

Independence-Development Ltd

Edwin Therapeutic Unit

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 caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the Service

Edwin Therapeutic unit is a residential care home providing personal for up to three people who have complex needs. This includes people with a learning disability, autistic spectrum disorder, mental health difficulties, an eating disorder and people with anxieties which can affect their behaviours. There was one young person living at the service at the time of the inspection.

Accommodation was provided over three floors. There was a communal lounge, kitchen and dining room. We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:

- The model of care did not always maximise people's choice, control and independence. When people's freedoms had been restricted there was not a review of this restriction to assess if there was a less restrictive alternative. People were supported by staff to pursue their interests and to achieve their aspirations and goals. People were able to personalise their rooms. Staff enabled people to access specialist health and social care support in the community.

Right care:

- Care was not always person-centred as it did not always promote people's dignity, privacy and human rights. One person had no privacy as they were supervised at all times. This restriction had not been reviewed in line with a condition in their DoLS. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives. People received kind and compassionate care.

Right culture:

- Staff knew and understood people well and were responsive to their needs. People's quality of life was enhanced by the service's positive culture of inclusivity.

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

Young people told us staff were kind and caring, spent time talking to them and they were confident any concern they raised would be addressed.

Young people were supported to have maximum choice and control of their lives, but a restriction on one young person's privacy had not been reviewed to ensure it was the least restrictive, since it had been put into practice. In addition, this young person's risk assessment for them to receive regular timed checks contradicted the staff practice of constant supervision during the day and night. Reviewing this young person's restrictions monthly was also a condition of their Deprivation of Liberty Safeguards (DoLS).

Quality monitoring systems were not always effective and lacked the robustness to identify shortfalls and drive continuous improvement in the service.

Since our last inspection a new registered manager had been appointed who had changed the culture of the service from poor to positive. As a result, there was effective communication, staff felt valued and supported and young people received better outcomes.

The provider had acted on two recommendations made at the last inspection. This was to consult with young people in the redecoration of their home; and to follow national guidance in promoting health eating for young people.

Young people were listened to and encouraged to raise any concerns or complaints.

There had been improvements in the management of medicines so young people could be confident they received the right medicines at the right time. Medicines were stored, recorded and administered by staff who had been assessed as having the necessary skills.

We were assured the provider was making sure infection outbreaks could be effectively prevented or managed. The registered manager took an active role and had oversight of infection control prevention.

Staff training plans were designed around young people's care and support needs. Staff supervision and support was consistent and included reflective practice. Staff told us they felt well supported.

Staff were checked that they were suitable to work with young people before they started to support people.

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 Inadequate (published 11 December 2021) and there were breaches of regulations. At this inspection, enough improvement had been made and the provider was no longer in breach of these regulations, except the monitoring of the quality of care, which remained a breach of regulation. In addition, we found a new breach of regulation with regards to applying the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards.

Why we inspected

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering

what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the management and oversight of the service, the MCA and DoLS and protecting people from abusive practices.

The enforcement action we took:

We issued a Notice of Decision to impose a condition of registration pursuant to Section 12(5)(b) of the Health and Social Care Act 2008.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 ●

Edwin Therapeutic Unit

Detailed findings

Background to this inspection

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.

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 two inspectors.

Service and service type:

Edwin Therapeutic Unit is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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 sought and received feedback from commissioners of the service and the social worker of the young person living at the service. We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with the one young person living at the service. We also spoke with three staff members including the registered manager and two support workers.

We reviewed a range of records. This included the young person's risks assessments and medicines records. We looked at staff training, supervision and staff rotas. A variety of records relating to the management of the service were reviewed including accidents and incidents and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider sent us the following documents in a timely manner: Restraint and CCTV policy, positive behavioural support plan, restraint incident forms and staff training certificates in restraint.



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

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure there were effective systems to protect people from the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 13.

- At our last inspection the registered manager did not understand how to follow safeguarding procedures so young people had not been fully protected. One young person had harmed themselves as staff were not able to unlock the door to the room they were in, in a timely manner. Also, some young people suffered emotionally as a staff member told them they were responsible for a significant event at the service.
- At this inspection, young people received positive and appropriate emotional support. A master key for all doors had replaced multiple keys. This meant staff could gain quick entry to all areas of young people's home should they lock themselves in or out of a room.
- However, one staff practice did not safeguard young people from improper treatment. This was because there was no plan in place to review or reduce a restriction on one young person's privacy.
- One young person had constant staff supervision during the day and night due to a number of serious incidents. There was no evidence this restriction of the young person's privacy had been reviewed to ensure it was the least restrictive, since it had been initiated, six weeks before our inspection visit. We did not receive assurances this practice was being reviewed as a matter of urgency. Following the inspection, the provider sent us evidence that reviews about the person's privacy had taken place in June and July 2022.

The provider had failed to ensure there were effective systems to protect people from the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection the provider had failed to assess, analyse and mitigate risks to young people's safety and welfare so improvements could be made to care delivery. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, we identified some areas requiring further improvement.

- At our last inspection staff were guided to use 'reasonable force' to keep young people safe, but there was no definition of what constituted 'reasonable'. There was no learning from incidents to help improve young people's safety. We also made a referral to Kent Fire Service due to fire safety concerns.
- At this inspection positive behavioural support plans (PBS) set out ways to avoid or minimise the need for restricting people's freedom. Physical interventions were identified that could be used as a 'last resort' when preventative and initial reactive strategies had not been successful. People received therapeutic support from staff following restrictive practice. Staff could recognise signs when people experienced emotional distress and knew how to support them via conversation or distraction, to minimise the need to restrict their freedom to keep them safe.
- However, as detailed above, a restriction on one young person had not been reviewed to look for ways to reduce it, so it was used for the shortest time possible. This young person's risk assessments referred to checks on the young person at regular intervals and contradicted the staff practice of constant supervision during the day and at night-time. This gave confusing and contradictory guidance to staff to follow and could result in inconsistent practice placing the young person at risk of harm.
- Assistant psychologists undertook a detailed analysis and overview of all accidents and incidents which related to each young person. This gave staff a clear understanding of any patterns or trends and what was or was not working well in supporting the young person.
- Staff shared lessons learned from incidents at meetings where they discussed strategies that worked well with young people. This helped to ensure young people and staff were kept as safe as possible. Staff told us there was good communication in the staff team so information about how to minimise risks was shared and acted on.
- The provider had acted on advice from Kent Fire Service to ensure fire doors closed automatically and fire extinguishers were readily available in the event of a fire.

Using medicines safely

At our last inspection the provider had failed to operate a safe system for the storage, administration, recording and disposal of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. Six months had elapsed since the last inspection, which is not sufficient time to ensure these improvements had been embedded at the service.

- At our last inspection, young people were at risk of harm due to unsafe medicines practices. Medicines, including medicines which are at a higher risk of misuse and therefore need closer monitoring, were not stored securely in line with legislation and national guidance. The number of medicines in stock did not reconcile with the number of medicines administered to young people. Also, national guidelines were not followed for medicines prescribed as to be taken 'as needed' (PRN) and when young people spent time away from the service.
- At this inspection medicines management had been assessed by an external pharmacist. The pharmacist had developed a plan of actions that staff had completed to ensure improvements to medicines. This included installing a medicines cabinet suitable for medicines which are at a higher risk of misuse and ensuring staff were trained and competent in medicines administration.
- Effective systems for the regular auditing and checking of medicines, including stock counts had been

established. Immediate action had been taken to investigate and action any recording or administration errors to keep people safe.

- Staff had access to information on the reasons why young people had been prescribed each medicine. This ensured staff knew what each medicine was for and the potential impact on young people should they refuse to take a medicine, or if there was a missed dose. PRN guidance had been developed for people prescribed medicines to be taken 'as needed'.

Preventing and controlling infection

At our last inspection the provider had failed to ensure there were adequate systems to prevent and control the spread of any infection. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. Six months had elapsed since the last inspection, which is not sufficient time to ensure these improvements had been embedded at the service.

- At the last inspection the registered manager did not know who to contact to seek advice from in the event of a COVID-19 outbreak; the provider's infection prevention and control policy was not up to date; and there continued to be gaps in the cleaning records which indicated staff were not following the twice daily cleaning schedule of frequently used areas of the service.
- At this inspection the registered manager took an active role in overseeing infection prevention and control measures. They knew how to help prevent and manage any infection outbreaks. There were effective arrangements for keeping young people's home clean. The provider's infection prevention and control policy was up to date.
- Staff used personal protective equipment (PPE) effectively and safely. There were arrangements to test young people and staff and procedures for visitors to follow.
- However, the washing machine was not mounted on a stand constructed of an impervious material. This was an infection hazard as it allowed water to penetrate. This is an area identified for improvement.

Staffing and recruitment

- There were enough staff for young people to take part in activities and visits, how and when they wanted. Young peoples' staffing support needs were jointly assessed and reviewed with young people's social workers.
- The numbers and skills of staff matched the needs of the young people using the service. Staffing rotas evidenced that young people's staffing needs were provided by a small team of consistent staff.
- Appropriate checks were carried out on potential staff which included obtaining a person's work references, full employment history, right to work in the UK and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with young people who use care and support services.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure there were suitably qualified and competent staff to support young people; and that staff received the professional development and supervision necessary to enable them to carry out their roles. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18. Sufficient time had not elapsed since our last inspection to ensure these improvements had been embedded at the service.

- At our last inspection staff training plans were not designed around young people's care and support needs, including positive behavioural support. Also, staff supervision and support was not consistent and did not meet staff's expectations or needs.
- At this inspection young people were supported by staff who had received relevant training. This included the wide range of strengths and impairments people with a learning disability or autistic people may have. Such as positive behavioural support, mental health needs and therapeutic care.
- Staff induction included shadowing staff and an assessment against the standards of the Care Certificate. To achieve this award staff must prove that they have the ability and competence to carry out their job to the required standard.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Staff meetings included opportunities for staff to reflect on their actions and the actions of the team. Reflective practice enables staff to achieve a better understanding of their knowledge, skills, competencies and ways of supporting young people.

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 with appropriate legal authority. 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.

- The condition on one young person's DoLS was not being met as the provider was not aware that there were two conditions on their standard authorisation.
- The provider did not understand their roles and responsibilities as the 'managing authority' with regards to DoLS. This young person's risk assessments incorrectly stated that the DoLS gave staff the authority to ensure they got medical treatment by calling for police assistance. Also, that the DoLS gave staff the authority to supervise the young person constantly so they had no privacy.
- Some young people had been assessed as having fluctuating capacity. Staff told us that a young person had agreed to the decision to have constant staff supervision. However, an assessment had not been undertaken to see if this young person had the capacity to make this specific decision. Therefore, it could not be assured all decisions were made in young people's best interests.
- Although staff had received training in the MCA and DoLS, the evidence above shows MCA principles were not consistently put into practice due to lack of staff knowledge in this area. Staff were not aware that young people had conditions in their DoLS which it was a requirement that they were met. Also, assessments of people's capacity had not always been undertaken for specific decisions when their capacity had been assessed as fluctuating.

The provider had failed to act in accordance with the principles of the MCA 2005 and DoLS. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At our last inspection we recommended the provider sought national guidance that promotes healthy eating for young people. This was because young people had gained weight and were consistently eating unhealthy diets.
- At this inspection young people were supported and encouraged to maintain a balanced diet.
- Young people were involved in choosing their food, shopping, and planning their meals. Young people could have a drink or snack at any time and they were given guidance from staff about healthy eating. This involved encouraging young people to buy fresh vegetables which they prepared themselves.
- Staff had sensitive discussions with young people about food and diets as they understood such conversations may increase young people's anxieties.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- Young people had complex health needs which had been identified and which were monitored by staff. Young people were referred to health care professionals to support their physical and mental wellbeing.
- A social care professional told us the registered manager had been extremely supportive in ensuring a young person accessed the specialist professional support with their mental health that they required.
- Staff worked well with other services and professionals to prevent readmission or admission to hospital. Records were made of these visits, so this information was available to the staff team.
- Young people were supported by staff to consider private and NHS dental treatment options, due to difficulties in accessing services in a timely manner.

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

- At our last inspection we recommended the provider sought guidance from a reputable source about the

design and decoration of the environment and consult with young people who live at the service. This was because of negative feedback from social care professionals and relatives about the environment with one person describing it as, "Sad" and "Tired."

- At this inspection a programme of decoration had taken place after consultation with young people who used the service. This included putting up pictures which young people had chosen for their home.
- One young person said they had all the things that were important to them and that they needed in their bedroom.
- Young people had access to a shared lounge, a kitchen and dining room. However, the corridors were narrow making it difficult for young people to pass one another, which was not ideal for young people with complex and challenging needs. This was discussed with the registered manager for their consideration.

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

- Staff completed a comprehensive assessment of each young person's physical and mental health before admission. They also obtained a copy of the funding authorities assessment which included information about young people's education, family and social relationships, healthcare and personal care needs.
- Before a new young person moved into the home, a 'matching tool' was used to assess the risks and compatibility of each young person. The registered manager told us they had input in the matching process.
- Young people had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, including physical and mental health needs. Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection the provider had failed to ensure young people were treated with dignity and respect at all times. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10. However, we identified some areas requiring further improvement.

- At our last inspection young people had not always been treated well and with dignity and respect. This was because personal information about young people had been shared with other young people which had had a negative impact on their well-being.
- At this inspection, staff described their relationships with young people as based on mutual respect. Staff understood the importance of ensuring personal information remained confidential. However, the practice of restricting one person's privacy without a timescale for review, did not ensure young people's human rights were upheld or fit with best practice.
- A young person told us all staff were kind and caring towards them. They added, "(The registered manager) is very caring. She sits down and talks to me."
- Staff members showed warmth and respect when interacting with young people. In conversation with staff and a young person, staff showed genuine interest in their well-being and quality of life. Staff highlighted the positive things the young person had achieved. Young people were well matched senior staff and as a result, they were at ease, happy, engaged and stimulated. We observed staff and the young person joking and laughing with each other about things they had done.
- A social care professional told us their young person had developed a positive relationship with the provider, who provided therapeutic and psychology support. They said the provider, "Really understands" the young person and has a, "Good insight" into their character and presentation.
- Young people's needs in respect of their disability, gender, culture, beliefs and sexual orientation were identified in the care planning process. Staff supported and valued young people's needs and offered regular opportunities to engage in conversations.

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

- Young people had the opportunity to try new experiences, develop new skills and gain independence.

- Young people attended keyworker meetings where they were involved in making choices and decisions about their care and support. At our last inspection these meetings had been inconsistent due to the high turnover of staff which impacted on young people developing such relationships with staff. At this inspection it was clearly recorded if a young person decided not to engage in a keyworker session. These meetings gave young people the opportunity to talk about their achievements, how they were feeling and to set goals.
- To help promote young people's independence they were given a budget for food and activities. They were involved in cleaning and tidying their room, meal planning, cooking and doing their laundry.
- Young people had been involved in agreements about the house rules, so they understood their responsibilities.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last comprehensive inspection this key question was rated as Requires Improvement. At this inspection this key question has changed to 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

At our last inspection the provider had failed to ensure the care and treatment of young people was appropriate and met their assessed needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9. Sufficient time had not elapsed since our last inspection to ensure these improvements had been embedded at the service.

- At our last inspection the provider described a reward chart used as part of one young person's positive behavioural support (PBS) as 'punitive' as it did not give the young people choice and control.
- At this inspection the principles of PBS were used appropriately, to encourage positive outcomes for young people.
- Staff provided people with personalised and co-ordinated support in line with their communication and support plans. This included information on young people's physical, mental, emotional and social needs and how to support young people in the most effective way. Care plans included information on people's past history and preferences to guide staff how to provide individualised care. Staff knew people well, their likes and dislikes and the most effective ways to support them.
- Staff discussed and set goals with young people so they were about things that were important to them. Staff spent time with young people understanding how their goals could be achieved. Young people had short term goals focusing on developing independence and long-term goals looking at education and employment.
- A social care professional gave an example of how their young person's confidence had developed as a result of the individualised staff support they had received. This involved taking part in an activity which they had previously been reluctant to engage.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to establish and operate an effective system for receiving, recording, handling and responding to complaints. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16. Sufficient time had not elapsed since our last inspection to ensure these improvements had been embedded at the service.

- At our last inspection the complaints system was ineffective as when young people had raised complaints or concerns these had not been investigated or used to improve or change the service.
- At this inspection a young person told us they would talk to a member of staff or the registered manager if they had a concern or complaint. They felt confident staff would listen to and act on their concerns.
- Staff were committed to supporting young people to provide feedback so they could ensure the service worked well for them. Young people were asked if they had had any concerns at structured keyworker meetings and their well-being was regularly checked throughout the day. This was important as young people can sometimes be reluctant to raise concerns formally.

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

- Staff were committed to encouraging young people to undertake vocational courses in line with their wishes and to explore social, leisure and recreational interests.
- A young person talked to us about the many different places of interest they had enjoyed visiting with staff support. On the day of the inspection one young person attended an exam to further their education. Staff brought them a cake to celebrate their achievement.
- Staff enabled people to broaden their horizons and develop new interests. One young person kept two pets. They enthusiastically told us about their responsibilities for their pets' care and upkeep. Staff engaged in conversation with this young person about their pets and their different personalities.
- Young people had the opportunity to attend the providers' day centre so they could take part in cooking, arts and craft and meet new people.

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. Key documents such as the forms used to make a complaint and the house rules were written using words and pictures to help young people understand their content.

- Key documents such as the forms used to make a complaint and the house rules were written using words and pictures to help young people understand their content.
- Young people were encouraged to create their own weekly timetable in a visual format. This helped them to be involved and also understand what was likely to happen each day.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to have effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At our last inspection the registered manager and provider did not have full oversight of the service. Quality monitoring systems were ineffective and lacked the robustness to identify shortfalls and drive continuous improvement in the service.
- At this inspection there had been significant improvements to the service. There were no longer breaches of regulations with regards to medicines management, infection control, staff training, meeting people's needs, managing complaints, risk assessment and treating people with respect. However, we found a continued breach of regulation with regards to protecting people from potentially abusive practices and a new breach of regulation as there was a lack of understanding of how to apply the principles of the MCA 2015 and DoLS conditions.
- Quality monitoring systems were being developed but continued to lack robustness. Audits found no concerns with care plans and risk assessments, but we found discrepancies between guidance in these two documents and practice. This was with regards to the frequency of checks and monitoring for one young person. One young person's PBS plan was being updated and the updated version was not available to staff on the day of the inspection.
- Areas for improvement were not always identified and acted on. There was no section in documents such as observation audits and staff meetings to record actions needed. It is important to record and monitor actions to drive service improvement.
- A social care professional told us there had been positive changes to the service and lots of learning, but there remained areas where improvement was required.

The provider had failed to have effective systems to assess, monitor and improve the quality and safety of the service. This was a continued breach of regulation 17 (Good governance of the Health and Social Care

- The new manager had been registered with the Commission since May 2022. They were clear about their roles and responsibilities and the aims of the service to provide a caring and nurturing environment for people with emotional behavioural difficulties. They were near completion of Level 5 Diploma in Leadership and Management in Adult Care. This qualification is specifically developed for those managing an adult social care service. The registered manager felt well supported by the provider and input from external consultants.

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

- The new registered manager had worked hard to change the culture of the service to one in which staff felt valued and promoted people's individuality and enabled them to develop.
- The registered manager managed this and another of the provider's services. They were a visible in the service, approachable and took a genuine interest in what people, staff and other professionals had to say. Feedback from staff and social care professionals was overwhelmingly positive about the registered manager. They said better communication had had a major impact on them and young people. Staff felt respected, supported and valued by the registered manager which supported a positive and improvement-driven culture.
- We received a compliment from a staff member, "The registered manager is sympathetic and understanding towards both staff and service users. She is hard-working, supportive, and caring. I was provided with fair but constructive criticism and it made me feel confident and supported within the workplace."
- The registered manager worked directly with young people and led by example. At the inspection, a young person sought out the registered manager and talked to them in a relaxed and calm manner. This young person told us they had regular chats with the registered manager.

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 was able to demonstrate an understanding of their obligations under duty of candour. The duty of candour principles are that providers are open, honest and transparent with people and others in relation to care and support.
- Since our last inspection, the registered manager had ensured staff understood their obligations of the duty of candour. Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- Staff encouraged people to be involved in the development of the service. There were opportunities to discuss what was important to them at formal keyworker meetings and informal chats with staff and the registered manager.
- Feedback from staff was sought at staff meetings and through reflective practice. A staff member told us, "(The registered manager) often asks me how I am. They listen and I get a lot of support. Communication was poor. We now work as a team."
- A social care professional told us they received regular communications from the service about their young person's well-being and more updates in between. As a result, they described the registered manager as, "On the ball and pushing for young people to recover"; and staff as, "More confident and knowing what is happening and why."

Working in partnership with others

- The service worked well in partnership with health and social care professionals so young people received joined-up care.
- Relationships were maintained with social workers and health care professionals to help provide joined-up care.

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 act in accordance with the principles of the MCA 2005 and DoLS. Regulation 11 (1) (2) (3)
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 have effective systems to assess, monitor and improve the quality and safety of the service. Regulation 17 (1) (2) (a) (c)

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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to ensure there were effective systems to protect people from the risk of abuse.</p> <p>Regulation 13</p>

The enforcement action we took:

Notice of Decision to impose a condition of registration pursuant to Section 12(5)(b) of the Health and Social Care Act 2008