

# Achieve Together Limited

# Westcliffe Villa

## Inspection report

37a Sea Road  
Westgate-on-Sea  
Kent  
CT8 8QW

Tel: 01843835669

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Westcliffe Villa is a residential care home providing accommodation support for up to 14 younger adults with learning disabilities and sensory disabilities. At the time of our inspection there were 13 people using the service.

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

Right Culture:

Some maintenance issues had not been addressed in a timely manner. For example, important utility inspections had not always been undertaken when they needed to be. Quality control systems had not always identified these concerns or led to them being addressed prior to the inspection.

The ethos, values, attitudes and behaviours of leaders and care staff ensured that people using the service could lead confident, inclusive and empowered lives.

Staff kept people's needs, preferences and wishes at the very centre of their interactions while also promoting their particular strengths to maximize independence as far as possible.

People and their families were involved in the planning and review of their care and kept updated.

Right Support:

People were supported to have maximum choice and control of their lives. 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 understood people had the right to make decisions for themselves and supported people to do so.

Staff focussed on people's strengths and promoted these to the best of each person's ability, enabling them to have a meaningful and fulfilling daily life. People were supported to be as independent as possible, participate in activities of daily living and to be a part of their local community.

People were supported to access healthcare services where appropriate. People were encouraged to eat healthily and were supported to make their own drinks and meals. People received their medicines as prescribed. Where there were incidents and accidents staff took the appropriate action to reduce the risk of

events re-occurring.

Staff were recruited safely and there was enough staff to support people. There was enough PPE in place. Staff had completed infection prevention and control training and knew how to keep people safe.

#### Right Care:

People's support plans did not always reflect their needs. However, this was addressed during the inspection.

People received kind and compassionate care that was person-centred and promoted their dignity and privacy because staff understood and responded to people's individual needs.

Staff understood how to protect people from poor care and abuse and had training on how to recognise and report abuse.

The service worked well with partner agencies to ensure people's needs continued to be met in a timely and effective way to keep them safe and well.

People were able to communicate and interact comfortably because staff had the necessary skills and training to understand and support them.

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

#### Rating at last inspection and update

The last rating for this service was good (published 28/04/2017)

#### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding. The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the Safe and Well-Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westcliffe Villa on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Enforcement

We have identified breaches in relation to good governance at this inspection. You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was 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** ●

# Westcliffe Villa

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of 2 inspectors, an Expert by Experience and a British Sign Language (BSL) interpreter. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Westcliffe Villa is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Westcliffe Villa is a care home without nursing care. CQC regulates both the premises and care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

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 key information about the service, what the service does well and improvements they plan to make. We reviewed information we had about the service from the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We used the support of a BSL interpreter to help us understand the experience of people who communicated using sign language. For those who did not communicate with us we observed their interactions with staff to help us understand people's experience of the support they received.

We communicated or spoke with 12 staff members. This included the registered manager, deputy manager, senior care staff and care staff. Some discussions with staff members were undertaken with the support of a BSL interpreter where BSL was the staff members first language. We reviewed a range of documentation, this included all or part of 8 people's support plans, their risk assessment and daily communication records.

We also looked at 2 staff files including recruitment and supervision records. We reviewed records relating to the management of the service, quality assurance records and a variety of policies and procedures implemented by the provider.

# 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 good. At this inspection the rating for this key question 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.

### Assessing risk, safety monitoring and management

- Important safety checks had not always been kept up to date. The service's Electrical Installation Condition Report was out of date. This is an inspection of electrical wiring to ensure it is safe. The inspection needs to be completed every 5 years in care homes. We raised this with the registered manager who arranged for this to be undertaken shortly after the inspection. Other checks such as gas, legionella and water temperatures had been completed. Fire drills were regularly undertaken. Fire alarm equipment included a visual alarm for people who were deaf.
- The building had not always been well maintained. For example, one window was missing a window restrictor (these reduce the risk of people climbing or accidentally falling out). We raised this as a concern during the inspection and the window restrictor was put in place.
- Where people were had an increased risk of choking due to health conditions, there were no risk assessments in people's care plans to set out what staff needed to do if a person choked. We raised this with the registered manager who addressed this concern after the inspection.
- Other risk assessments provided detailed information and guidance which staff followed. For example, where people had epilepsy care plans were person-centred. Guidance included what the person's epilepsy looked like and how to ensure they were safely supported in the bath. Staff had a good understand of the persons epilepsy. For example, staff knew that one person's seizures were impacted by heat and monitored their temperature.

### Staffing and recruitment

- The provider operated safe recruitment processes. Records showed that checks had been completed with the Disclosure and Barring Service (DBS) before they started work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions. Appropriate identification checks and references had also been received by the provider.
- The provider ensured there were enough suitable staff to provide support to people. Staff had time to spend individually with people and knew everyone well. People communicated to us that they were happy with the staff that supported them.
- There was an on-call system in place to provided out of office hours support if staff needed support when managers were not onsite.
- The service used regular agency staff who worked alongside permanent staff members. People's record contained a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

### Using medicines safely

- People were supported to receive their medicines safely and as prescribed.
- When people were prescribed 'as and when' medicines there was information for staff about these, such as, what they were for and when they should be used.
- Medicines were stored safely in lockable cabinets in people's own rooms. Medicines were disposed of safely.
- People had an assessment of their medicine support needs within their care plans. For example, there was information that identified how one person displayed pain so staff would know how to provide them with effective pain relief support. Medicines were reviewed when required with the GP and other health care professionals involved in their care.

### Preventing and controlling infection

- Staff used PPE effectively and safely. Staff had access to gloves, aprons and masks on each floor and used these where appropriate.
- A plan was in place for anyone who contracted covid. Staff had completed infection prevention and control training and kept themselves updated.
- The service was free from odour and people's rooms were neat, personalised and in reasonable decorative order. A health care professional told us, "I have no infection control concerns with this service. The space appears clean and thought-out regarding sensory and safety needs of the clients."

### Visiting in care homes

People were able to receive visitors at any time. Visitors were asked to give advanced notice, especially where the person had a specific need or vulnerability. This was to ensure that staff could support the person to prepare for the visit and during it. Some people used phones and video called their family.

### Learning lessons when things go wrong

- Incidents and accidents were reported by staff. Where incidents occurred, staff took action to reduce the risk of events re-occurring. For example, staff updated guidance for staff about one person's support needs where the person became upset. This included taking proactive action to check event venues before the person visited them for any issues that might make the person anxious.
- The registered manager knew to monitor incidents and accidents for trends. No trends were identified.
- One health care professional told us, "The staff team have been creative in their thinking on how to support clients when changes in their presentation have raised concerns, and that has helped us to adjust our approach accordingly."

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

- People were relaxed and comfortable around staff and were happy with the support they received.
- A relative told us, "The registered manager, deputy and team are an amazing team, providing a safe, vibrant, positive and stimulating environment."
- Staff told us they felt comfortable whistleblowing (telling someone) if they had any worries about the support provided to people.
- Safeguarding processes were in place and staff understood their responsibility in raising concerns and how to report them. One member of staff told us, "It's about keeping people safe and making sure they are safe. If I am concerned, I would go straight to the manager."

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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

- Staff completed a comprehensive assessment of each person's physical and mental health needs. The people living at the service had all lived there a long time. Staff had got to know people well, knew their likes and dislikes and how they wanted to be supported. Staff had ensured this was recorded in people's care plans. For example, one person's care plan included information on how a person liked to walk and what might make them uncomfortable when out and about.
- Where people had needs relating to protected characteristics under the Equality Act 2010, which includes disability, gender, and religion these needs had been identified and support provided. For example, one person had a separate fridge to enable them to store their food away from meat products.
- People's sensory needs and likes were assessed. Guidance for staff included information on specific sensory stimulation needs, for example where people found touch and smell enjoyable and calming.

Staff support: induction, training, skills and experience

- Staff undertook the Care Certificate. The Care Certificate is a set of standards which social care workers must adhere to in their daily working life. New workers were supported by experienced staff when they commenced in post.
- Staff confirmed that the training they undertook was useful for their role, for example British Sign Language as it maximised their ability to communicate with the people in their care. Some staff needed support to access training. Where this was the case, they told us this support was provided. One staff said, "They always made sure there was an interpreter, and that training was provided in a way that was accessible."
- Staff had received learning disability and autism training as part of their induction programme. This training aims to save lives by ensuring the health and social care work force have the right skills and knowledge to provide safe, compassionate, and informed care to autistic people and people with a learning disability.

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

- Staff encouraged people to eat a healthy and varied diet. Fresh fruit and vegetables were ordered separately from a local supplier in addition to a regular grocery delivery. One person signed they were looking forward to the shopping order arriving so they could plan meals. People were observed putting the food away when the shopping arrived.
- People signed they enjoyed being involved in making choices about their meals and the food they wanted to eat. They were supported to prepare and cook their meals and were encouraged to get drinks for

themselves where possible. People went in and out of the kitchen through the day and where possible they made their own drinks.

- Staff had a good understanding of how people's nutrition and hydration support needs could impact on their health. For example, one person's care plan outlined specific food risks due to a medical condition which did not allow them to eat anything grass fed. Staff were aware of this and knew how to support the person to remain safe.

Staff working with other agencies to provide consistent, effective, timely care

- People were effectively supported to access health care. For example, people were supported to access the dentist regularly and there were oral care plans in place to ensure staff knew how people needed support to maintain their dental health.

- Staff had a good understanding of how people's support needs impacted on their health. For example, where people were at risk of low body weight, their weight was regularly monitored, and they were supported to access supplements and fortified foods.

- People had hospital passports which included information about their communication preferences, their religious needs, and allergies. Hospital passports provided hospital staff with information about the person to enable them to provide effective support. For example, how to know if a person was in pain. People had hospital red bags. These bags contained important paperwork and personal items such as glasses in one place to reduce the risk of items being lost whilst people were in hospital.

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

- Some areas of the service needed repair. For example, some areas of plasterwork had come away. However, the provider had a plan in place to address these concerns and was starting renovations to the building.

- People's rooms were personalised to suit their tastes and needs. People communicated to us they had chosen their own colour scheme and pictures. For example, one person's room was decorated with butterflies which the person signed to us they liked. The communal lounge and craft room areas were brightly painted in yellows and oranges to improve visibility for people with sight loss.

- Some kitchen areas had recently been refurbished; others were planned. For example, the refurbishment of one kitchen had been planned to lower the work surfaces and allow people better access to independently prepare their own meals.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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.

- We found the service was working within the principles of the MCA and appropriate legal authorisations were in place where people were deprived of their liberty. Conditions related to deprivation of liberty safeguards (DoLS) authorisations were being met.

- Staff had a good understanding of the Mental Capacity Act. Staff knew what they needed to do to maximise people's abilities to make their own choices. For example, staff offered some people a limited number of choices at one time so as not to overwhelm the person and cause distress.

- Staff supported people to make day to day decisions. For example, one person was supported by staff to

choose a warm item of outer clothing during the inspection. Staff encouraged the person to make a choice and then supported the person to put the item on. The person was happy with this support and smiled at staff.

# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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

- Staff were kind and caring and people were comfortable in staff's company. Some people laughed and joked with staff. One person didn't feel well during the inspection and wanted staff to comfort them, so staff provided the person with this comfort. A family member told us, "The staff team and managers care and are kind to our loved ones, enabling a settled and positive environment."
- Staff knew people well. For example, staff knew what people enjoyed and what might make them feel uncomfortable. Staff supported people with these needs. Information on people's preferences were clear, for example how people liked their drinks prepared. Staff understood people's sensory needs. For example, staff knew what objects people found calming or stimulating and provided people with this support. We saw people being supported with their sensory needs during the inspection.
- Care plans contained information about people's backgrounds, their spiritual needs and preferences and staff were knowledgeable about these. Staff were able to give us details about people without needing to refer to their support plans. One health care professional told us, "I find the staff to be well engaged, thoughtful and have a good knowledge of the people they support."

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

- People were supported to express their views using their preferred method of communication. Staff had a good understanding of how people expressed themselves and there was clear information on how people preferred to communicate. For example, staff used BSL or gestures and touch. Staff had worked with people to build up and develop systems of communication where people needed this support. When new staff started, they told us they were supported to learn to communicate with people using BLS if they did not have this language skill.
- People had keyworkers who spent time with them seeking their view using adapted tools such as information written as signs. People used these to feedback what they enjoyed and what they wanted to do in the future.
- People were supported to access advocates regularly to ensure they had an independent way to express their views. An advocate is an independent person who provides people with support to communicate how they feel and their thoughts.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. For example, one person was observed changing their bedding and told us they enjoyed doing it. A keyworker was providing focussed support to someone with their laundry and cleaning. Other people were observed putting the food shopping away and

preparing meals.

- Where people needed support from staff, guidance was clear on what support was needed and what people could do for themselves. For example, one person needed guidance with eating but was able to hold their cutlery themselves. We saw staff followed this guidance.
- Staff knew when people needed their space and privacy and respected this. We saw that staff did not enter people's rooms without first asking for their permission and knocking even when the door was open.
- Staff said they protected people's dignity by covering them with a towel when supporting with personal hygiene and we observed staff asking people for permission before showing us their medicine cupboard.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were regularly reviewed with people and supported by an independent BSL interpreter where appropriate to ensure people had independent input into their care reviews. Care plans reviews included looking what was working well and what was not. For example, one care person's mealtimes were adjusted because they were experiencing tiredness and declining their medicines, which led to improved outcomes for that individual.
- People's preferences were respected. For example, one resident's response a recent survey said, "I can choose the staff I want." Another person said, "Staff help me choose the activities I like." People's care and support was planned around their needs and wants. One person communicated that they were happy they could have a bath twice a day and this support was provided.
- Staff supported people to achieve their goals. For example, one person regularly spoke of wanting to go on a particular trip abroad, however they needed support to be able to build towards being able to accomplish this. Staff supported the person to enjoy local outings to build up the person's confidence. The person communicated with us that they were going on this trip abroad, they were happy and animated when they signed to us about this plan.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and staff knew how people needed and wanted to receive information. Information for people was available in accessible formats. For example, information in sign language was displayed to show people how to use the kitchen safely and how to evacuate the building in the event of a fire.
- People's support plans included details which helped staff learn about how people expressed their needs and make choices. For example, one person's care plan included information on what the person could see and what they could sign.
- Staff used a range of communication approaches including BSL and objects of reference. Staff faced people so facial gestures, expressions and voice tone met the person's preferred method of communication.

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 communicated to us that they chose their own activities and were happy to tell us what they enjoyed doing. People signed they were involved in a range of activities. For example, one person enjoyed craft and spent time in the craft room, another person signed they had really enjoyed a trip to the theatre. Staff working patterns were adapted to support people to access the activities they enjoyed.
- People spent time in the local community for example, people accessed local shops and the swimming pool and cinema. One person liked to visit a particular shop and staff provided the person with support to do so. People regularly used public transport and staff told us some transport staff were now able to communicate with people using some signs.
- People were supported to maintain relationships with their families. For example, one person communicated to us they were supported to visit family abroad. Another person liked to attend worship with their family weekly and were supported by the service to do so. One person signed to us that they liked using technology to communicate with their relatives and they were supported to do so.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and people had access to information on how to complain. There were no recorded complaints and relatives told us they had not raised any complaints.
- Where people raised low level concerns these were addressed. One relative told us, "I am always willing to say if I think something isn't right and they do take action because when I asked for clothes to be ironed this was done."
- The provider told us they spoke directly with people and their families when they visited and encouraged staff to do so to identify and resolve issues at the time.

End of life care and support

- At the time of the inspection, the service was not supporting anyone at the end of their life. However, staff understood people's religious and cultural needs and how these would impact on them at the end of their life.
- There was some information regarding end-of-life care and some people had end of life plans in place. However, this was a work in progress and more information was needed to personalise some peoples end of life care plans where they did not have family to provide them with support to develop a plan. The registered manager was aware of this and had plans to continue to further develop people's end of life care plans.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This means 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

- There were some areas where quality assurance systems had not always identified and addressed issues. For example, a quality audit had not led to the electrical hard wiring inspection being identified as overdue and undertaken before our visit. Quality assurance had also not identified risk assessments for choking risks were not in place. Other concerns were identified but not resolved quickly. For example, the registered manager had identified a window needed repairs to be safe, but this was not addressed by the provider prior to the inspector raising concerns at the inspection.

The provider had failed to effectively assess, monitor, and improve the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had medicine competencies in place to check that staff knew how to support people with their medicines safely. However, these would have benefitted from more information on what was being assessed to ensure clear and safe oversight of what was or was not observed. This is an area for improvement.
- Notifications were submitted to CQC as required by law and the rating was on display.

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

- The provider had a system in place to gather feedback from staff. However, the registered manager was not able to access the detailed feedback. Some staff told us they would like more proactive opportunities to feedback internally. We raised this with the registered manager who told us they would put a feedback review in place so staff could share their views anonymously.
- The service had systems in place to receive feedback about the service, including surveys. These were given to the people at the service and their families. People were supported to provide feedback in ways that were accessible to them. Where people had provided feedback, their views were listened to. For example, one person had feedback about decorations they wanted in their room and plans were in place to support the person to address this.

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

- There was a positive, calm, and open culture at the service. Staff told us that management had an "open

door" policy which meant that staff could speak to them and feel part of a team. Staff interacted in a friendly and supportive way with each other and with the management team.

- The registered manager was well known by people and communicated well with people. People were comfortable approaching the manager and providing feedback. For example, one person communicated to the registered manager they no longer liked their curtains and wanted new ones with a different colour. The registered manager raised this with the staff to support the person to achieve this outcome. A relative told us, "The staff and manager communicates well with us and regularly, especially if my loved one is having an 'off day'. I know they sit quietly together which helps to lift the low mood."
- Staff told us they liked working in the service and were positive about how they were supported with their equality diversity and human rights (EDHR), needs and reasonable adjustments in place to support them in their working role.

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 understood their responsibilities under the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.
- We did not identify any incidents which qualified as duty of candour. However, when there were incidents, the registered manager was open and transparent about these and informed relatives and healthcare professionals as appropriate.

Continuous learning and improving care

- The registered manager received information from the provider and other organisations to enable them to stay up to date. They were aware there were local forums, however, they had not yet had the time to attend these to learn and share best practice.
- The registered manager had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. They told us, "First and foremost, this is people's homes, and then our workplace. I like staff to be relaxed and we have a relaxed atmosphere. The people who live here is who and what is most important. We fight for them and what they need."
- The registered manager was able to demonstrate they had adapted and learnt from events to improve outcomes for people. For example, during covid when staff were not always allowed to be with people when they were in hospital, they had held online sessions with hospital staff to share learning with staff to enable them to support people effectively.

Working in partnership with others

- The service worked well in partnership with other professionals to coordinate people's care. Care plans evidenced that GP, speech and language team, OT, Psychologist and Psychiatrist appointments were taking place as needed as well as podiatry, dental and mental health reviews.
- Staff had provided the doctors surgery with copies of people's care plans so that the practice nurse had a holistic view of people's care and support needs. A nurse visited the service once a quarter to help assess if people were accessing the right health support. For example, covid and flu jabs were administered at the service rather than at the surgery because people were more comfortable agreeing to this support in their own home.
- The service also made effective use of the acute community team which had kept one person from having to be admitted to hospital.

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 17 HSCA RA Regulations 2014 Good governance  The provider had failed to effectively assess, monitor, and improve the quality and safety of the service.