

Harrison Care Enterprises Limited

Powys House Residential Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
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

Powys House Residential Home is a care home. Powys house is registered to provide accommodation and personal care for up to 18 people and supports people living with a learning disability and/or mental health needs. At the time of the inspection there were 17 people living at the service. The service was a large single house, which had been adapted to suit the needs of the people living there.

The service has been developed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 18 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the home being in a residential area close to local amenities and public transport. People were supported to be active members of their local community and used all local facilities either independently or with staff support. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

Where we identified areas for improvement the management team took immediate action to address these. These included the absence of some risk assessments, systems to ensure the safety of prescribed topical creams had not been followed, bath and shower chairs were rusty and could therefore not be adequately cleaned. These could have adversely impacted on people's safety and had not been identified by the provider's and registered manager's quality monitoring of the service.

The registered manager was not fully aware of their responsibilities under the duty of candour which requires the service to apologise, including in writing when adverse incidents have occurred. CQC had not been notified of all significant events as required. Registered persons are required to notify CQC of a range of events which occur within services. Whilst we had been notified of some events we had not been notified of abuse or allegations of abuse which had occurred. The service had appropriately informed the local authority safeguarding team and taken reasonable action to reduce the risk of recurrence. Following the inspection, the registered manager informed us their systems had been amended to ensure that all necessary notifications would now be submitted, and the duty of candour would be followed correctly in the future.

People told us they were happy living at Powys House and felt supported to live their lives in the way they wished to do so. Staff were observed to treat people with kindness and compassion.

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.

Staff supported people and showed an understanding of equality and diversity and people were treated with dignity, and their privacy was respected. People and their relatives were involved in the planning and review of their care and people were supported to be as independent as possible.

People and their relatives gave us positive feedback about their safety and told us that staff treated them well. Staff knew how to keep people safe from harm.

Staff were recruited safely, and sufficient numbers were employed to ensure people's care and social needs were met. Staff had received appropriate training and support to enable them to carry out their role safely.

Risk assessments and management plans were generally completed for people and the home environment to ensure safety. There was a system to manage accidents and incidents and to reduce them happening again.

People received their medicines safely and as prescribed.

People's needs were assessed to ensure these could be met by the service. The registered manager and staff worked with other external professionals to ensure people received effective care.

There was a clearly defined management structure and regular oversight and input from the provider's representative. Staff were positive about the management of the service and told us the registered manager was very supportive and approachable. Any concerns or worries were listened to, addressed and used as opportunities to make continuous improvements to the service.

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

Rating at last inspection

The last rating for this service was Good (published 27 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

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 

Powys House Residential Home

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 completed by one inspector.

Service and service type

Powys House Residential Home 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 the information we had about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we

inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with 11 people who used the service and three relatives about their experience of the care provided. We spoke with 10 members of staff including housekeepers, catering staff, care staff, the deputy manager and the registered manager. We spoke with three visiting health and social care professionals. We carried out observations of people's experiences throughout the inspection.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed additional information sent to us by the registered manager and spoke with two professionals who regularly visit the service.

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

- Appropriate systems were in place and were followed to protect people from the risk of abuse.
- People said they felt safe using the service. A person said, "The staff keep me safe." A visitor told us they had "no concerns at all" about their relatives' safety. Another relative commented, "I have no concerns and know [relative] is well cared for."
- The registered manager and staff had completed training in safeguarding adults and were aware of the action they should take if they identified a safeguarding concern. This included keeping the person safe and reporting concerns to the local authority safeguarding team.
- Staff were confident if they raised a safeguarding concern with the management team, it would be taken seriously. One member of staff told us, "I'd tell [the registered manager] they would sort it out. I'm confident they would do the right thing but if they didn't, I know how to contact the [local authority] safeguarding team."
- When safeguarding concerns had been identified staff and the registered manager had acted promptly to ensure the person's safety. This had included discussions with external professionals, an assessment of the risk posed to the person and a plan put in place to minimise the risk without unnecessary restrictions being put in place.

Assessing risk, safety monitoring and management

- Systems were in place to identify and manage risks within the service.
- Risks to people's personal safety had been assessed and plans were in place to minimise them. These were linked to the individual person and covered areas such as their support needs and health conditions. Care plans provided staff with clear guidance about how to reduce risks for people without restricting their rights and independence. Our observations showed that risks posed to some people such as eating and drinking were managed safely following external professional guidance
- Staff supported people who chose to take positive risks such as making their own hot drinks or going out independently into the local community.
- Staff were knowledgeable about the risks associated with people's needs and could tell us what action was needed to promote people's safety and ensure their needs were met. Their responses indicated that risks would be managed without compromising people's rights and freedoms.
- Each person had a personal emergency evacuation plan (PEEP). These identified what assistance each person would need to safely leave the building, in the event of an emergency.
- Fire safety risks had been assessed by an external fire safety specialist and detection systems were checked weekly by an external contractor. Staff and people were aware of the actions they should take if the fire alarms sounded. Gas and electrical appliances were checked and serviced regularly.

Staffing and recruitment

- People were supported by appropriate numbers of consistent, permanent staff.
- People told us they felt there were enough staff who knew how to support them. One person said, "There is always someone [staff] if I need them."
- There were sufficient staff available to meet people's needs, keep them safe and support them with their individual activities. Staffing levels were determined by the number of people using the service and the level of care they required. Care staff told us they felt there were enough staff. One staff member told us, "We have time to spend with people, we don't have to rush and can take things at their pace." Staff were seen to have the time they required to provide people with responsive and effective care in a relaxed and unhurried way.
- Short term staff absences were covered by existing staff members or the deputy or registered manager, this helped ensure continuity of care for people.
- Recruitment procedures were robust, to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Although a formal health declaration by staff had not been completed, applicants were asked about any health needs which would impact on their ability to undertake their roles. The management team immediately arranged for a formal health declaration to be implemented.

Using medicines safely

- Arrangements were in place for obtaining, storing, administering, recording and disposing of medicines safely. Staff monitored fridge and room temperatures to ensure that medicines stored in them, were within the safe temperature range.
- The registered manager took prompt action when we identified that there was not an effective system in place to ensure prescribed topical creams which people were self applying were not used beyond their safe 'use by' date.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely. Systems were in place to update training and competency assessments as required.
- Medication administration records (MARs) confirmed people had received all their medicines as prescribed. Where additions or amendments had been made to MARs appropriate systems were in place to ensure these were managed safely.
- For people who were prescribed medicines to be administered on an 'as required' (PRN) basis, there was guidance to help staff understand when to give them and in what dose. This included when emergency 'rescue' medicines should be given such as when a person was having a seizure due to epilepsy.
- People confirmed that they received their medicines as prescribed and that they could request PRN medicines when needed. One person said, "If I have a headache or feel unwell, I just need to go and ask and they [staff] give me something."

Preventing and controlling infection

- Appropriate arrangements were in place to control the risk of infection although this had not identified that the underneath of the bath chair and a shower chair were rusty and could not be fully cleaned. The registered manager took immediate action to ensure this was resolved.
- People said they felt the home was clean. One person told us, "I keep my bedroom clean and [housekeeper] cleans my [ensuite]."
- The home was clean and housekeeping or care staff completed regular cleaning in accordance with set schedules. Staff confirmed this and told us they had time to complete all necessary cleaning.
- Staff had been trained in infection control techniques and had access to personal protective equipment, including disposable gloves and aprons, which we saw they used whenever needed.

- People were supported to do their own laundry on set days and any potentially contaminated laundry was managed safely.
- The management team was aware of the action they should take if there was a specific infection risk at the home.
- The local environmental health team had awarded the home five stars [the maximum] for food hygiene.

Learning lessons when things go wrong

- Where an incident or accident had occurred, there was a clear record, which enabled the registered manager to identify any actions necessary to help reduce the risk of further incidents.
- The registered manager told us the action they had taken when they had identified issues with medicines management. Records showed the action taken had reduced the frequency of medication errors.
- Staff told us they were encouraged to discuss any concerns and were supported to do so by the management team.

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

- Assessments had been completed which identified the choices people had made about the care and support they required. Comprehensive care plans had then been developed and were updated whenever people's needs or wishes changed.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. Their diverse needs were detailed in their care plans which included their needs in relation to culture, religion, diet and sexuality, including gender preferences for staff support.
- The registered manager had identified they required further training in the use of specific nationally recognised tools to assess risks relating to skin integrity and risk of malnutrition. Arrangements were in place for this to occur.
- Staff followed best practice, which led to good outcomes for people. Where people had been assessed as needing pressure-relieving equipment, this was being used.
- The management team were aware of the latest guidance, issued by the National Institute for Health and Care Excellence, about supporting people with their oral care and had developed individual oral care plans for each person.
- Staff supported people to achieve a good quality of life. For example, there was information in each person's care plan about specific diagnosed conditions and the support they needed with these.
- Staff made appropriate use of technology to support people. An electronic call bell system allowed people to call for assistance when needed and specialist beds and mattresses were used correctly to reduce the risk of skin damage.

Staff support: induction, training, skills and experience

- People, relatives and external professionals told us staff were knowledgeable and competent. Comments included: "They (staff) know how to help us" and from a relative, "I have confidence in them [staff and management team]."
- New staff had a robust induction including undertaking 'shadow shifts' and becoming familiar with the needs and ways to support each person. Staff new to working in care completed the Care Certificate which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in health and social care.
- Staff received regular and appropriate training and were able to demonstrate they were knowledgeable and skilled. Training that staff had completed included; mental capacity awareness; medicines management, safeguarding, equality and diversity and infection control. Training methods included online and face to face training.
- Staff told us their training was regularly updated. One staff member said, "When I started, I went to

[training provider] and did all the training." Another said, "We get told when we need to do more training and are expected to get it done."

- Where people had specific needs, staff had received relevant training. For example, staff had completed training in how to meet some people's specialised dietary needs and the administration of 'rescue medicines'.
- Staff had regular individual meetings and monitored practise supervision, which had enabled the registered manager to monitor and support them in their role and to identify any training requirements. The registered manager had commenced annual appraisals for staff as these had not been regularly completed by the previous registered manager.
- Staff told us they felt supported in their roles by the management team. One said, "We can always contact them when they are not here, if necessary they will come in [to the home]."

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

- People were offered a choice of food and drink and were positive about the meals they received. One person said, "The food is very good and if I want something different they [staff] will make it for me."
- People's nutritional needs were met. Care plans included information about each person's nutritional needs and preferences. For example, some people needed a modified diet and records confirmed they received this consistently.
- Staff knew people's preferences and were able to describe and meet individual needs. People had free access to a beverage preparation area, meaning they could make themselves hot or cold drinks as and when they wanted these. In addition, staff always had access to the main kitchen, meaning that people could receive snacks throughout the evening and night should they require these.
- People were encouraged to eat healthy meals. For example, staff were supporting one person who wanted to manage their weight through exercise and healthy eating habits.
- Records were maintained of the drinks and food people had received. These showed people received a range of foods and drinks to meet their individual needs.
- Where people needed support to eat and drink, we saw this was provided in a patient, dignified way, on an individual basis.

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

- People told us they were supported to access local healthcare services such as doctors or dentists. This was confirmed in care files viewed. A person told us how they had been supported to attend routine screening for early detection of a disease.
- People's health needs were recorded in their care plans and contained information from health care professionals. A health professional said that staff managed some specific health needs well.
- Staff worked together to ensure that people received consistent, timely, coordinated, person-centred care and support. At the start of each shift staff received a comprehensive handover of all necessary information and could access care plans, should they wish to confirm any information.
- If a person was admitted to hospital, staff ensured key information about the person was sent with them. This helped ensure the person's needs continued to be understood and met.

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

- The environment was suitable for the people living at Powys House.
- People were encouraged to have their own possessions and to display these within their bedrooms. Several people proudly showed us their bedrooms which were individual to the person. People told us they had been involved in choosing and decorating their bedrooms.
- Comments from people included: "I like my room, I chose the wallpaper" and "I can go downstairs [to the

communal areas] if I want or stay here in my [bed]room."

- There was a range of communal areas available to people, including a lounge/dining room and a second lounge which allowed people the choice and freedom of where to spend their time. People had full access to all the communal areas of the home and each had their own bedroom with ensuite facilities. In addition, there were other bathroom and toilet facilities. Where necessary these were suitably equipped such as having a bath hoist chair and specialist shower chair.
- People had access to a rear enclosed garden and the registered manager told us there were plans to make this more accessible and suitable for people with reduced mobility.
- Adaptations had been made to the home to meet the needs of people living there. For example, some corridors had handrails fitted to provide extra support to people and a passenger lift connected the various floors of the building.
- There was a maintenance programme in place to help ensure the building remained fit for purpose.

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.

- People's legal rights were upheld, and the service was working within the principles of the MCA.
- People told us they were always asked before care was provided. One person said, "The staff ask me first, if I say no they don't make me do anything I don't want to do."
- Where people had capacity to make decisions, we saw they had signed their care plans to indicate their agreement with the proposed care and support.
- Where people did not have capacity to make decisions, staff had completed MCA assessments, consulted with those close to the person and made decisions in the best interests of the person.
- Staff were clear about the need to seek verbal consent from people before providing care or support and we heard them doing this throughout the inspection. People's right to decline care was respected.
- The registered manager was aware of how to access advocates when required to help people make decisions they were unable to make on their own.
- A person told us, "I can come and go as I please. I go for walks or to the shops if I want to."
- Appropriate applications had been made in respect of deprivation of liberty safeguards and the registered manager kept these under review and liaised with the local authority when needed.

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 and visitors told us staff were kind and caring. Comments included; "They [staff] are all lovely, they are my friends and I like them." A visitor said, "All the staff are pleasant, I always feel welcome when I come here."
- External health and social care professionals told us they thought the staff were caring. Comments included, "Yes, they are" and "People seem to really get on with the staff."
- Information about people's life history and preferences was recorded, which staff used to build positive relationships. Staff promoted care that was tailored to the individual, taking into account their preferences. One staff member said, "We have had time to really get to know people, to understand them and that means we know what is important to them."
- Staff received training on equality and diversity and they worked to ensure people were not discriminated against in relation to any protected characteristics, in line with the Equality Act 2010. For example, the management team had worked with local businesses to provide information about mental health and learning disabilities to ensure people were able to be safe whilst in the community independently.
- We saw staff were kind, respectful and listened to people. For example, we observed one person become upset and anxious. Staff understood that the person would become more anxious if things were not done promptly for them. A staff member listened patiently to the person and then supported them to sort out what was concerning them.
- People were relaxed in the company of the management team and enjoyed the interactions they had. A representative of the provider visited the service regularly and people confirmed they knew who they were and felt able to speak with them.

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

- People received personalised care and had the opportunity to be in control of their lives. People were placed at the centre of the service and were consulted on every level. People were respected, listened to, and their views sought.
- The management team and staff actively encouraged people to express their thoughts so that their views, wishes and choices were known and could therefore be met. People said they were involved in planning their care and the level of support they required. One person said, "We discuss what we want; I don't want anything to change." Similar comments were made by everyone else living at the home.
- Staff involved people and their relatives in the assessment, planning and review of their care. Each month allocated keyworkers met with each person to discuss with them anything they would like to do or changes they may wish to make to their lives.

- Staff respected people's choices and preferences. For example, they ensured people's choices were respected, such as the clothes they wanted to wear, food and drink preferences, and what they wanted to do during the day. Staff gave people time to process information so that they were able to make decisions. Staff described how they offered visual choices to some people and had access to food communication cards should these be required.
- People were regularly involved in house meetings to discuss their views and make decisions about holidays, meals and kept informed about any planned events at the home.
- People were also involved in decisions about the service. For example, one person told us how they had met potential new staff and that the registered manager had asked them their views about applicants.
- People were supported to maintain and develop relationships with those close to them. One relative said, "They [staff] keep me informed and I feel very involved, I can visit whenever I want." The registered manager had supported a person to visit a relative who was living in another care home. This had been especially important for the person as they had little contact with other family members.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, and their privacy was respected. We saw people were very relaxed with staff and they had warm, positive relationships with each other.
- People had their own private spaces and staff demonstrated that they understood when people wished to be on their own and respected this.
- We saw staff knocked on people's bedroom doors before entering and they kept people's information confidential.
- Staff demonstrated a good awareness of people's diverse needs and how these were met, and care plans included people's needs related to their protected equality characteristics. People were supported to meet any spiritual or religious needs and staff showed a good understanding of how supporting people's life style choices, values and beliefs contributed to their improved wellbeing.
- People were supported to maintain their independence. Staff told us that they would encourage people to complete tasks for themselves as much as they were able to. For example, people were supported to make their own drinks and snacks, to do their laundry and to tidy their rooms.
- A person told us how they were now able to go out to the local shops on their own. They had been provided with a mobile phone so could contact the service should they have any problems whilst out.
- The registered manager had worked with local shops and cafes to ensure they knew how to contact the home if required should some people require this when out of the home.
- Staff were aware of the importance of confidentiality stating, "You don't talk about [people's information] outside of the home." Records relating to people were always kept secure and computers were password protected.

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 to live their lives in accordance with their own choices.
- People's care plans were person centred and people, their families and external professionals, where relevant, were involved in developing them. One external professional told us, "The staff are really caring and support [people] in a positive way."
- Care plans were sufficiently detailed, personalised and focused on what people could do as well as the support they required. Records showed people had received support as detailed in their care plans.
- People's likes, dislikes and what was important to them were recorded. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- People were empowered to make their own decisions and choices. People told us they could choose when they got up and went to bed, where they took their meals and how they spent their day. Where people were making unwise choices, staff supported them to do so safely.

Meeting people's communication needs

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

- People told us staff listened to them. One person said, "I can always talk to the staff, they have time and listen to me."
- We observed staff interacting with people. It was evident that staff understood the best way to present information or choices to people, so that they could understand and respond appropriately.
- The registered manager was aware of how to access support for people in respect of communication should this be required. They confirmed written information could be provided in different formats such as larger print, easy read and in a pictorial format if needed. We saw examples of this in use around the home such as the complaints procedure.

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

- People were provided with opportunities to participate in a range of activities of their choice both within the home, attending day clubs and in the local community. Opportunities for holidays were also available should people wish to do so. Links had been established with local statutory and voluntary groups for the benefit of people.
- Staff had time to spend with people encouraging them to participate in individual and small group

activities or discussions or go on ad hoc community excursions. Care plans included information about activities people regularly attended and their leisure and hobbies interests.

- We saw people were occupied in the home, assisting staff with household duties, undertaking craft, knitting and jigsaw puzzles. The management team had organised for animals to visit the home including donkeys and people told us about visits to local areas and attractions.
- People were supported to raise money for local and national charities. This provided people with worthwhile activities and helped raise their profile in the local community at the same time.
- The home had free Wi-Fi available. This meant people could keep in contact with family or friends and access games and entertainment of their choice.
- People were supported to maintain relationships with families and friends. A relative had joined care staff on training to enable them to safely support their loved one with meals. One relative told us "I can visit anytime, I can make myself a drink and can help care for [my relative]."

Improving care quality in response to complaints or concerns

- People's views about the service were welcomed by the management team.
- People were given information about how to complain or make comments about the service. This information was available for people in a suitable format within the service users guide and other information in the entrance area. The registered manager was aware of how to access support services should people require help to make a complaint or have their views heard.
- People and relatives told us they had not had reason to complain but knew how to if necessary. They said they would not hesitate to speak to the staff or the registered manager.
- Should complaints be received, there was a process in place which would ensure these were recorded, fully investigated and a response provided to the person who made the complaint.

End of life care and support

- At the time of the inspection, no one living at Powys House was receiving end of life care. Some people were diagnosed with conditions which would lead to a deterioration in their health and result in their needing increasing care as they approached the end of their lives.
- The registered manager assured us that, should it be required, people would be supported to receive appropriate care. Furthermore, they told us they would work closely with relevant healthcare professionals and family members. Specific end of life wishes had not been formally recorded, although the registered manager had a relevant assessment document from the local hospice should this be required.
- Discussions with staff showed that they would also support other people at the home should a person require end of life care and pass away.

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 was inconsistent and had not met all statutory responsibilities.

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 provider and registered manager were not fully aware of their responsibilities under the duty of candour which requires the service to apologise, including in writing when adverse incidents have occurred. The registered manager subsequently wrote to us informing us of three incidents they had identified where a formal response under the duty of candour should have been made. They had now done this and informed us that their systems were now amended to ensure this would occur when required in the future.
- CQC had not been notified of all significant events as required. Registered persons are required to notify CQC of a range of events which occur within services. Whilst we had been notified of some events we had not been notified of abuse or allegations of abuse which had occurred. The service had appropriately informed the local authority safeguarding team and taken reasonable action to reduce the risk of recurrence. During the inspection the registered manager took action to amend their systems to ensure that all necessary notifications would now be submitted.
- The previous performance rating was displayed in the home's entrance hallway making it available to all visitors and people. A copy of the full report was also available for people in the communal area of the home.
- Staff told us they could approach the local safeguarding team or CQC if they felt it was necessary, although none had needed to do this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager in post. They had detailed knowledge about people living at the service and made sure they kept staff updated about any changes to people's needs.
- The provider had a system and process to assess and monitor the quality of the care people received however, this had not identified areas for improvement we found during this inspection. These included systems to ensure the safe management of prescribed topical creams and that the bath and shower chairs could be adequately cleaned. Where we identified areas for improvement the management team took immediate action to address these.
- Quality monitoring processes included checks and audits completed by the management team covering areas such as staff observations, medicines audits, health and safety checks, house maintenance, care planning and risk assessments. A representative of the provider visited the home at least once each month and reviewed the service people received. This included talking with people and staff as well as checking various records.

- The registered manager held regular meetings with staff. Appropriate staff disciplinary action had been taken when staff had failed to follow the provider's procedures for unwitnessed falls. The correct procedure had also been reinforced to other staff and the registered manager designed a new recording tool for post falls observations.
- The registered manager and provider had high expectations about standards of care the service provided and people, relatives and staff confirmed this was achieved. We found staff were motivated and committed to providing a person focused service.
- Staff told us they enjoyed working at the service and could seek support from the registered manager, provider or management team. One staff member said, "The management team are very supportive and approachable, I am always given opportunities to develop and learn new things."
- There was a consistent staff team and staff worked well together. Staff understood their roles and communicated well between themselves to help ensure people's needs were met. One staff member said, "We all get on well and work as a team."

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

- People were at the heart of the service provided at Powys House. People could not identify anything they would change about the service.
- People and their relatives were extremely happy with the service provided at Powys House and felt it was very well managed. A person said, "[The registered manager] asks us if we are ok and I can talk to her whenever I want." Relatives also confirmed they knew who the registered manager was. A relative said "She [registered manager] is always available and makes sure I know anything I need to know about." An external professional said, "They [management team] have been really supportive with arranging for [new person] to move into the home."
- People and relatives felt able to approach and speak with the management team or other staff and were confident any issues would be sorted out. Throughout the inspection they demonstrated a good knowledge of the people living at Powys house showing they had taken time to get to know them all individually.
- The registered manager explained they had an open-door policy and an inclusive culture to ensure staff or people/relatives could raise concerns or make suggestions. Should anyone wish to make an anonymous suggestion or complaint a box and comment cards was provided in the entrance hall.
- Staff were proud of the service. All said they would recommend the home as a place to work and would be happy if a family member received care there.
- The management team actively sought meaningful activities for people and supported them to be empowered and achieve positive outcomes. This was echoed within the staff team who were highly motivated to support people with a person-centred approach.
- The registered manager ensured all people and staff were treated fairly and were not discriminated against due to any protected characteristics.
- The provider and registered manager had clear values which they shared with all the staff team. These included, person centred care and encouraging people to reach their full potential. Our observations demonstrated that these values were embedded in the culture of the service and were adhered to by staff.

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

- People, visitors and staff all told us they could speak with the management team including the provider's representative at any time and that they would listen to them.
- Observations and feedback from people, visitors and staff showed the home had a positive and open culture. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in their one to one discussion and during daily interaction with the registered manager.

- The registered manager was part of a local care homes group forum, which they identified helped keep them up to date about changes affecting social care. They had attended relevant training and developed supportive networks with other registered managers and local care providers.

Working in partnership with others

- The management team worked with other organisations and professionals for the benefit of people.
- They and staff had links to resources in the community to support people's needs and preferences. This included links with local voluntary groups and local statutory services. These were accessed where appropriate, to meet people's individual needs.
- A social care and a health care professional were positive about their working relationship with service and said they would recommend the home.
- The registered manager was clear about who and how they could access support from should they require this. This included from social services or health providers. They demonstrated an "open" attitude to seeking support. An external health professional told us they were contacted appropriately and that the management team and staff followed their guidance and suggestions.