

West Sussex County Council

Hammonds

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Hammonds is a residential care home providing personal care to 14 people who live with a learning disability and/or other health conditions. The service can support up to 20 people.

Hammonds accommodates 14 people across three separate buildings, each of which has separate adapted facilities. One of the buildings had four rooms catered for people who stay at the home for short breaks on a respite basis.

The principles and values of Registering the Right Support (RSS) and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. The provider had not always consistently applied these values.

The service was a large home and was registered for the support of up to 20 people. 14 people were using the service, two of which were staying for a short break. The numbers accommodated are not in line with 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. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

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

Hammonds requires further development to be able to deliver support for people that is consistent with the values that underpin RRS. For example, people did not always identify, review or develop individual support outcomes and aspirations or take part in meaningful activities. People's communication needs were not fully supported to enable them to have maximum control of their lives. There were limited opportunities for independence and community inclusion.

People were not always receiving respectful or dignified support. However, people and relatives spoke fondly about the staff and we observed some positive interactions between staff and people.

People received care and support that was safe. One person said, "I feel safe. Staff help me stay safe. The staff are perfect, I like [registered manager]. If I needed help I would talk to him." One relative said, "I think [person] is very safe. They have been here over 20 years. I think they (staff) are absolutely wonderful with him. He likes the men especially. I am very, very happy that [person] is there."

Improvements had been made to the management of medicines and risk assessments around people's health needs. People were supported by staff who received training and were able to identify and respond appropriately to abuse. There were sufficient staff to meet people's needs.

Training and observation of staff practice ensured staff were competent in their roles. People were supported to have 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.

People enjoyed a healthy, balanced and nutritious diet based on their preferences and health needs. One relative said, "It looks nice. No complaints. It's food he can eat and digest. He's put on weight and looks good."

Many staff had worked at the service for a long time. Staff told us they felt they were overall well supported by the management and worked together effectively as a team.

A system of audits monitored and measured aspects of the service and were used to drive improvement. The management team worked proactively with the NHS and Social Services to proactively meet peoples care needs.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 August 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, enough improvement had been made and the provider is no longer in breach of that regulation. However, two new breaches of regulation were found at this inspection. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to person-centred care, dignity and respect at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Hammonds

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spent time observing the care provided to people as not everyone living at the service could fully share their experiences with us. We spoke with four people who used the service, three relatives and a visiting advocate about their experience of the care provided. We spoke with seven members of staff including the registered manager, acting manager, assistant manager, one senior care worker and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we recommended the provider worked with the pharmacy to address the medicine overstock and to improve how medicine related incidents were recorded.

- At this inspection arrangements had been made to ensure the proper and safe use of medicines. There were reliable arrangements for ordering, administering, storing and disposing of medicines.
- Unused medicines were discarded safely and in accordance with the provider's administration of medicines policy. Stocks of medicines showed people received them as the prescriber intended. When people had their medicines administered on an 'as required' basis there was a protocol for this, which described the circumstances and symptoms when the person needed this medicine.
- Care staff who administered medicines had received training. Records demonstrated arrangements had been made for all trained staff to be annually assessed in their competency to administer medicines.
- Medication audits were completed on a daily and monthly basis. The management team reviewed and analysed the findings of the audits to ensure any action needed was taken. For example, the staff member administering medication, now wore a tabard asking not to be disturbed during that timeframe, to ensure they could concentrate, resulting in less errors.

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

At our last inspection risks to people were not always properly recorded within people's care plans. People's risks were not always identified, assessed or recorded fully.

- At this inspection improvements had been made to ensure risks to people were identified, assessed and managed safely. People had a range of risk assessments including keeping healthy and active, behaviour that may challenge others, choking, risks related to specific health conditions, mobility and falls.
- People had personal emergency evacuation plans (PEEPS) that guided staff in how to support each person in the event of an emergency.
- To ensure the environment for people was kept safe, specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments for health and safety. Hot water was temperature controlled and radiators were guarded to reduce the risk of scalds and burns.
- Staff understood their responsibility to raise any concerns or safety issues. Processes documented and reviewed any incidents, in order to identify any changes required. Staff were informed of any changes to people's care at their shift handovers and meetings following any incidents.

Systems and processes to safeguard people from the risk of abuse

- People appeared comfortable, relaxed and at ease in the company of staff. A relative told us they had no concerns for their family member's safety and felt assured staff would keep their family member safe.
- All staff had a good understanding of safeguarding procedures including the roles of outside agencies. Staff knew how to identify signs of abuse and could give examples of how to protect people from harassment and discrimination.
- When people were unable to manage their money independently, appropriate support was provided through referral to the local authority support team.
- Safeguarding concerns were logged identifying any learning and the learning was shared with staff at team meetings. The service had a whistleblowing policy to ensure staff understood how to raise concerns and staff confirmed they were aware of it. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

Staffing and recruitment

- The provider continued to have rigorous recruitment procedures and completed relevant pre-employment checks to ensure only suitable staff were recruited to work with people.
- The registered manager told us they had recently undergone a big recruitment drive for more permanent staff. People were involved in the recruitment of new staff.
- There were enough staff to meet people's basic needs, but the deployment of staff did not enable people to participate in particular hobbies or activities that occurred in the evening. We have provided more detail regarding this under responsive.
- There were sufficient staff to cover the one to one hours commissioned for one person.
- A staff member was named as the team lead for each staff shift and their role was to allocate staff responsibilities. There was also a senior manager on-call, so staff could access guidance as required.

Preventing and controlling infection

- Cleaning routines ensured the service was clean and free of unpleasant odours. People and their relatives were happy with the cleanliness of the service.
- Infection control procedures were followed to reduce the risk of infection to people. For example, staff wore protective aprons and gloves when delivering people's personal care. Colour coded cleaning equipment was used to minimise the risk of cross infection and laundry arrangements ensured soiled laundry was managed safely.

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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started to receive support from staff. Records showed consideration had been taken to establish what practical assistance each person needed before they moved into the service. This ensured the service had the necessary facilities and, resources to meet people's needs.
- The information included people's preferences, backgrounds and personal histories. This enabled staff to know people well.
- Nationally recognised risk assessment tools were used to assess risks, for example, those associated with nutrition and skin integrity. Care plans and assessment tools were in line with guidance from the national institute for health and care excellence (NICE).
- For example, staff told us that they adopted a proactive approach to people's changing behaviours which others may find challenging. This consisted of person-centred behaviour support plans in line with current good practice. These guided care staff on how to support people experiencing distress or anxiety. The plans gave staff guidance on the triggers of behaviours, the actions to take and that a debrief was needed following incidents.

Staff support: induction, training, skills and experience

- Not all staff had received supervision sessions in line with the provider's policy, which stated staff should receive supervision at least quarterly. Despite this, staff told us they felt supported by the management team. We spoke with the registered manager about their plans for supervisions. They showed us their audit tool, which demonstrated that supervisions were not being carried out as regularly as they should. There was an action plan in place to ensure staff supervision was arranged.
- People received effective care and treatment from competent, knowledgeable and skilled staff with the relevant skills to meet people's needs. One relative described the knowledge and care provided as being "second to none", emphasizing that it is "very good / the best that there is".
- Staff completed a range of training. Some of this was deemed mandatory by the provider. This included safeguarding, health and safety, infection control, fire safety, safeguarding, moving and handling, Mental Capacity Act (2005), emergency first aid, equality and diversity. This training was refreshed on an annual basis and the completion rates for staff were good.
- Other training was available and included subjects such as epilepsy and end of life care. Relatives felt staff were competent to give people the care they needed, and staff were flexible with the support they provided.
- New staff had completed an induction and worked alongside experienced staff to get to know people. Where staff were new to care, they completed the Care Certificate, a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well.

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

- Staff documented what people ate and drank to enable them to monitor that people had sufficient for their needs. People's weight was monitored to ensure they remained healthy. Staff understood potential risks to people associated with their eating and ensured they followed the guidance provided.
- People were offered a variety of food and drink they enjoyed, and alternatives were readily available if people preferred something else. People were also occasionally supported to go out for meals in the local community. This increased the variety of food and drink options available to them.

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

- People were supported to access healthcare services in their local community and had been registered and treated by a team of healthcare professions. This included GPs, dentists, chiropodists and nurses.
- People had health passports in place, in the event they needed to go into hospital. These ensured essential information about the person was available to hospital staff and how to support them was readily accessible.
- During the inspection we saw evidence of joint working and this ensured people were at the centre of all decisions. The registered manager told us how they had worked with a health professional from the hospital due to one person's recent injury. Care plans had been updated to reflect the injury and included what support from the hospital was being provided and how this worked practically with the care staff on duty. The person indicated to us they were happy with how they were being supported and felt the injury was improving.

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

- The premises had been designed to accommodate people with physical disability support needs. There were wide doorways and corridors to allow for wheelchair access throughout all areas of the service. Equipment such as ceiling track hoists had been installed in individual bathrooms and bedrooms to support people with transferring from one place to another. There was appropriate signage on doors to toilets and other communal rooms and facilities, to help people find their way around the building.
- The registered manager had considered how the internal space could best be utilised for people. As a result, what was a storage area, had been transformed into a 'quiet area' with a TV and chair. This meant if someone became upset or needed time away from other people, they had a choice other than going to their bedroom.
- People had been involved in decisions about the decoration of their bedrooms, which were personalised and expressed people's interests.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- People's consent was routinely sought by staff, before providing care or support to them. For example, when giving medicines, staff checked one person was ready to take them before they prepared them. When one person asked what their medicines were for, the staff member answered in terms the person understood.
- Assessments were carried out when people's capacity to consent was in question. Mental capacity assessments informed risk assessments and support plans, to ensure people were supported in the least restrictive way. People's support plans described what decisions they could make for themselves and what they needed support with. For example, some people managed their money with support from the local authority.
- Applications for DoLS authorisations had been submitted when required and renewal dates were monitored to ensure applications were submitted in a timely manner.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were not always being encouraged or supported to learn new skills and become more independent. Staff gave people care and support, but person-centred planning was not used to help people develop skills or to have different experiences.
- One person, who was under the care of a physiotherapist, required daily support with their mobility to help strengthen their muscles, to maintain their independence. Records indicated staff were not doing this, which was confirmed by the registered manager. Staff prepared meals and people were not allowed to access the kitchen. We discussed this with the registered manager that some people would be able to assist with shopping and cooking; this would increase their access to the community and encourage their independence. The registered manager was receptive to this feedback and informed us it was always their intention to encourage this, however due to recent staff shortages and reliance on agency, this had not been possible.
- A person-centred approach was not adopted with people who had difficulty communicating their needs verbally. Care plans offered little guidance for people with limited speech. There was a lack of evidence that the provider had done all that was reasonably possible to ensure people were supported in this area. For example, one person who used Makaton, was unable to be fully supported as staff were not trained in this area and the care plans did not advocate for this form of communication to be used.
- Staff were observed throughout the inspection, asking people what they would like to do and how they would like to be supported. However due to the complexity of people's communication, there was very little response to staff's verbal attempts. This resulted in people, sitting for periods of time with little to do. We observed people becoming frustrated with staff and upset due to not being adequately supported with their communication. Staff were task focused and spent little time with people.
- Staff did not always explain things clearly or in accessible ways that people could understand. One person who had decided to eat their breakfast on the floor, was told by a staff member, "No, if you are staying there, I will take your breakfast." The carer proceeded and removed the breakfast from the floor and from the person. The person may not have understood why their breakfast was being removed and became very upset. When we asked why the carer had done this, they told us the person should eat up at the table for hygiene reasons. This had not been communicated with the person. It also meant the person's choice for choosing where they wanted to eat was not respected. Another person said, "My back hurts". Staff proceeded to ask the person lots of questions, the person was unable to answer the staff member's questions, which resulted in the person showing frustration. A staff member, said, "We don't have communication aids for each person. We've gone back to basics. In the past we used to have

communication tools. It feels to me we need to start again."

- We observed two people become distressed. Staff did not always respond compassionately. One person told us staff did not try to understand how they felt when they were upset. We were concerned that a member of staff expressed frustration towards a person who was unhappy. For example, a person became upset and verbally abusive towards a staff member. The staff member became visibly frustrated, rolling their eyes, pressing their lips together and in response to being told that the person hated them, they said, "well I love you" and walked away. The person cried and told us, "No she doesn't love me." This person was left alone for most of the time we were there, with little interaction from staff or other people.
- Our observations did not always show people were treated with dignity. After lunch, people had food on their clothing; people were not encouraged or supported to change to maintain their dignity.

The provider failed to ensure people were treated with dignity and respect. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had a good understanding of some of the challenges in the staff team and described work that was planned to help develop a more positive culture in the home. There was evidence to demonstrate the registered manager had identified and addressed staff practices that did not uphold these values.

- In contrast other people and relatives were positive about the home and staff. Relatives told us staff were kind and caring. One relative said, "As soon as you walk in, there is a lovely friendly atmosphere. The staff do care."
- Not everyone could tell us their thoughts about the staff team supporting them; some people were relaxed in the company of staff. We observed some positive interactions between people and staff.
- Staff described how they treated people as individuals and respected their wishes. Staff were aware of people's diverse needs.
- Family and friends were able to visit without restriction. Relatives were made to feel welcome and felt comfortable discussing any changes or updates to the care their family member received. People were encouraged to stay in contact with people who mattered to them and relatives had arranged times for people to call them.
- The staff team was made up of people from differing cultures, backgrounds and religions. Staff told us they felt respected by their colleagues and the senior managers, regardless of their culture or religion. The team manager told us they took into consideration staff needs when setting the rota. For example, a carer returning from maternity leave, was given an allocated area, to express their breast milk. The carer said, "I am still breast feeding, this has been risk assessed, I have been allocated a private area to express milk, and a fridge where I can store it. I have been very supported by the staff and management. It's really nice."

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

- Some people were unable to express their views. We observed people making day-to-day decisions about their care, such as what they wanted to eat, drink and wear. However, care plans did not show how people who used the service had been involved with their care planning and support. None of the five care plans sampled recorded people's involvement. As a result, there was no evidence that people or those who knew them best had been involved in planning or reviewing people's care. The acting manager confirmed these had been completed by staff and the management team.
- Relatives told us they were welcomed into the service whenever they visited. One relative said, "We used to have relatives' meetings once a year. We haven't had one since the current manager came here."
- One section of people's care plans referred to "How I would like you to support me." This gave staff a clear description of how the person preferred their personal care to be carried out.

- People had access to an advocate if they required one to help them express their views and there was information about advocacy displayed in the service. One person was using an advocate at the time of our inspection. The person's advocate told us staff understood and respected the role of the advocate.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

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

- People's records indicated information within plans was being reviewed monthly. The monthly reviews did not indicate or document how the person was involved in their review and what their views were. Staff confirmed this process was normally completed by key workers or senior staff.
- People had limited opportunity to take risks and develop independent living skills. More assessment and planning were needed to see what people could do for themselves and to plan meaningful activities.
- We observed that the service was working hard to provide person centred care but noted that many of the activities were generic in nature and were organised for groups of people without much evidence of personal choice. For example, people mostly were accessing a day centre and participating in internal activities, such as art and crafts and music. One person's care plan stated they liked to go to the sea front and get an ice cream. The same person enjoyed watching comedies. However, the person's records indicated they had left the service on two occasions in 20 days, which was to attend day service activities. We found no evidence as to how the person was being supported with activities or interests they were known to enjoy. There was a reliance on using agency staff which had impacted how activities could be arranged and supported.
- Some people had chosen to stay in their rooms and there was no evidence that people's risk of social isolation was being monitored or effectively addressed.

The failure to ensure care and treatment is reflective of people's needs and preferences was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plans were developed from the initial assessments of people's needs and were clear and detailed. They included a front sheet which contained background information about the person, such as their preferred name, ethnic origin, religion, keyworker, next of kin and medical information.
- Care plans were written in person centred format. They included a document called 'Important things about me'. This contained details about the person, their background, people who knew them best, likes and dislikes, things that may worry and upset them, and what made the person feel better if they were anxious or upset.

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.

- The service did not meet the AIS. Information was not always provided in a way that people could understand. People did not have access to their care plans. There were limited pictorial images used around the home to guide people through their daily routines or navigate their way around the building.
- People did not have an accessible plan to show how their specific needs had been identified, assessed or met. This meant that people could not contribute fully, or as much as they were able to, with planning their care and support.

Improving care quality in response to complaints or concerns

- There was a copy of the complaints policy readily available for people and visitors to the service. The complaints process was also available in an accessible format. People told us if they had a worry they would speak with a member of staff.
- Relatives knew how to make a complaint and felt comfortable to do so. They described how the management and staff team were receptive to feedback and shared examples of their views being acted on.
- The service had received one complaint since the last inspection. The complaint had been investigated, an outcome and lessons learned were recorded.

End of life care and support

- The registered manager told us they were not providing end of life care for anyone at present. However, they said they had a policy and procedure in place for when this became necessary.
- Some staff had received training on end of life care.
- For one person, staff had explored their preferences, which included cultural and spiritual beliefs. The person's relatives had been involved to help make decisions, that they had been assessed as unable to make for themselves.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the registered manager had failed to notify us of DoLS authorisations. This was a breach of regulation 18 (Notifications of other incidents) of the Registration Regulations 2009.

At this inspection enough, improvement had been made and the registered manager was no longer in breach of regulation 18.

- Notifications which were required were now being sent to us as required by law.
- The provider had made improvements to the quality assurance system to protect people's safety. This included reviewing and updating audits in relation to how medicines were being managed. The audits measured all aspects of the service and were effective in driving improvement. Audits were carried out by the management team in relation to care plans, medicines, activities, kitchen, mealtime experiences and infection control. Actions were recorded that had arisen out of any issues found. Actions were clearly documented and followed-up.
- For example, the registered manager was aware through these quality assurance systems, there had been a provider level failure in supporting people with their independence, dignity, communication and activities. At the time of the inspection, the provider was not offering a person centred, inclusive experience for people where good outcomes could always be achieved.
- We asked the registered manager what they knew about Registering the Right Support Guidance and in particular the values that underpin it. We saw limited evidence that the service was aware of these values and found generic processes and systems and group-based activities rather than individualised approaches.
- The registered manager was open and transparent with us that since the last inspection, the service had undergone significant staffing changes which had contributed to negative outcomes for people. One staff member said, "Our aim is to provide people with a safe home, with meaningful, purposeful activities and support them to get the best out of life. Wouldn't that be wonderful? But staffing levels do not enable us to do that."
- There was an overarching service improvement plan which was reviewed and updated monthly. This included reviewing how communication was being supported for each person. On the 12 June 2019 two

communication champions were appointed to support the service in this area. The registered manager told us, with the newly appointed staff, they would be looking to improve how staff were deployed to increase how people were being supported with their independence and social activities. We will review the effectiveness of these improvements at the next inspection.

- The registered manager had good oversight of the culture of the service. They were experienced and understood the key challenges for the service, such as staffing. In the absence of the registered manager for several months, the service had been managed and overseen by a manager from one of the provider's other homes.
- Staff felt well supported, respected and valued in their role. They enjoyed their work and told us it was a good team to work with.
- People told us how much they liked the registered manager. We observed that people were comfortable around him and it was obvious they knew and felt comfortable with him.

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 understood their duty of candour responsibility to contact relatives after incidents involving family members occurred.
- Relatives consistently told us the registered manager was more than approachable and was open and honest with them. Our observations supported this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff told us they were supported by the management team through informal supervision, as and when needed. They explained there were regular opportunities to discuss working practices, what went well and what did not and to explore ways of improving the service. The registered manager and assistant manager confirmed these conversations took place.
- Team meetings were monthly which gave staff an opportunity to discuss areas such as best practice, policy and procedures, recruitment and training.
- Staff had ready access to the provider's policies which were regularly reviewed, to inform and guide their practice as required.
- Staff were motivated and proud of the service. All staff consistently knew people well and felt they worked well as a team.
- Interactions between people, relatives and staff, including the management team, were overall warm and positive and they clearly knew each other well. One relative said, "[Registered manager] seems nice. Definitely for the residents, he plays like a big child. He will mess about with them. [Person] loves water, he has been known to put it on them. His support with the staff and residents is very good."
- The management team collected and analysed information about the service, for example falls, and used this information to create an action plan to reduce or mitigate identified risks.
- Staff, people and relatives told us they were given opportunities to share ideas and make suggestions to improve the service as and when they wanted to.
- The provider issued satisfaction surveys annually to gain people's feedback. We reviewed the outcome of recent surveys and saw that people had expressed a high level of satisfaction with all aspects of the service. The provider had acted in response to any negative comments, including care plan reviews, to identify people's hobbies and interests. Relatives' feedback indicated that staff were always friendly, helpful and supportive. They were happy with how their loved ones were looked after and cared for.

Working in partnership with others

- Staff worked closely with local healthcare providers such as the GP surgery and the local pharmacy. The

management team worked in partnership with the local authority commissioners to share information and learning around local issues and best practice in care delivery.

- Feedback from a local authority contracts review in June 2019, stated, 'It was clear that much work has been undertaken since the last monitoring visit in April in terms of the improvements in care plans. Some of this work remains in progress which is understandable given the size of the task. This monitoring visit made a commitment to returning in six months to further monitor progress after this positive start.'
- Staff worked in partnership with other services people attended or accessed such as day services or additional one to one support, to ensure these were co-ordinated and organised for people. In addition, staff worked with non-statutory agencies, to ensure people could access services such as advocacy.

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 reflective of people's needs and preferences. (1) (b) (c) (3) (b) (d) (f) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider failed to ensure people were treated with dignity and respect. (1) (2) (b)