

Brighton and Hove City Council

# Brighton & Hove City Council - Ireland Lodge

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service:

Brighton and Hove City Council – Ireland Lodge is a residential care home providing personal care to 21 people aged 50 and over at the time of inspection. The service can support up to 23 people. Care and support is provided on a short-term basis to people receiving respite or transitional care. This could be following a period of crisis in the community, to prevent a hospital admission or following discharge from hospital. Care and support is provided in one adapted building for people living with dementia or mental health needs. At the time of the inspection, building works were taking place at the service to add additional bedrooms to the service.

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

People's experience of the care was positive. Relatives also spoke highly of the service and the care and support provided. One relative commented, "I know we can go home, and the people here will do their job and she is safe. That gives us as a family such peace of mind." However, we found that some areas of the service required improvements.

A quality assurance framework was in place. However, this was not robust in identifying shortfalls. Health and social care providers are required by legislation to notify the Care Quality Commission (CQC) of any serious injuries or Deprivation of Liberty Safeguards (DoLS) authorisations. The Commission had not been notified of any DoLS authorisations in three years. Where required, notifications had not always been submitted to the Commission.

At the last inspection in February 2017, food and fluid charts were in place. However, the recording of fluid charts had not always been fully maintained to ensure there was an accurate record of people's consumption. At this inspection, fluid charts were still not calculated to monitor people's daily intake and to recognise risk and subsequently to guide hydration risk assessments. This posed a risk that people's hydration needs may not consistently be assessed. This is an area of practice that continues to need improvement.

People told us they felt safe staying at Ireland Lodge. Staff had received safeguarding training and were aware of the signs and indicators of abuse. Incident and accidents were reviewed and, where appropriate, action taken to minimise the risk of future incidents.

The administration of medicines was safe. Staff received training and their competency was regularly assessed. There were enough staff on each shift to support people and robust recruitment checks were carried out before staff started working at the service. Staff received training and supervision to ensure that they had the right skills and abilities to support people.

People spoke highly of the food provided and people's independence with eating and drinking was promoted. Staff understood the importance of person-centred care and strived to deliver care in line with

people's wishes and preferences. Staff were knowledgeable about behaviours which could challenge and spent time getting to know people and how best to support them during times of anxiety or agitation.

People and relatives said staff treated them and their loved ones kindly. All the interactions we observed were respectful and professional. People's dignity and independence were respected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People spent time enjoying their own company, the company of staff or other people residing at Ireland Lodge. Staff recognised the importance of activities and a wide range of activities was on offer. On the day of the inspection, people were accessing the garden and enjoying their papers and books in the sunshine.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for the service was Good (report published 30 March 2017).

Why we inspected:

This was a planned inspection based on the previous rating. We identified one breach of the Care Quality Commission (Registration) Regulations 2009.

Enforcement:

Please see other 'actions we have told the provider to take' section towards the end of the report.

Follow up:

We will request an action plan from the provider to understand what they will do to improve the standards of quality. We will work alongside the provider to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was Safe.

Details are in our Safe findings below.

Good 

### 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 Responsive.

Details are in our Responsive findings below.

Good 

### Is the service well-led?

The service was not always Well-Led.

Details are in our Well-Led findings below.

Requires Improvement 

# Brighton & Hove City Council - Ireland Lodge

## **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:

The 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:

Ireland Lodge 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:

Before the inspection we reviewed information available to us about this service. We checked the information that we held about the service and the service provider. 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 spoke with 13 people who used the service and four relatives about their experience of the care provided. We spoke with the registered manager, five care workers, chef, senior care officer, mental health liaison nurse and the assistant operations manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management and running of the service, including incidents and accidents, audits and fire safety

After the inspection:

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and procedures, staff survey questionnaires and risk assessments. This information was emailed to the inspection team after the inspection.

# 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe staying at Ireland Lodge. Relatives also confirmed they felt confident leaving their loved ones in the care of staff and the service. One relative commented, "I know we can go home, and the people here will do their job and she is safe. That gives us as a family such peace of mind."
- Systems remained in place to protect people from abuse and avoidable harm. Staff continued to understand what to look out for and who they should report any concerns to. One staff member told us, "Depression, physical bruising, sleep deprivation or agitation could be a sign of abuse. If someone made a disclosure to me, I would report it immediately to my line manager." Another staff member commented, "They are in my care, I would always report any concerns."
- People were protected from discrimination because of their mental health needs in relation to the Equality Act and staff were able to discuss and demonstrate how they had worked with people to protect them from discrimination.

Assessing risk, safety monitoring and management:

- People's risks were identified, assessed and monitored safely. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Staff were knowledgeable about people's care and support needs and how best to support them. One staff member told us, "People often come here during a period of crisis. We recognise that the first 48 hours can be unsettling as it might be a new environment. However, we spend time getting to know them, provide reassurance and often within a day they have settled and don't want to leave."
- Care and support was provided to people who could display behaviours which challenged. Staff understood how to support people during periods of agitation and anxiety. One staff member told us, "Today, one person woke up extremely anxious, worrying about a family member. I referred to their care plan and found out information on their family and provided reassurance. We found a quiet place and had a chat about their family and through providing reassurance I was able to calm their anxiety."
- Staff worked in partnership with the mental health liaison nurse to monitor people's behaviour and identify any patterns, trends or themes. Staff told us how they implemented behaviour charts for one person and identified that a trend in behaviour enabled them to change how they delivered care and support to the person.
- The environment was well maintained. Equipment was regularly checked to ensure it was safe to use. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- Where people were identified at risk of falls, staff and the registered manager implemented measures to manage people's risk of falling and also sought support from the fall's prevention team. For example, following an unwitnessed fall, staff referred one person to the fall's prevention team for additional support

and guidance.

#### Staffing and recruitment:

- People and their relatives told us they thought there were enough staff to meet their needs. Observations throughout the inspection demonstrated that staff provided care in an unhurried manner and provided individual care to people. Staff rotas demonstrated consistent staffing levels that were maintained each shift.
- Staff felt staffing levels were sufficient. Bank and agency staff were used to cover sickness, holidays and staff shortages. Staff told us that there could be added pressures if agency staff had not worked at the service previously. However, staff commented that effective communication meant they could oversee agency staff whilst supporting people. People told us that while some staff were new, staff met their care and support needs in a timely manner.
- The provider operated a safe recruitment process. Recruitment checks were in place and demonstrated that staff employed had satisfactory skills and knowledge needed to care for people.

#### Using medicines safely:

- People were supported to take their medicines. The service had implemented safe systems and processes which meant people received their medicines in line with best practice.
- The service had safe arrangements for the ordering and disposal of medicines when people came in for respite care or a transitional bed. A transitional bed is a bed designated for people who experienced a crisis in the community and require support to move into a permanent care home.
- Protocols were in place for the use of 'as required' medicines. When people were prescribed anti-psychotic medicines on an 'as required' basis, staff understood that these medicines were only to be given as a last resort. Guidelines were in place on the steps to take before administration and staff sought advice and support before administering 'as required' anti-psychotic medicines.
- Staff had undertaken training and had their competence checked on an annual basis. Regular audits were conducted, and action taken when necessary. Following any medicine errors, staff competency was reassessed, and staff received supervision to discuss the medicine error.
- Support was being provided from the local Clinical Commissioning Group (CCG) to assist with reviews of Medication Administration Record (MAR charts) and the safe administration of medicines to help promote safe practice.
- Staff worked in partnership with the GP and pharmacy to ensure people's medicine routine was personal to them. For example, staff identified that one person did not like to be disturbed in the morning. They worked with the GP and changed their medicines regime, so that all medicines could be administered in the evening, rather than the morning.

#### Preventing and controlling infection:

- The provider had systems in place to make sure that staff practice controlled and prevented infection as far as possible. Staff had undertaken training and were fully aware of their responsibilities to protect people from the spread of infection.
- The premises were clean and tidy. Staff had access to personal protective equipment (PPE) and the provider employed a team of dedicated housekeepers to ensure the continual cleanliness of the service.

#### Learning lessons when things go wrong:

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Falls, slips and trips were analysed on a quarterly basis to monitor for any trends or patterns and this information was also shared with the CCG. This meant falls, slips and trips were also reviewed from a clinical perspective to ascertain if any medicines might be contributing towards the falls.



- Staff meetings were opportunities for staff to reflect on people's needs and to discuss any changes or areas for improvement.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. This was because food and fluid charts were not totalled at the end of the day to ensure a clear picture of what people had consumed. Not all staff had their individual supervision maintained and recorded to meet the provider's policy and procedures. No formal supervision was offered to bank staff who regularly worked in the service. At this inspection, some improvements had been made. However, we found areas of practice that continued to need improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- At the last inspection in February 2017, food and fluid charts were not totalled at the end of the day to provide a clear picture of people's consumption. This meant that it was difficult to see how much people had eaten or drunk on any particular day. At this inspection, food and fluid charts were in place where there was an identified need. The registered manager told us that food and fluid charts were in place because of the risk of the person not eating and using the MUST tool (Malnutrition universal screening tool. This was a tool used to identify people's risk of malnutrition) to implement a plan of action.
- Where food and fluid charts were in place, these continued not be totalled at the end of each day. While fluid input was recorded, there was no analysis of people's intake to help contribute towards the plan of care or to indicate when further action was required.
- The provider's nutrition and hydration guidance and policy failed to identify when fluid charts should be totalled and when they should not.
- People were regularly offered drinks throughout the inspection and staff recognised the signs of dehydration. However, while people's fluid intake was recorded, there was a lack of analysis and fluid intake remained uncalculated at the end of each day. This remained an ongoing area for improvement. Subsequent to the inspection, the provider advised that information packs had been provided to staff on the importance of analysing hydration and nutrition.
- People were provided with healthy and enjoyable meals. Comments included, "I have all meals in the dining room, and they couldn't do better for food, it is wonderful, and I have no complaints whatever about it. The meals are first class."
- Special diets were catered for. Where people required a special diet, the chef met with people and their family to devise the menu and ensure people's dietary needs could be met.
- People were provided with the option of having their meals in the lounge or their room. Where people chose to have their meals in the lounge, tables were laid, and the menu was on display. Music played softly in the background. The mealtime was unhurried and for those who wanted to eat later, their meal was kept warm until they were ready to eat.
- Where people were assessed at risk of malnutrition, care and support was provided to enable people to increase their calorie intake and put weight on. For example, one person gained over 10kg during their stay at Ireland Lodge due to the support provided by staff.

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

- A clear referral and admissions process ensured people received pre-admission assessments and effective person-centred support during transition between services.
- Staff and the registered manager strived to provide person centred care and support for people during times of crisis. The registered manager told us, "We try and offer a flexible, person centred service. For example, we ensure relatives know that they can book respite when needed instead of every six weeks. If we get a call from a social worker advising that a person is at risk in the community, we will be reactive to those needs and conduct an assessment as soon as possible."
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. One visiting relative told us, "My wife has been here for three weeks and I have seen a remarkable improvement in her physical condition. She is walking, sleeping and eating better and is happier. I think that's because day after day she just saw me and now, I can be her husband and not her carer."

Staff support: induction, training, skills and experience:

- At the last inspection in February 2017, not all staff had their supervision maintained and bank staff who regularly worked at the service did not receive supervision. At this inspection, improvements had been made. Staff told us they felt supported and received regular supervision. One staff member told us, "I have supervision every month. I find it helpful as my supervisor goes through any outstanding training and any support that I might need." Bank staff received day to day support and formal supervision was provided by the care agency who supplied the bank staff.
- Staff new to care and new to the service received an induction. Support staff had received refresher training to keep their knowledge and skills up to date. The subjects covered included dementia awareness and mental health awareness, as well as on topics considered to be relevant to staff roles.
- The mental health liaison nurse provided guidance and support to staff on people's individual care needs. The registered manager told us, "We recently supported one person with frontal lobe dementia and the symptoms of frontal lobe dementia can vary, so the liaison nurse provided guidance to staff to ensure they had the skills and competency."

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

- People had access to health care services as and when needed. A local GP visited the service weekly to provide advice and support.
- People accessed Ireland Lodge for respite care or if they were experiencing a crisis in the community or following discharge from hospital. Staff worked in partnership with the mental health liaison nurse and mental health team to support people to either return home or on to a permanent care home.
- Appropriate information was shared in a timely way if a hospital admission was required

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

- The service supported people's independence using technology and equipment. Risks in relation to premises and equipment were identified, assessed and well managed.
- People had access to indoor and outdoor spaces where they could choose to be alone, sit with other people or join in activities. Throughout the inspection, we observed people accessing the garden and enjoying the garden with their books.
- People living with dementia often find it difficult to orientate themselves in their surroundings and navigate around their environment. Signs with pictures enabled people to find their way around the service.
- Refurbishment work was taking place at the home. Additional bedrooms were being added to the service. Access to the building work was restricted and risk assessments relating to the building works were in place.

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 authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care and treatment was gained in line with MCA and DoLS guidance.
- Staff supported people to have maximum choice and control over their lives. Staff recognised the importance of gaining consent and providing people with choices so that they could make their own decisions. One staff member told us, "Everything we do, we explain beforehand. I explain what I am doing and whether it's ok? We have to make sure they know what is happening and respect their choices."
- People told us they were free to make their own decisions and have choice and control in their life. One person told us, "I get up and go to bed when I want, and staff help me when I need help. There are no restrictions, it's wonderfully free and they respect me."

# 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 remained the same. 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 treated well and supported appropriately by staff who understood people's diverse needs; they treated everyone equally. We saw staff continually checking on people's wellbeing, in an unobtrusive, kind and caring way.
- People and their relatives spoke highly of the kind and caring nature of staff. One person told us, "Staff are all very kind, they couldn't do more for me." Another person told us, "The place is run first class. The staff couldn't do more, they need medals. I give all the staff ten out of ten."
- Staff supported people to maintain contact and relationships with their loved ones. Staff also recognised the importance of supporting relatives and loved ones to enjoy their respite break. One relative told us, "Being the sole carer spoils a relationship and here I am not the carer but her husband." One person told us, "I miss home and my garden, but I know my wife needs a break. I use the garden here and, in a minute, will go around the garden for a walk and will take my book outside to read."
- People's religious and spiritual beliefs were respected and upheld. Staff told us how local clergy attended the service to meet with people and hold services.

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

- People were involved in day to day decisions and had control over their daily routines. Staff told us they were led by people's day to day decisions on when they wished to get up and have breakfast. People were observed making day to day decisions about their care and how they wanted their day to go. One person told us, "I'm going to have a lie down and then enjoy the glorious sunshine."
- Relatives told us they felt involved in the end to end process of their loved one receiving respite care at Ireland Lodge. One relative commented, "The staff have been so lovely as it wasn't easy for us to let Mum come here but it is good for all of us." Another relative told us, "We are always made welcome here and are included in decisions."

Respecting and promoting people's privacy, dignity and independence:

- People told us they were supported in a dignified and respectful manner. One person told us, "I have no reason to complain, people are very kind to me here and I am well looked after".
- Staff supported people in a discreet and sensitive manner. For example, during the inspection, staff asked a person quietly and sensitively if they would like to go to the toilet. The person accepted the offer of assistance.
- Promoting independence was important to staff and supported people to live fulfilled lives. The service had three lounge areas, each had their own kitchenette. People were observed making cups of tea

independently, wiping the work surfaces and doing the washing up. One person was observed asking for a cup of tea. Staff sensitively encouraged the person to make their own cup of tea and in return the person made a cup of tea for themselves and someone else. Staff told us of the importance of promoting independence.

# 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 remained the same. 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:

- People were supported by staff who had a good understanding of their care and support needs. This enabled them to provide personalised care tailored to the needs and wishes of the individual.
- Care plans provided key information on people's likes, interests and backgrounds. Information was available on what staff needed to know on how to keep the person safe and what they could do for themselves.
- Staff spoke passionately about providing personalised care and supporting people during times of crisis. One staff member told us, "Some people who stay here, may not have stayed previously, therefore it can be daunting for them. However, we spend time getting to know people, providing reassurance and people primarily don't want to leave. We know we're doing something right when people want to stay."
- Person centred care was at the forefront of the delivery of care. Staff told us they focused on the day to day things with people and put measures in place to support them. Staff told us they implemented a 'rummage box' for one person who use to be a lift engineer. One staff member told us, "For one person, being in the army was really important to them but sadly they had lost their war medals. We managed to find their service number from when they served and managed to get a veteran's badge. We are also sourcing replacement medals. These person-centred things are really important."

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:

- Each person's care plan included a section about their individual communication needs. For example, it was recorded if people needed hearing aids or any support with general communication.
- We observed that newspapers were ordered for people and people enjoyed reading them. Some people enjoyed spending time chatting with staff.
- Where people's first language was not English, and staff spoke the same language, staff would be paired with the individual to provide support and ensure they understood their care. One staff member told us, "We recently supported a person who spoke Italian. I also speak Italian, so we communicated in Italian. It was great for them and made them feel more comfortable."

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:

- Care plans included information on people's hobbies, interests and likes. Staff supported people to follow

their interests and provided a range of activities to enhance people's wellbeing. One staff member told us, "I've been taking people to the local bowls club. We sit and have a cup of tea and biscuits while watching the game. It's lovely to see people light up and become engaged. I've also done a Spanish night where we had paella. That was a huge success.

- The registered manager identified that due to the service type, a formal programme of activities may not be appropriate. Therefore, staff provided daily activities, based on people's preferences and interests. On the day of the inspection, staff spent one to one time with people whilst also doing arts and crafts. A number of people enjoyed their own company, reading their book or paper in the sunshine. Staff recognised the importance of activities.

Improving care quality in response to complaints or concerns:

- Complaints were managed in line with the provider's policy. A copy of the complaints policy was made available to people when they first moved in and a copy was also on display throughout the service.
- The registered manager told us that no complaints had been received recently. People and their relatives told us they would have no hesitation in raising any concerns and felt confident that any concerns raised would be dealt with appropriately.
- The service had received a number of compliments from relatives thanking staff for their hard work. Comments included, 'a very big thank you for all your help and support.'

End of life care and support:

- End of life care and support was being provided to one person. Support had been sought from the local hospice and training was being provided to care staff on palliative care. Information on the person's diagnosis was available in the person's care plan and staff told us with kindness and sensitivity how they were supporting the person. While the person's care plan made reference to palliative care, an end of life care plan was not in place detailing the person's wishes and preferences. The registered manager agreed a specific plan of care should be place and took action during the inspection process to remedy this.



# 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 Good. At this inspection this key question has now deteriorated 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:

- A quality assurance framework was in place. This included a range of monthly and six-monthly audits. However, the quality assurance framework was not consistently robust. Under the Health and Social Care Act 2008, providers are required to notify CQC of authorisations when a person is deprived of their liberty, or allegations of abuse and serious injuries.
- CQC had not received any notifications relating to DoLS authorisations in three years. On the day of the inspection, staff, the registered manager and documentation confirmed that people had DoLS authorisations in place. These had not been notified to the Commission.
- Incident and accidents were reviewed. In March 2019, a person required attendance to hospital following a fall and required stitches. This was a notifiable event, yet the Commission was not informed of this incident.
- A quality assurance report from May 2018 stated that the service had one safeguarding enquiry in the past year following a person having two falls during a respite period. The Commission was not notified of this safeguarding enquiry.
- Audits and internal reviews failed to identify that statutory notifications were not consistently submitted to the Commission.

Failure to submit statutory notifications was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people:

- People and visitors told us they felt confident approaching staff and the management team. One person told us, "Staff are nice and very friendly."
- Staff told us they felt supported and valued working at the service. One staff member told us, "I love working here, I always give 150 per cent and I enjoy supporting people." Another staff member told us, "I love the residents and giving people the support that they need."
- Staff understood the ethos and values of the service and these were embedded into the practice. The registered manager told us, "We strive to run a homely environment for people in the short term. An environment where people can feel relaxed and settle in."
- Staff told us they recognised that people may be initially distressed when they first stayed at the service,

but through creating a homely environment and providing reassurance, staff supported people through the initial adjustment. In return, positive outcomes were promoted. One relative told us, "My loved one has thrived since having respite here."

- Staff understood the principles of providing person centred care. Our observations showed that staff changed their approach from person to person.

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

- Staff and the registered manager worked in partnership with healthcare professionals to learn from incidents and accidents. For example, following an altercation between two people, staff sought advice from the local social work team to manage the risk of future incidents.

- Partnership working with healthcare professionals was promoted and a key strength of the service. A mental health liaison nurse was based at the service which strengthened the service's links with the community mental health team.

- Staff were praised on the ability to accept referrals during times of crisis. For example, the service had received recent feedback from the local community mental health team. The feedback included, 'I just wanted to say a huge thank you for your fantastic response today to (person's) awful crisis situation today after their home flooded and the electricity cut off. From referral to actually having them being with you in less than a few hours was really impressive.'

- The provider and registered manager understood their responsibilities relating to Duty of Candour. A policy was in place and incidents and accidents were regularly reviewed.

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

- Staff told us that they felt involved in the running of the service. Staff meetings were held monthly and provided a forum for staff to share ideas, best practice and any concerns. One staff member told us, "We are encouraged to give our feedback."

- People and their relatives had been asked to give feedback about the quality of the service through a quality assurance questionnaire. Feedback received was positive and people and their relatives spoke highly of the service and care provided.

- The registered manager was dedicated to continuous learning. They commented, "We are continually learning about what activities work well and what don't. I like to give staff the autonomy to try different ideas. For example, a staff member has brought their dog into work. I want staff to know that it's ok to try different ideas and learn from them."

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  Failure to submit statutory notifications is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

**The enforcement action we took:**

We served a Fixed Penalty Notice.