

Saffronland Homes 2 Limited

Bonhomie Sarisbury Green

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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bonhomie Sarisbury Green is a residential care home providing personal care to 14 people aged 18 to 65 at the time of the inspection. The service can support up to 19 people living with substance misuse or mental health conditions in an adapted building. Each person's room had a kitchenette with snack and drink making facilities as well as a lounge and sleeping area.

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

We were not assured that medicines were safely managed. We found some medicines recording to be incomplete and some completed in error. There was not always sufficient information to support staff in administering PRN medicines.

The premises were not well maintained and as a result did not appear to be well cleaned. Scuffed paintwork prevented effective sanitising and there were unsealed edges to flooring in toilets. The registered manager has been responsive in addressing concerns we had about the premises and maintenance is underway. People were supported by staff who understood the types of abuse that may occur and who were confident the registered manager would address any concerns they had. Safety checks ensured the premises were safe and equipment had regular services. Records of completed works were not always available. We were concerned about risks associated with alcohol gel however the registered manager addressed this during our inspection.

Care plans were very long, and we were not confident staff could support people after reading them as information was not always clearly stated. Assessments had been completed by both the provider and health and social care professionals and used to form care plans.

Staff were safely recruited, and staff told us there were usually sufficient staff deployed. Staff accessed training online and were mostly happy with the training they completed. We were not assured that all staff had sufficient first aid skills as they were not able to demonstrate their knowledge and skills, however all staff had received updates in this area. There was no specific training in the medical conditions people using the service lived with and there had been no mental health training since 2018.

Meals were appetising and generous however we were concerned that a person's SaLT assessment around swallowing was not being followed. Snacks were available in the communal areas of the service.

We were not assured that oral health assessments and care plans were in use however the registered manager agreed to assess a person at our request. We have made a recommendation about this.

People were mostly 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. We have made a recommendation about MCA records in the report.

Advocates were available to support people and there were signed consent forms for aspects of care and support in people's care records.

Staff were kind to people and knew them well. They were aware of preferences and family and other information that enabled positive interactions. We were not assured that people were always treated with

respect or that there was therapeutic value to interactions used during crises.

Care plans detailed how people wanted to receive care and there was some information about how best to communicate with people.

There was no overall activities programme, people had individual plans according to their interests and needs. The provider had supported people to stay in contact with friends and relatives during the pandemic through phone and video calls and visits in the garden.

Audits were completed of the service however these did not always identify areas that needed improvement. The provider issued regular quality assurance questionnaires to peoples, relatives and staff and devised action plans to address any improvements needed.

Health and social care professionals told us the provider worked well in partnership with them.

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.

The service is not currently registered to provide a service to people who have learning disabilities or autism however people with both conditions use the service. We have asked them to add learning disability and autism to their service user bands. It is also important for the provider to consider the principles of Right Support, Right Care, Right Culture when delivering care to people with learning disabilities or autism.

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 the service under the previous provider or legal entity was good, published on 13 February 2018.

Why we inspected

This was a planned inspection based on the previous rating and the change to provider.

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.

We have found evidence that the provider needs to make improvements. Please see the safe and effective sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bonhomie Sarisbury Green on our website at www.cqc.org.uk.

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 monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to medicines recording. Please see the action we have told the provider to take at the end of this report.

Follow up

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

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 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 well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bonhomie Sarisbury Green

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.

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 and a registered nurse with a specialism in mental health provision.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had about the service including notifications. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with seven members of staff including the, registered manager, deputy manager, and care workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback in response to our email request from five staff and three health and social care professionals.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Using medicines safely

- Medicines were not always safely managed. We saw a medicine administration record, MAR for one person that had been handwritten. It did not include important information about the person such as their date of birth, route to administer, and strength of medicine. The medicine was a high-risk antipsychotic and the MAR had not been signed by two staff to ensure its accuracy in line with best practice. The administration instruction read, 'take one in the morning and three at night'. This risked medicine being incorrectly administered.
- We saw one person had Clozapine recorded on a PRN, or 'as needed' record sheet. The medicine had not been prescribed as PRN and mis-recording administering the medicine could lead to overdose. The same medicines had been recorded as administered on the MAR later that day.
- Another PRN medicine, Olanzapine had been prescribed to use alongside a regularly prescribed dose. There were no indicators recorded to tell staff when the PRN dose may be needed.

We found no evidence that any one had been harmed however records of medicines administration lacked accuracy and detail. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other medicines were given to one person when they awoke. They had irregular sleep patterns and to accommodate this and ensure the person had all the necessary medicines the GP authorised this. The rest of the day's medicines were administered at appropriate intervals after the initial morning dose. We were concerned that subsequent doses of medicines may not be administered at correct intervals if information was not shared about the time of the morning dose.
- We saw people supported to manage their diabetes and staff administered medicines in a kind and professional manner.

Systems and processes to safeguard people from the risk of abuse

- Most staff had been trained in safeguarding in the last year. We asked what types of abuse could occur at Bonhomie Sarisbury Green and if they believed it would be dealt with. One staff member said, "Physical, verbal, financial and sexual. Yes, [registered manager] would act." A second staff member was less clear about possible abuse they may witness telling us, "I have never seen it here... there could be abuse from staff, leaders, other residents, visitors, but we don't see too many family members here. He was confident [registered manager] would act on any concerns."
- A social care professional told us, "A recent safeguarding concern regarding my client was dealt with effectively in consultation with them and myself."
- Staff understood what whistleblowing was and how they should go about sharing information of concern.

- We saw comprehensive records of safeguarding incidents, which had details of actions taken to minimise reoccurrences.

Assessing risk, safety monitoring and management

- We were not assured that enough consideration had been given to risk management. The registered manager told us that risk assessments were part of the care plans. We saw one record had recorded risk levels following an assessment within the care plan. A second had no mention of risks even though the person had significant health and emotional needs. Care records and care plans were not consistent in their assessment and mitigation of risks.
- We toured the premises with the registered manager and discussed the availability of sanitizing alcohol gel. We observed numerous freestanding hand sanitiser bottles throughout the service, sometimes several in a room. On arrival the registered manager had provided a brief 'pen picture' of each person living at Bonhomie Sarisbury Green and had mentioned that a person had made numerous recent attempts to drink hand sanitiser which can be fatal if ingested in sufficient quantities, or if it interacts with medicines people may be taking. We saw a self-harm assessment detailing how the person had previously ingested alcohol gel.
- We were very concerned that alcohol gel was freely available in 250ml bottles which could easily be picked up and drunk. We spoke with the registered manager about the availability of gel and whether there had been a risk assessment completed to ensure its safe use and to show how risks to the person had been mitigated. They believed their current COVID-19 risk assessment covered the risks. A short while later the registered manager, having reviewed their existing risk assessment, removed most of the hand sanitiser gel containers leaving the wall fixed, lockable ones in place as the risks posed by the numerous bottles being freely available were high.
- Health and safety checks of equipment and systems such as the fire alarm were completed however it was not always clear if actions to maintain systems had taken place. There were 13 urgent actions required to ensure the safety of the electrical installation and we found no record of completion. The registered manager supplied the record after the inspection, work had been carried out in a timely way however the record had not been filed.

We recommend the provider reviews their process of risk assessing people and audit care records to ensure appropriate assessments and actions are in place to minimise risks.

Staffing and recruitment

- Staff recruitment records held all necessary information and showed that necessary pre-employment checks had been completed. These included obtaining references from previous employers and completing a Disclosure and Barring Service, DBS check. The DBS check helps employers make safer, more informed recruitment decisions.
- Staff told us there were usually enough team members deployed to meet the needs of people however at times they said additional staff would be welcome. One staff member told us, "Yes, [enough staff] most of the time. Since I've been here, I've only felt one day has been short." A second staff member said, "No [not enough staff]. There are days when they are calm but if two [staff] go out with people and two need one-to-ones, then only one staff member for the other nine people. Some are always on the buzzer. Two people should always be on the floor. It's challenging around toileting and some people may have to wait", A third staff member told us, "Normally yes [enough staff], not always one hundred percent but not a regular issue. [registered manager] and [deputy manager] do help".

Preventing and controlling infection

- We were not assured that the provider was taking all steps to ensure good infection prevention and control. We saw housekeepers cleaning throughout our inspection however the premises were not as well maintained as they could be. In part this was due to the premises and furnishings being worn. We saw

scuffed wood on skirting boards, door frames and radiator covers which were porous and not possible to effectively sanitise. There were unsealed edges to flooring in hygiene areas such as shared toilets and bathrooms and the edges of rooms were not cleaned of debris, some of which was dust and crumbs and some which was dry accumulated soiling.

- We supplied the registered manager a list of concerns about the condition of the premises and they made arrangements with their maintenance provider to address all issues we raised.
- We saw cleaning records. However, high touch areas were not being regularly cleaned throughout the day.
- On arrival we were asked to sign in and had our temperature taken and recorded. We also provided evidence of a lateral flow device result taken that morning. The visiting procedures were mostly clear however we were not asked if we had any symptoms of COVID-19.

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections.

- We were somewhat assured that the provider was meeting shielding and social distancing rules.

- We were somewhat assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.

- We were somewhat assured that the provider was accessing testing for people using the service and staff.

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were somewhat assured that the provider's infection prevention and control policy was up to date.

Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

Learning lessons when things go wrong

- Accidents and incidents were analysed individually and overall to check for patterns and triggers. A monthly summary of the information analysed was created and learning added to this to minimise future incidents.
- We saw individual records of behaviours detailing specific triggers and the resulting behaviours and consequences. These had been considered and an action plan created to support the person, with staff assistance, to reduce the number of crises they experienced.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The provider had applied for DoLS authorisations they deemed to be necessary. We found one person had a DoLS authorisation in place, however we also noted the same person had been assessed as having capacity. People may only be deprived of their liberty if they lack capacity to make such decisions yet this person had capacity and a DoLS. The provider had not raised concerns about this.
- The same person refused to follow advice following a safe swallowing assessment. There was no MCA assessment in place to ensure the person understood the risks of their swallowing difficulties and eating foods that were not suitably prepared.
- Health and social care professionals told us they believed the mental capacity of people they worked with was recognised.
- Staff members told us, "We are treating our residents with utmost respect regarding their mental capacity, following regulations of the MCA." A second staff member said, "Yes, we always ask and explain everything that is going to happen, and their wishes are always taken in to account."
- The provider was mostly working within the principles of the MCA.

We recommend a review of MCA records to ensure people have appropriate applications, authorisations and assessments in place to support decision making and any restrictions to their liberty.

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

- People's care records held pre-admission assessment information and assessments about different aspects of their needs. Assessments had been completed by both the provider and health and social care professionals.
- Care plans were in place however we found them to be very long and some lacked information that would help staff support people. We were not confident new staff could read care plans and be able to support people using just that information. Care plans had insufficient practical information about care delivery, for example in a 'how I keep safe' section we saw that "Supervised with eating and daily tasks" had been added. This should state what level of supervision, should staff be close by, what are the risks to them in different situations, which daily tasks does the person need help with?
- We saw that a person's mental health status had not been fully acknowledged as assessments and care plans did not mention they had been sectioned under the Mental Health Act 2007. Mental health conditions are covered as a protected characteristic of the Equalities Act 2010.
- The registered manager told us they had supported people to worship in various Christian denominations and had provided support to someone of the Muslim faith.

Staff support: induction, training, skills and experience

- Staff were able to access training through an online provider and did this either at home or using a tablet provided by the service. Training records showed that most staff training was up to date according to their training schedule.
- Staff members told us, "My employer has provided all the necessary training required to assure that an impeccable service is given to our residents." A second staff member told us, "I did some courses provided by the company. Health and safety, COSHH, safeguarding, fire safety, food hygiene, first aid, infection control and Coronavirus."
- We were concerned about staff knowledge of first aid. We asked what action should be taken should a person choke when eating. One staff member told us, "It's tricky, give them a drink, often they don't want help. I would try and keep them straight and ask for help." A second staff member said, "We are very careful to give small pieces [of food]. A few bites. Always liquid around. Maybe I would hit them on the back and then give them a drink." Only one staff member seemed confident in the appropriate first aid action telling us, "If [person] was choking, I would ask them to cough. If that didn't work, I would do back slaps, then abdominal thrusts. [Other person] is also at risk of choking. You have to be with them when they are eating." This staff member had worked at Bonhomie Sarisbury Green for a significantly shorter time than the other staff we spoke with.
- We saw a spreadsheet detailing staff training and noted there was limited mental health training, staff did not have regular updates, and no training in specific medical conditions such as Huntington's disease.
- The provider did not support staff to achieve qualifications such as social care diplomas. This was due to previous staff achieving qualifications then leaving to work elsewhere. While this can happen, the lack of funded qualification training would not be an incentive for staff to remain with the provider and forge a long-term career with them.

We recommend the provider review its current training programme with a view to including training relevant to people using the service and competency assessments to assure themselves of staff's ability to respond to all situations.

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

- Meals looked and smelled appetising and people were given large portions. Meals were provided in different textures to facilitate people being able to eat in the most appropriate way and were appropriate to different diets such as diabetic.
- However, we were concerned that one person's dietary advice provided by speech and language therapy, SaLT, had not been adhered to. They had been advised to have International Dysphagia Diet Standardisation Initiative, IDDSI level seven foods in 2020 but this had changed to 'soft and bite sized', level

six in 2021. The registered manager told us the person would not follow dietary advice however we asked them about it, and they were prepared to try the softer diet. This was then interpreted as being a pureed diet which was to be arranged for them to try. We were not assured that the provider was knowledgeable about current standards.

- Snacks such as crisps and fruits were available in bowls in the lounge and dining room and people could make their own drinks in their rooms. There were also snacks served during the morning and afternoon.

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

- Referrals were made to relevant health and social care professionals including advocacy services, safeguarding, GP's, dieticians and speech and language therapists.

- We saw advice was not always followed, the section on nutrition details an example where SaLT advice was not fully followed. This could have caused harm to the person as they may have aspirated food.

- We noted that oral health assessments and care plans were not included in the care records we reviewed. One person appeared to have some oral health problems and we spoke to the registered manager about this. They told us the person cleaned their own teeth and had not complained of dental pain. We recommended that an assessment be completed, and a care plan devised due to the appearance of their teeth and chronic health condition. The registered manager agreed but told us, "ok we will do one, but the answer will be no, no, no."

We recommend the provider reviews their current oral hygiene policy and procedure and audits assessments and care plans to ensure they meet best practice standards.

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

- Peoples rooms were personalised with their belongings and all had ensuite shower rooms and kitchenette areas.

- There was appropriate signage to advise of fire routes, exits and toilet facilities. A TV was available in every one's room, only one was available in the smallest lounge as choosing TV channels to watch had been problematic during the lockdowns.

- Sensory items such as fibre optic lights were available in one room and there was ample space for people to spend time outside of their rooms.

- We saw that areas in the premises were in a poor state of repair, the infection prevention and control section of this report provides more detail of this. Generally, the premises would benefit from cosmetic refurbishment both to make them more visually appealing and easier to keep hygienically clean. Following our inspection, the registered manager told us they had made arrangements to address some of the concerns raised.

- The grounds were available for people to meet their family and friends and spend time in. There were seating areas and ample space for people to take time out.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Respecting and promoting people's privacy, dignity and independence

- We were not assured that people were always treated with respect. One person, who had one-to-one staff support was searched when they returned from local shops to ensure they had not purchased illegal items. With one-to-one staffing we were concerned that an additional search of the person was required as one-to-one staff should have supervised them at all times.
- There was not always therapeutic value to actions taken by staff to support people in crisis. One person who experienced low moods was supported by staff taking them shopping for sweets or to have a cigarette. Though these were short term diversions for the person, consideration should be given to more long-term, therapeutic approaches that could potentially reduce future reoccurrences.
- Staff were kind to people, and we saw positive interactions between staff and people. Staff took people for walks and generally people were comfortable with staff. However, some interactions seem repetitive including redirecting one person back to their colouring activity as a response to them approaching staff.
- Staff were aware of people's background, preferences and had information about family, faith and previous history. This was used to inform practice and support people as they wanted to be supported.
- A social care professional was impressed with support provided by staff and told us, "I feel that the service is very skilled at encouraging [people] to do more for themselves rather than them doing it for them. This is done with empathy and encouragement and praise. I do feel that this is why my client has achieved so much already in a relatively short time. It has empowered them to want to continue making progress with their recovery." They added, "The service has been very responsive to changes when the persons mental health fluctuates and have used their skills to support them effectively and efficiently."
- A staff member told us, "Staff take good care of residents, making sure they are happy and healthy."

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

- Care records contained a selection of signed consent forms for people to cover areas such as care plans and photographs.
- There were sufficient staff deployed to support people and take time to communicate with them and support them in making choices.
- Care plans identified what support people may need to make decisions and when they were in need of emotional support. Care plans were not specific about what emotional support should be given however, for example, one person was encouraged to think positively about their future. This lacked real meaning as there were no suggestions as to what positive aspects they should prompt and specifically what to change their focus to.
- Advocacy services were involved with people living at Bonhomie Sarisbury Green and people have been

supported to remain in contact with advocates throughout the pandemic and lockdowns.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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;

- People had care plans that detailed how their needs and wishes would be met. There were preferences about how they wanted to receive care, for example, one person liked two showers per day and for staff to blow dry their hair. There was information about preferred activities and some family background.
- The service provided individuals with activity plans rather than running an overall activity programme and these activities were based on individual preferences.
- We saw a 'this is me' document with lots of details about a person's family, lifestyle, places they liked and photos they loved. Care records also held generic information about people's conditions to enable staff to learn about them.
- Consent forms were signed as appropriate depending on the capacity of 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.

- Peoples care plans reflected appropriate ways to communicate with them. One person's communication plan advised they needed plenty of time to take in information and communication should be kept to topics relevant to them. They may nod or say yes and appear to be in agreement but should be monitored as their body language may indicate they are not happy. The plan gave clear basic information however would benefit from detail about the type of body language that may indicate the person is not happy.
- A second persons care plan had information about their communication skills and how their needs fluctuated according to their health.
- Staff members knew people well and were able to communicate with them in the most appropriate manner.

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

- There was no overall activities programme but short courses such as a cookery club had been arranged.
- People also followed their individual interests. We saw people's rooms had lots of belongings including televisions, books and music.
- People had individual programmes based on needs and interests. One staff member told us, "Each client has their own timetable to follow and achieve their goals." They went on to tell us when we asked them what the provider did particularly well, "Encouraging individuals in taking part in different activities that

interested them and to learn new skills."

- There were ample shared spaces including a dining room and lounges where people could spend time. One person was encouraged to complete colouring and kept their books in the lounge.
- During the lockdown due to the COVID-19 pandemic, people were supported to make phone and video calls to friends and relatives to minimise the likelihood of social isolation. When we inspected, government guidance stated visits were permitted within the service, visitors should be tested for COVID-19, wear PPE and visit in people's rooms. The service was not following this guidance and visits continued to take place in the garden using a wooden gazebo.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure and responded to concerns within set time periods. Investigations would be undertaken of all complaints and outcomes shared.
- There were no open complaints when we inspected the service.

End of life care and support

- Due to the younger age range of people using the service this was not an area of priority currently. We saw a do not attempt cardio-pulmonary resuscitation, DNACPR in one person's record. They lived with a life limiting condition therefore had considered this aspect of life.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager and a senior manager completed regular audits of the service designed to ensure people were receiving safe and appropriate services and that the premises were in good order.
- We were not assured that the provider had full oversight of all aspects of the service. For example, the concerns we identified around IPC and wear and tear to the premises had not been dealt with until we discussed them with the registered manager and care records did not always contain assessments of and actions to mitigate risk.
- The provider notified us of significant events that happened within the service as required.
- The service was supporting a person who had learning disabilities. The service had not added learning disabilities as a service user band. We told the registered manager they would need to tell us they were providing a service to people with learning disabilities.
- The provider had not ensured they were working within the guidance of Right Support, Right Care, Right Culture.
- A social care professional told us, "The manager appears to have a very good understanding of my client's needs and has always been positive about the support they can give them. They [registered manager] work well with families, and the clients in the home appear to have a particularly good relationship with them."

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

- We saw people and staff speaking with the management team throughout our inspection. People would approach the manager in their office, or they would speak with them around the service.
- Staff were happy to approach the management team should they need anything. One staff member said, "If there are any issues, we can all approach the managers." A second staff member told us, "Our managers are always there for us if we need help."
- The registered manager told us that most people were using the service as a stepping-stone to becoming more independent, living in community settings with less intensive support. They were encouraged to develop skills such as cooking and doing laundry and supported to go to local shops.
- The provider had a policy about and understood their responsibilities under the duty of candour.

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

- The provider issued a satisfaction questionnaire to people, their relatives and staff. Generally, responses

were positive or neutral, there were some suggested improvements such as night staff not falling asleep, better systems for communication and using technology rather than handwritten records and having more activities.

- Feedback about the management team was positive from all groups surveyed.
- Following surveys, action plans were developed with a view to addressing all issues raised and, if possible, developing some of the new ideas received. For example, the registered manager often attended the service very early in the morning to check night staff.

Working in partnership with others

- The provider had positive links with health and social care professionals and both worked collaboratively with them to ensure people were receiving the correct support.
- A social care professional was complimentary of the provider telling us, "I have met frequently with the [registered] manager and their deputy [manager], we have worked together in partnership with creating a least restrictive care plan and activities program that is designed to engage the person with working on their independence skills. [The registered manager] has sought advice on areas that the person had been struggling to engage with. Through working in collaboration, the [registered manager] has been very honest about the package of care and has reduced the amount of additional one-to-one time. This reflects the excellent work and achievements already made with the person. Not all providers would be this transparent."

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 12 HSCA RA Regulations 2014 Safe care and treatment Records of medicines lacked accuracy and detail placing people at risk of harm. |