

National Autistic Society (The) Pelham Manor

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Pelham Manor is registered with the Care Quality Commission as a residential care home providing the regulated activity of personal care and accommodation for up to 7 adults with a learning disability and autistic people. At the time of the inspection there were seven people using the service. People had complex care needs, including learning disabilities, autism and physical health needs. Most people had limited verbal communication so were unable to provide feedback by speaking to us directly.

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.

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

Right Support: People were not always supported to have maximum choice and control of their lives and it could not be assured staff supported them in the least restrictive way possible and in their best interests; staff did not always follow the policies and systems in the service to support best practice. Mental capacity assessments had not always been undertaken to assess if people had the capacity to make specific decisions. There was inconsistency in meeting the conditions of people's Deprivation of Liberty Safeguards (DoLS) and DoLS had not been applied for in a timely manner to ensure any restrictions on people were lawful.

The service gave people care and support in a clean environment, but government guidance had not been followed to minimise the spread of any infection. There were plans to improve the furnishings and decoration. People were involved in personalising their rooms so these were decorated to their taste and contained things that were important to them.

Staff supported people to take part in activities and pursue their interests in their local area. They had access to day services provided specifically for autistic people. Staff communicated with people in ways that met their needs and planned for when they may experience periods of distress and anxiety.

Staff enabled people to access specialist health and social care support in the community. Staff supported people with their medicines in a way that achieved the best possible health outcome. Staff prepared food and drink to meet people's dietary needs and requirements.

Right Care: Information about people's care, treatment and support needs were not always easy to access to ensure people's wellbeing was promoted. Although staff turnover had been high, people received kind

and compassionate care from staff who understood and responded to people's individual needs.

People were supported by staff who understood the wide range of strengths, impairments or sensitivities people autistic people may have. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language) and pictures, could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

People and relatives were mostly positive about the quality of the service. People told us or indicated by the 'thumbs up' sign that staff gave the support they needed. Relatives commented that staff were caring, but there had been a high turnover of staff and managers that was not ideal for autistic people who liked routine.

There were enough staff to meet people's needs and keep them safe. Staff understood how to protect people from poor care and abuse.

Right Culture: Quality assurance and monitoring systems were not always effective in identify shortfalls and improving the service for the people who used it. People and their family members were not involved in providing feedback about the service so their views could be acted upon.

People benefitted from the open and positive culture of the service where the management team was approachable and listened and responded to people's views.

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 Requires Improvement (published 3 June 2019) and there was a breach of regulation. At this inspection we found additional breaches of regulation. The service remains rated requires improvement. This is the second time the service has been rated requires improvement.

Why we inspected

This inspection was prompted by a review of the information we held about this service. Also, in part due to concerns received about care planning, risk assessment and oversight of the service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pelham Manor on our website at www.cqc.org.uk.

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 safe findings below.

Requires Improvement



Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good



Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement



Pelham Manor

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 one inspector.

Service and service type

Pelham Manor 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. Pelham Manor is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought and received feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 4 relatives. We spent time in the lounge, observing staff interactions with people and joined one person for lunch. We talked with 5 members of staff including the registered manager, senior carer and 3 care staff.

We reviewed a range of records. This included 2 people's care records and medication records. We looked at 3 staff files in relation to recruitment. We also looked at staff training and staff supervision. A variety of records relating to the management of the service were reviewed including accidents and incidents and quality checks and audits.



Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. The rating for this key question has remained 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

At our last inspection the provider had failed to manage risks to people's health and welfare. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had made improvements in relation to the management of risks in the environment, but we found additional risks with regards to infection control. Therefore, the provider remains in breach of regulation 12.

- At the last inspection we identified risks in relation to people's health and welfare with regards to fire and water safety. At this inspection action had been taken to minimise these potential risks.
- Fire equipment was checked regularly to ensure it was of good working order. Fire drills had been undertaken for all staff, including during the night. A fire risk assessment had been carried out yearly, the last one taking place in May 2022. These actions had highlighted there were not sufficient staff on duty to evacuate people safely in the event of a fire. As a result, an additional waking night staff had been employed. One person told us they had seen a video about what to do if there was a fire in their home.
- Water temperatures were regularly checked to ensure they were maintained at a safe temperature. The cleaning of shower heads was undertaken by staff to reduce the risk of legionella bacteria developing.
- Each person's care and support plan included ways to minimise potential risks such as in relation to people's mobility, health conditions and eating and drinking. For example, for 1 person it had been identified that staff needed to follow advice from the speech and language therapist when supporting them to eat. This guidance was available for staff who understood how to follow it to help keep people safe.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. Each person had a positive behavioural support plan. These plans set out preventative and reactive strategies for staff to follow to help ensure people received an enhanced quality of life.

Preventing and controlling infection

- We were not assured that the provider was using Personal Protective Equipment (PPE) effectively and safely. This was because the provider was not following government guidance with regards to face masks. The 'COVID-19 supplement to the infection prevention and control resource for adult social care' updated on 11 October 2022 sets out that, 'Face masks should be worn by all care workers and encouraged for visitors in care settings irrespective of whether the person being cared for is known or suspected to have COVID-19 or not.' The provider had not assessed the potential risks to people in deviating from government

guidance.

- We were not assured that the provider was preventing visitors from catching and spreading infections. This was because the provider was not following government guidance in encouraging visitors to wear face masks. Two visitors attended the service on the day of the inspection, one of whom did not wear a face mask as they had not been advised to.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.

The provider had failed to assess the risk of, prevention and spread of infections. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Visiting in care homes

- Relatives were able to visit the service in line with government guidance.

Staffing and recruitment

- The service had enough staff to meet people's needs but recruitment practices did not promote safety as checks on new staff were not always comprehensive.
- A number of agency staff were employed at the service. However, for the majority of these agency staff there was no record of their training, skills or experience necessary for their role in supporting people safely.
- Staff recruitment for permanent staff included obtaining in a person's work references, identity, Disclosure and Barring Service (DBS) checks and employment history. An audit of staff recruitment files in early October 2022 had identified that two staff did not have a staff photograph on file. This had not been addressed at the time of the inspection.

The provider had failed to ensure the safe recruitment of staff. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's individual support needs were kept under review. This included one to one support so people could take part in activities and visits how and when they wanted.
- Relatives commented on the high staff turnover at the service. One relative told us frequent changes in staff was, "Not ideal for their (family members) behaviour". Another relative commented, "You would think that the National Autistic Society would understand the needs for people with autism to know the staff who is on shift and to have regular staff."
- Every person's care record contained a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because regular staff knew them well and understood how to protect them from abuse.
- Relatives told us that their family members were safe at Pelham Manor. Comments included, "They are safe and well care for" and "They are happy and familiar with Pelham. You couldn't make it any safer than it is."

- Staff had training on and had their competency assessed in how to recognise and report abuse. Staff felt confident to act on this if it was required.
- Information on how to 'blow the whistle' was available to staff. Whistleblowing is when someone raises a concern about abuse within their organisation.

Using medicines safely

- People were supported by staff who followed systems and processes to administer and record medicines safely.
- People were supported to take their medicines by staff who were trained and had their competence and skills checked. Medicines were regularly audited to check they were administered and recorded safely.
- People could take their medicines in private when appropriate and safe to do so. People's medicines were stored securely in their bedrooms if it had been assessed as safe to do so. The temperature medicines were stored at was monitored, as some medicines react to excessive heat.
- Staff liaised with health care professionals to ensure each person's medicines were regularly reviewed to monitor the effects on their health and wellbeing.

Learning lessons when things go wrong

- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.
- Staff recognised what constituted an accident or incident and reported them appropriately. The registered manager investigated incidents and shared them appropriately with the positive behavioural support team (PBS). The PBS team had oversight of all incidents relating to people's anxieties. These were analysed so any themes or triggers could be identified and shared with the staff team and the person's PBS plan updated accordingly.

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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 Requires Improvement. The rating for this key question has remained Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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). 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 and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- At the last inspection we identified supporting people to make decisions as an area for improvement. This was because there was no record of who had been involved in the decision making process when decisions had been made in people's best interests.
- At this inspection mental capacity assessments had not always been undertaken for specific decisions. In addition, one person was restricted without due authorisation, as an application to renew their DoLS had not been applied for in a timely manner.
- Staff told us that people did not always have the capacity to make specific decisions, but there were limited mental capacity assessments and best interest meetings to support this. For example, it had been assessed that one person was not able to consent to their care plan. The registered manager told us a meeting held to reach this decision, but the recorded rationale was the person had a DoLS. This decision making did not follow MCA principles.
- The provider's process to monitor DoLS and to ensure any extensions were applied for in a timely manner had not been utilised. The condition of 1 person's DoLS was to apply for it to be extended within 28 days of its expiry date, but this had not been acted on. After the inspection the registered manager told us they had sent three DoLS applications for renewal, including the one identified above.

We have got a system in place now to monitor the DoLS as discussed in the last inspection.

- The registered manager was not aware that some people had conditions with their DoLS that are binding on the service. One person had a condition that best interest meetings should be held, but these had not

been carried out for specific decisions such as COVID and flu vaccines.

The provider had failed to consistently follow the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed staff seeking consent from people before giving them assistance. Staff knew about people's capacity to make decisions through verbal or non-verbal means.

Staff support: induction, training, skills and experience

- People were supported by staff of whom the majority had received relevant training for their roles. The registered manager explained that as there had been a lot of new staff, training was ongoing. New staff completed a programme of induction.
- Some people had specific needs such as epilepsy or being at risk of choking. Staff had received specific training in epilepsy and associated medicines. However, only half the staff team had completed training in dysphasia and choking. The registered manager confirmed it was only staff who had received this training that were supporting people with this need. Staff had only received on-line basic life support training. Face to face training was booked immediately after the inspection to ensure staff could act in an emergency situation.
- Staff were provided with training in the wide range of strengths and impairments people with a learning disability and or autistic people may have. This included supporting people with their anxieties, communication, sensory needs and how to work in a person-centred way.
- Staff received support in the form of continual supervision and team meetings. Staff felt well supported as they could contact a member of the management team informally. They said they also had access to external forms of support if needed.

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

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- Information about people's health needs and how best to support people was not always easy to access. This was because Health Action Plans were being replaced by a selection of separate health care documents. People's health information was being updated during the transfer, but only one person's records had been transferred to this new system. Information about some people's medicines was out of date. There was a potential risk that staff could not access important information about people in a timely manner.
- People had hospital passports. These passports could be used by health and social care professionals to help the understand peoples' health and communication needs and any reasonable adjustments needed.
- People's oral health needs had been assessed and care plans set out if people required assistance with their teeth and dental visits.
- People were supported to live healthy lives. Some people went for regular walks or swimming. The registered manager told us they were planning a charity fun walk to encourage people to be healthy.

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

- Staff completed a comprehensive assessment of each person's physical and mental health before admission.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. Each person had a sensory profile which set out how the

person experienced the world through their senses. Autistic people's senses can be over or under sensitive to stimuli and these sensory differences can affect how people feel and act and therefore can have a profound effect on their life.

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

- People received support to eat and drink enough to maintain a balanced diet.
- Assessments were made of people's needs with regards to nutrition, eating and drinking. This included if people needed any specialist equipment. People's food intake and weight were recorded to monitor any significant changes. Referrals were made to the dietician or speech and language therapist as appropriate.
- People received support and encouragement to eat and drink based on their individual needs. Staff sat next to some people and ensured they were in an upright and comfortable position to eat. Staff gave other people sufficient time and space by themselves to eat their meal.
- A four weekly menu was displayed using pictures to help people understand its content. At dinner time we saw some people had chosen an alternative to the menu. Most food shopping was ordered online. People who were able to were involved in sorting out the shopping list.

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

- A programme of redecoration and purchasing of new furniture was underway to help ensure people were provided with a clean, safe, well equipped and well-furnished home. People had been involved in choosing the colour of the new sofa.
- People with limited mobility could be accommodated on the ground floor and had adapted bathrooms. Signage was used to help people move around their home independently.
- A relative told us, "The environment is fine for my family member. It is homely."
- People personalised their bedrooms and were included these decisions. One person showed the inspector their room. It was full of their personal belongings and decorations for Halloween. This person had a key to their room and said that they liked to be able to lock their room so that no one else went in it.

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. The rating for this key question has remained Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided people with personalised and co-ordinated support in line with their communication plans, sensory assessment and support plans.
- Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people. Staff followed the SPELL structure which is the National Autistic Society's framework for understanding and responding to the needs of autistic people. It focuses on five principles that have been identified as vital elements of best practice when working with autistic people and emphasises ways to change the environment and our approaches to meet the specific needs of each person. SPELL stands for structure, positive approaches and expectations, empathy, low arousal, links.
- Care plans reflected a good understanding of people's needs. Each person had a one page profile which set out what was important to the person, their strengths and how best to support them. Staff used person-centred planning tools to look at people's achievements, dreams and aspirations.
- People had developed positive relationships with staff whom had been employed at the service for a significant period of time. These staff spoke knowledgeably about people's individual's needs. One person was anxious and approached a staff member who gave them reassurance. Staff gently engaged and built on another person's confidence to fully involve and engage them in a conversation with the inspector.
- The majority of feedback from people and relatives was positive about how people's individual needs and choices were met. One person told us, "My keyworker is a good listener. She makes me laugh and I make her laugh too!" Comments from relatives included, "I am incredibly happy with the home. It was built around my family member. Staff genuinely care and I don't often see that"; and "My family member is pleased to go to staff and does not shy away from them. They smiled when I said it was time to go back to Pelham when they were with me at the weekend."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had individual communication plans that detailed effective and preferred methods of communication. Communication plans included how a person presented when they were content and when they were distressed. There was also a guide for staff which set out the individual words, sounds or actions a person used to communicate their emotions. This guidance aided staff in communicating with people and responding appropriately.
- Methods of communication had been adjusted to each person's individual requirements. Some people

used emotions card to express how they are feeling. For another person, social stories were used to help the person understand a specific situation and so reduce their distress and anxiety. We observed staff communicating one person using Makaton. Makaton is a unique language programme that uses symbols, signs and speech to enable people to communicate.

- Staff ensured people had access to information in formats they preferred. Several records were written using pictures and Widget to help people understand them.

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

- People were supported to participate in social and leisure interests and to stay in regular contact with family and friends.
- The registered manager had advocated on behalf of people to access one to one funding so people could follow their own interests. One person told us, "I go out with my just my keyworker. It is going well."
- People were able to attend the providers day services which offered activities such as dance and movement and arts and crafts. The centre contained a TV room, IT suite and games room that people could access. One person told us how much they had enjoyed the Halloween party at the centre where they had made potions. A day out a week was also part of people's planned activities, although relatives said this was dependent on staff who could drive being available.
- Staff supported people to use their local community. People went swimming, for walks and to the local shops. A relative told us their family was well known in the town. They told us, "90% of the shops know my family member which is important to them and me."
- Staff supported people to take part in everyday living skills according to their abilities. Some people enjoyed undertaking household tasks and cooking and other people did not. Staff respected people's choices. A relative told us, "My family member likes to Hoover and tidy up which they do but then you can never find things".

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints and staff supported them to do so.
- Staff understood the changes in people's body language and presentation, which may indicate that they were not happy with an aspect of their care. In these situations, staff investigated further to try to understand the reason for the person's reactions.
- Relatives said they approached specific staff they knew if they had any concerns and these were usually dealt with to their satisfaction. They knew to contact the registered manager or provider if their concern was not addressed.
- The service treated all concerns and complaints seriously, investigated them, learned lessons from the results and apologised to people when appropriate.

Supporting people at their end of life

- People's wishes and plans for the end of their lives had been sought and recorded.
- Peoples' relatives had been contacted to discuss peoples' end of life care wishes. Staff understood that this was a difficult topic for some family member and acted accordingly. People had a document entitled, 'When I die' to record people's specific preferences such as where they wanted to live in their final days.

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 Requires Improvement. The rating for this key question has remained 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 the last inspection monitoring processes had been highlighted as an area for improvement. At this inspection, the provider's quality assurance arrangements had not been consistently applied to identify improvements so they could be acted on in a timely manner.
- The provider was working through a recovery plan which had identified shortfalls in the service including fire safety, care plans and risk assessments. At this inspection we found additional shortfalls in the recording and checking of agency staff, the application of the MCA and infection control.
- It was not easy for staff to access information about people's care. This was because information was being transferred to a new format and some was held on the computer to which care staff did not have access. During the inspection it took time for the registered manager to find specific details about people's care which meant there maybe delays in people getting the support they needed.
- At a meeting on 13 August 2022 it had been identified that all staff needed training in dysphasia. However, only half the staff team had completed this training and we found no evidence to indicate this training had been booked for these remaining staff.

The provider had failed to operate an effective quality assurance system and for records about peoples care and treatment to be easily assessible and complete. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider monitored individual risks to people locally and nationally. People identified as at high risk due to their complex physical health, mental health or anxieties were identified and placed on a high risk register. This detailed the information required to monitor the risk to each person and ensure the correct professional input, support plans, risk management plans and training is in place. The registered manager attended a meeting in relation to high risk on the day of our inspection. People who were able were encouraged to take positive risks, such as going out by themselves in the local area.
- The registered manager had been appointed to manage the service at the time when the provider had identified improvements were needed. The registered manager understood the providers vision and values and was working hard to implement them for the benefit of people and staff.

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

- The provider had not followed their quality assurance policy and sought feedback from people and those important to them and used the feedback to develop the service.
- The provider had assessed that people's individual views were best sought through one to one keyworker meetings rather than group house meetings. However, keyworker meetings had only occurred for one of the 7 people living at the service.
- Relatives told us they were no longer asked for their views about the service either by the providers survey or when attending annual reviews about their family member. Comments from relatives included, "We were not invited to my family members last review. I've spoken to the new manager on the phone"; and, "We do not consistently get asked for feedback. The registered manager asks, but it depends on which staff. I had discussion with the registered manager about their care over the summer."

The provider had failed to consistently seek and act on feedback from people who used the service and their representatives. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Due to the changes in managers of the service, staff meetings had not been consistently held. The registered manager had reintroduced regular staff meetings so staff views could be heard and acted on.
- After the inspection three people were asked for their views about the service and positive responses were received. These were that they felt safe, staff treated and knew them well.

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.

- The registered manager had worked hard to instil a positive culture of care at the service. They were visible, approachable and took a genuine interest in what people, staff and family members had to say. The registered manager based themselves at the service when previous managers had worked from the providers office.
- The culture of the service had been improved through team building exercises and open communication between the registered manager and staff. Staff told us the registered manager had an open door policy and they were supported by the management team and on-call system. During the inspection staff sought and received advice from the registered manager.
- There were positive interactions between people and staff. Staff listened to people, reacted to their body language and gave them time to respond. When we asked people about the support they received from staff they responded positively or gave a 'thumbs up' sign.
- The registered manager worked directly with people and led by example. They had supported people during the day and overnight as part of the staff team. This helped them to gain a better understanding of people and the staff team. One person gave the registered manager a hug and another person touched their hand to say goodbye before they went out.
- Feedback from relatives was mostly positive about how the service was managed. Comments included, "The service is well run and I have recommended it to other people. I consider some of the staff friends"; "The registered manager is lovely"; and, "There are some really great staff. The deputy manager really does care and try to do her best." However, relatives also told us that communication was not as good as it could be. They told us information they gave about their family member to one staff member did not always get passed onto the staff team. For example, this had resulted in some people's personal items being mislaid or lost.
- The provider understood the Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support. Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Working in partnership with others

- The service worked in partnership with health and social care professionals and external agencies to help maintain people's care and support needs.
- Staff demonstrated that they also worked in partnership with the provider's positive behaviour support team.

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 11 HSCA RA Regulations 2014 Need for consent The provider had failed to consistently follow the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Regulation 11 (1) (3)
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 have enough systems in place to prevent the spread of infections. Regulation 12 (2) (h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate an effective quality assurance system. Records about peoples care and treatment were not easily assessible and complete. The views of service users and their representatives were not consistently sought and acted on. Regulation 17 (1) (2) (a) (b) (c) (e) (f)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider had failed to ensure the safe recruitment of staff.

Regulation 19 (1) (b) (3) (a)