing levels where a need for additional support at night had been identified.
- Staff told us they felt staffing levels were sufficient and that staff worked well as a team. One staff member told us, "I think there are enough staff. If we are short someone will cover or we have regulars from the agency who we can ask."
- Robust recruitment measures were in place to help ensure staff were recruited safely. This included staff undergoing an interview process, providing a full employment history, references and a Disclosure and Barring Service (DBS) check. DBS Checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were not always recorded in line with best practice guidance. Medicines were provided by the pharmacy in blister packs which contained a description of each medicine. Staff recorded the administration of the contents of the blister pack but not of each individual medicine in line with guidance. The management team had identified there were issues in relation to this such as people needing to take different medicines at slightly different times. They were working alongside the pharmacy to address this concern.
- People's medicines were reviewed regularly to ensure they remained current and people were not taking medicines they no longer required. Where possible, people's medicines had been reduced and their health monitored by staff for any adverse effects. One relative told us the reduction in their loved ones medicines had been positive for their well-being, "He doesn't seem to be on as many drugs and is more alert."
- Guidance was available for staff where people were prescribed medicines on a PRN (as and when required) basis. Protocols highlighted when the medicine should be administered, the maximum dose and the intervals between doses. Records demonstrated this guidance was followed and agreement from more than one staff member sought prior to administration.
- Staff administered people's medicines discreetly in the privacy of their rooms. People's medicines were securely stored and medicines not in blister packs were regularly counted for accuracy. Staff received training in supporting people with their medicines and their competency was assessed.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. Staff had access to PPE

and had received training in how this should be used. However, we noted staff did not always wear masks correctly and in line with government guidance. The regional manager assured us this concern would be addressed with staff.

- 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 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.

We have also signposted the provider to resources to develop their approach.

- There were no restrictions on people receiving visitors in their home. Where people preferred to visit their family members staff supported them to do so.



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 outstanding. 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.

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

- Comprehensive assessments of people's needs were not always completed prior to them moving in. Assessment information did not always contain guidance on how known concerns would be minimised and how the impact of these concerns on all those living at Flint Cottage would be managed. This had led to some difficult situations for people and staff.
- There was limited evidence regarding how the providers services worked together to share relevant information. Whilst care plans and risk assessments in relation to one person moving between services had been shared, staff from Flint Cottage were not aware of this guidance or how it should be implemented. They were unable to tell us what different support strategies had previously been tried and there was no evidence of this information being shared by the persons previous home. Referrals for mental health provision had not been made promptly to ensure a smooth transition between health care services which may have supported the person with the move. Whilst staff from the persons previous service accompanied them during their transition, staff told us this was shorter than anticipated.
- Best practice guidance was not always followed to ensure people were able to live as ordinary a life as possible. For example, guidance reflecting there should be no deliberately identifying signs outside to indicate the property was a care home had not been followed. We found there was a large banner placed on the side of the house displaying the rating for the service at the last inspection. This clearly identified people's home as being a care home.

The failure to ensure robust assessment and following best practice guidance was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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, 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.

- The principles of the MCA were not always followed to ensure people's legal rights were protected. Decision specific capacity assessments had not been completed for everyone living at Flint Cottage in relation to the restrictions in place. These included wearing specific items of clothing, keypad locks to kitchen and external gate and having constant support and supervision from staff.
- DoLS applications had been submitted to the local authority for all those living at Flint Cottage. However, applications did not always contain the relevant details of the restrictions in place. This meant the local authority did not have the full details in order to prioritise the applications.
- The previous registered manager and regional manager acknowledged this was an area where additional focus was required. They assured us they would review the current situation and completed capacity assessments as required.

The failure to ensure the principles of the MCA were followed was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- For some people we found decision specific capacity assessments had been completed as required. DoLS application had been submitted which contained the relevant information and had been approved by the local authority. Where this was the case, we found conditions had been complied with.
- We observed people were offered choices throughout the day such as what they wanted to drink and where and how they wanted to spend time. One staff member told us, "They all have their routines but all the team offer choices. Sometimes it's a matter of watching them and their reactions."

Staff support: induction, training, skills and experience

- Staff had not received training in supporting people with specific mental health needs. They told us they felt this training would help their understanding and approach when supporting people. The provider told us this training would be arranged for staff to ensure they had the skills they required to support people in this area.
- With this exception, staff told us they felt the training they received was good and provided them with the skills they required. One staff member told us, "We have good training and if there are any problems I can go to the management. They have always been very good."
- Records demonstrated that all staff received training in areas including health and safety, safeguarding, autism and learning disability and communication. Regular refresher training was completed to ensure staff stayed updated. An induction programme was in place which gave people and staff the opportunity to get to know each other. Agency staff told they also received an induction which gave them the opportunity to meet people and read their care plans.
- Staff received regular supervisions to support them in their roles. One staff member said, "I'm supervised regularly. It's helpful and I feel listened to." Records confirmed that in the absence of a registered manager staff had received regular support and supervision from the regional manager.

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

- People were supported to have enough to eat and drink and their preferences were known to staff. A menu was in place although staff were able to describe what adaptations were made to meet people's needs and preferences. Staff offered people regular drinks and prompted people with fluids regularly.
- Risks in relation to diet and nutrition were known to staff. One person was known to be at risk of choking

and guidance was followed to minimise this risk. Staff were aware of people's health conditions and how this may impact on their diet such as for those living with diabetes.

- People's weight was monitored regularly to ensure this remained consistent. Staff described to us the action they would take should someone begin to lose or gain weight. One staff member told us, "We make homemade food generally and try to keep to low fat and low sugar options. Everyone likes to have a treat, a takeaway or go out to eat now and then though."

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

- Relatives told us they were confident staff would always seek medical attention should their loved one require this. One relative told us, "They always contact me if he needs an injection or something comes up. They're very good."

- People were supported to access advice from health care professionals when required. Staff demonstrated a good understanding of how to identify when people appeared unwell and ensured appointments were made with the GP. As a result of their vigilance in this area, one person's health concerns had been identified and treated quickly. This led to them being more comfortable and long-term treatment being put in place.

- People had health action plans in place which gave staff guidance regarding their health needs. Staff had received training in caring for specific health conditions such as epilepsy and diabetes. People were supported to attend annual health checks and medication reviews with their GP.

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

- Flint cottage is situated in a rural environment which met the needs of those living there. People preferred to live in a quieter setting which gave them the opportunity to go for walks in the countryside which people were known to enjoy. People had access to two vehicles which meant they were able to go out regularly with staff support.

- Adaptations had been made to meet people's needs. For example, an enclosed gazebo had been placed in the garden as one person enjoyed spending time in the garden throughout the year. A swing had also been fitted to help meet one person's sensory needs.

- People had their own rooms which they were able to decorate with things of interest to them. People also had access to a lounge, dining room, kitchen and bathrooms which they shared with others.

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 outstanding. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were relaxed in the company of staff and we observed staff supported people with kindness. Relatives confirmed staff were caring in their approach. One relative told us, "They are fantastic people who look after him. I've never had any worries."
- People were supported by staff who knew them well. The majority of staff had worked at Flint Cottage for many years. They understood people's needs well and told us they aimed to make sure people were happy and content. One relative told us, "There are occasional changes in the staffing, mostly the ones who I talk to have been there some time. He gets on very well with the person who brings him to see me. It's always the same person." When people moved in or new staff started there was an emphasis on everyone getting to know each other. Staff spoke about people with affection. One staff member told us, "It's become like a family here."
- Staff were patient and used appropriate styles of interaction with people. We observed staff waiting for people to respond and using different approaches with different people. Interactions were pleasant and good humoured. Staff gave people positive feedback regarding how well they had done when completing tasks or attending health appointments which were uncomfortable for them. People responded well to this feedback and clearly appreciated the acknowledgment.

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

- Staff had a good understanding of people's preferences and how they wanted to be approached. Staff told us how people liked to spend their time such as the music they liked, if they preferred to spend time in their room or in the lounge with others and the things each person liked to do such as going out in the car or for walks. Whilst these areas of interest could be further explored, staff ensured people had the opportunity to do things they enjoyed. We have commented further on this within the responsive section of this report.
- People were supported to make day to day choices. This included decisions regarding food, drinks, clothes and where they spent time in their home. Records showed people made their own decisions regarding what time they went to bed and got up in the morning. Staff were observed to offer choices whilst showing an understanding of people's preferences and risks to their health.
- People's sensory needs were reflected within their care records. This included information such as if people disliked noisy or busy areas and how they chose to relax.
- People were supported to keep in touch with their family members. One relative told us, "They bring him to me once a month, they ring me a few days before to see if it's convenient."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff were observed to knock on people's doors or ask for permission before entering their bedrooms. People were supported with their personal care needs discreetly. Staff were aware of people's preferences regarding having their door open or closed when spending time in their room or at night.
- Staff told us they understood the importance of maintaining people's privacy and dignity. One staff member told us, "I treat them like I would want to be treated if I was in their position."
- People were engaged in household tasks to promote their involvement and independence. We observed people being encouraged and supported to take part in making their own drinks, tidying their bedrooms and doing their laundry.
- People's records were stored securely to protect their privacy and confidentiality. The office area was kept locked and electronic devices holding personal information were password protected.

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 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; 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's goals and aspirations were not regularly reviewed to enable them to develop skills and interests. For example, staff told us and records confirmed that everyone's toiletries and personal shopping was purchased by staff. Staff told us people would be unable to visit the shops with staff to do their own shopping although there was no evidence to suggest this was the case for everyone living at Flint Cottage. Staff were not able to explain how they had tried to overcome barriers for people becoming more independent in these areas.
- People's opportunities to try new things and meet new people were limited. With the exception of a sensory group, staff told us people followed the same patterns when they went out. Opportunities linked with the things people enjoyed such as music, walking and swimming had not been further explored.
- Staff told us people went out during the day but very rarely went out for the evening. When asked why, one staff member said, "They don't do that here. They might go for a walk after their meal in the summer." Records showed people frequently spent time during the day going for drives with no end destination. One person's records for the month of September showed that with the exception of one cycling session their only other activity outside of the house had been going for a drive.
- People support plans did not always contain details of people likes, dislikes and how they wanted to spend their time. Records varied in the amount of information available for staff and this was not always updated as staff got to know people better.

The failure to ensure opportunities were developed for people and care plans were up to date with people's preferences was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People went out to set activities they enjoyed. These included bowling, horse and cart riding and to a specialist cycling track. People indicated they enjoyed doing these things. We observed people appeared happy on their return from the horse and cart riding and brought back a takeaway meal for everyone.
- During our inspection one person was away on holiday. They brought back photographs of them doing various things such as using the hot tub and exploring the area. These showed the person enjoying their break supported by staff.
- People were encouraged to take part in some aspects of daily living such as their laundry and cleaning their rooms. We observed staff supporting people with encouragement and kindness.

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 individual communication care plans in place. These contained details of how the person communicated their wishes and how staff should present information. However, the information presented would benefit from being more detailed to further explore people's needs in this area. The regional manager acknowledged this would be beneficial and stated they would look at working as a team to review people's plans.
- Staff demonstrated a good understanding of people's communication and different gestures. We observed communication plans were followed and staff were able to describe how people communicated their needs, if they felt unwell or if they were unhappy. Staff knew where they should position themselves when speaking with people to support people's understanding.

Improving care quality in response to complaints or concerns

- Relatives told us they felt confident that any concerns they may have would be taken seriously. One relative told us, "They're very good at letting me know what's going on so I know I can talk to them."
- The provider had a complaints policy in place which was also in an easy to read format. This provided information regarding how to make a complaint, how this would be treated and the timescales for providing a response.
- There had been no complaints made in relation to the service since our last inspection. Staff were aware of what they should do if a complaint was received and who should be informed. One staff member told us, "I'd try to resolve it if I could and tell them it would be looked into. I'd tell the manager even if it was just something small we had already dealt with."

End of life care and support

- No one was receiving end of life care at the time of our inspection. Staff told us about the different resources they had accessed when this had been required and understood how to get the support for people.
- Where people had been cared for at the end of their life records showed staff had ensured people were comfortable and that relevant healthcare professionals were involved. Staff expressed the sadness they felt at the persons passing but also reflected pride in the way they had been able to support them. The provider had ensured staff were supported during this time. Messages received from family member demonstrated how grateful for the way their loved one had been supported.

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; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Audits in relation to the quality of the service people received were not completed by the management team. Audits in relation to care plans, risk management, daily records, how people spent their time and incident monitoring had not been undertaken. Although the provider had a review cycle in place for these, there was no evidence this had been completed at Flint Cottage. This meant the concerns highlighted during our inspection had not been identified or acted upon by the provider.
- Where audits had taken place these had not always been effective in identifying concerns such as issues with medicines and staff not wearing PPE masks correctly. The regional manager told us the provider had recently employed a quality assurance manager as they had recognised the need for additional resources in this area. They told us the quality assurance manager would look to fully implement audits and quality assurance systems across all services.
- Best practice guidance was not always followed in order to ensure continuous improvement. The service had not reviewed its systems and processes in line with Right Support, Right Care, Right Culture guidance or the Quality of Life Tool linked with this. There was no action plan in place relating to how the service intended to move forward and people's personal goals were not consistently reviewed and developed.
- Detailed records of the care people received were not maintained. Records did not all contain sufficient detail regarding the support needed when people were upset or anxious. A review of daily records and monitoring charts showed contradictory information was provided such as one record stating a person had appeared upset and another record describing them as content. This presented difficulties in interpreting information when planning people's care.
- Daily records were not always accurate or detailed. Records lacked information regarding how people were involved in the day to day running of their home, how they made decisions regarding what to do and any preferences they had shown. Standard phrases were used from the electronic system which did not give a clear picture of people's day. These included phrases such as, 'Had a period of relaxation in the lounge, there was social benefit' and 'Did laundry, was content'. One person's notes contained inaccurate information in relation to what they had eaten for lunch.
- Feedback had not been sought from people living at Flint Cottage or their relatives regarding the care they received. Although there was a regular management presence at the service, there was no direct feedback sought from people through the use of observations of individual care or personalised communication

methods.

- The provider had not always ensured CQC were notified of significant events which had occurred within the service. Records showed a number of safeguarding concerns had not been identified and notified to CQC. This meant we were unable to effectively monitor risks to people's safety and well-being. The provider assured us these concerns were being investigated.

The failure to ensure robust oversight, effective quality assurance systems and comprehensive records was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- In other areas we found there was a positive culture of caring for people. Relatives told us they felt the service was managed well. One relative said, "I can't criticise them at all. I'm as happy as I can be other than looking after him myself."
- Staff told us they felt the team worked well together to support people in overcoming difficulties and creating a homely environment. We observed staff communicated well with each other and saw positive relationships with the management team present during our inspection.
- The provider had launched a campaign focussing on developing new opportunities for people. The Big Life Challenge aimed to focus on staff facilitating opportunities to influence and energise people to be imaginative, adventurous, and experimental within their lives. The regional manager told us this was currently being rolled out in all the providers services and would support people and staff to think outside the box in terms of people trying new things.

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

- Relatives told us they were kept up to date with any concerns or achievements. They told us this gave them confidence in the service their loved ones received. One relative told us, "They're in regular contact. They let us know things are fine or if there is a problem."
- Staff told us they felt supported in their roles and were able to discuss concerns with the management team. One staff member told us, "I couldn't wish for someone better to work for. They're always been at the end of the phone if I ever needed them."
- The provider sought feedback from staff in a variety of ways. This included team meetings, staff surveys, communication days and staff forums where staff were able to discuss concerns directly with the nominated individual. The provider had achieved the Standard Investors in People Award in recognition of the support provided to staff.

Working in partnership with others

- Staff worked alongside a number of health and social care professionals to support people's well-being. This included the community learning disability team, mental health team and specialist health practitioners.
- The provider attended a number of local networks and engagement forums in order to share ideas and experiences and gain understanding of any new legislation or guidance. These included being an active member of Surrey Care Association and engaging with Skills for Care and associated managers network.

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 robust assessments were consistently completed and best practice guidance followed The provider had failed to ensure opportunities were developed for people and care plans were up to date with people's preferences
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to ensure the principles of the MCA were consistently followed
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure risks to people's safety were robustly assessed and monitored
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 robust oversight, effective quality assurance systems and comprehensive records

