

Parkcare Homes (No.2) Limited

# Georgina House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Georgina House is a residential care home providing personal care and accommodation to up to 4 people. The service provides support to autistic people and people with a learning disability. At the time of our inspection there were 4 people using the service.

Georgina House is a two storey house with a garden and communal spaces. There are two ensuite bedrooms downstairs and two bedrooms upstairs with a shared bathroom. There is a small open plan lounge and diner and a small kitchen. Laundry facilities are located in a shed in the garden and are shared by everyone living at the service.

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.

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

#### Right Support:

The service (or staff) did not support people to have the maximum possible choice, control and independence be independent and they did not had control over their own lives. Some people had personal items locked away without any reasonable rationale for this. Staff used a stairgate for another person to block their access to the kitchen, this had not been reviewed to look at less restrictive options. People were unable to pursue choices for how they spent their time as there was not enough staff deployed to meet these preferences.

We have made a recommendation about the management of restrictive practices and consent.

Staff did not focus on people's strengths or promote what they could do, so people did not have a fulfilling and meaningful everyday life. People were not encouraged to do things for themselves or learn new skills to empower them to have ownership over their home. This included areas such as cooking, cleaning and laundry.

People were not supported to identify their dreams and aspirations. People had no meaningful goals in place and goals that were in place showed no evidence of how they would be achieved or any progress and outcomes.

The service gave people care and support in a safe, clean and well-maintained environment. However, the environment size and layout meant people's sensory needs were not always met. People personalised their

rooms.

Staff enabled people to access specialist health and social care support in the community. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

#### Right Care:

Staff did not promote equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. However, they did not understand how to safely and appropriately support people's needs in relation to preferences about how people chose to express themselves sexually or in relationships.

People who had individual ways of communicating, such as, using body language, sounds, Makaton (a form of sign language), pictures and symbols could not interact comfortably with staff and others involved in their treatment/care and support because staff did not have the necessary skills to understand them.

People did not always receive kind and compassionate care. Staff did not always protect and respect people's dignity. People unable to communicate easily were often ignored and one person was left wearing odd shoes.

Staff had training on how to recognise and report abuse and they knew how to apply it. However, staff struggled to recognise how poor practice could result in the less visible forms of abuse.

The service did not have enough appropriately skilled staff to meet people's needs. People did not always receive care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. The service did not give people opportunities to try new activities that enhanced and enriched their lives. People were not supported to take positive risks.

#### Right Culture:

People did not lead inclusive and empowered lives because of the ethos, values, attitudes and behaviours of staff. People did not always receive good quality care, support and treatment because staff did not have the right training and support to meet people's needs and wishes.

People were supported by staff who did not understand best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people did not always receive empowering care that was tailored to their needs.

People's relatives were involved in planning their care. However, people who were unable to communicate easily were not involved in these reviews and did not have their views sought about the service generally.

Staff did not evaluate the quality of support provided to people, involving the person, their families and other professionals as appropriate. Staff and the provider had not ensured risks of a closed culture were minimised so people did not receive support based on transparency, respect and inclusivity.

The registered manager was new to post, had made some progress with improvements and had plans to improve the culture and ethos of practice further. The provider did not offer sufficient training and support to the registered manager and staff team to ensure they had the knowledge and skills to apply learning and promote a quality of life for people that empowered them and promoted valuing people and equality.

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

#### Rating at last inspection

The last rating for this service was requires improvement (published 26 February 2021). The service remains rated requires improvement. This service has been rated requires improvement or inadequate for the last two consecutive inspections.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement and Recommendations

We have identified breaches in relation to personalised care, the environment, upholding people's dignity and respect, staff training and provider oversight at this inspection.

We have imposed conditions on the providers registration to ensure the provider makes the required improvements.

#### 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 work alongside the provider and local authority to monitor progress. 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Georgina House

## 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.

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

This inspection was carried out by two inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

#### Service and service type

Georgina House 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. Georgina House is a care home without nursing care. CQC regulates both the premises and the 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. Inspection activity started on 21 December 2022 and ended on 1

February 2023. We visited the location's service on 21 December 2022 and 8 January 2023. We spoke with relatives, professionals and staff and reviewed further documentation submitted to us between 23 December 2023 and 31 January 2023.

#### What we did before the inspection

We used information gathered as part of monitoring activity that took place on 18 October 2022 to help plan the inspection and inform our judgements.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch England and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 3 people and 4 of their relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 10 staff members including the registered manager and an acting operations manager. We spoke with one professional who works closely with the service.

We reviewed 4 people's care records and 2 staff recruitment records. We also reviewed a variety of policies and organisational records such as audits and reports.



# 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 requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People were safe as there were systems in place to identify and report concerns or harm which were regularly reviewed by the registered manager. People told us they felt safe and that staff helped them. One person told us "[I get] angry sometimes but the staff help." A relative said, "The current [registered] manager informs me [of incidents], It's okay, not great, Staff don't contact me, only the [registered] manager has time. Staff should take more responsibility to tell me."
- People were supported by staff who had received training about safeguarding and who had an understanding of some forms of abuse, what they looked like and how to report concerns internally.
- Staff were less confident about recognising less visible forms of abuse or how to report concerns outside of the service such as to the local authority safeguarding teams.

Assessing risk, safety monitoring and management

- Risk to people had been assessed and these were reviewed and monitored regularly by the registered manager. Risks to the environment had also been assessed to ensure fire and cooking equipment was safe and the building furnishings were in good order.
- The registered manager had put a fire risk assessment in place and each person had individual Personal Emergency Evacuation Plans (PEEPs). However, not all staff had experienced practicing a fire evacuation and current evacuation procedures and staffing levels at night-time did not ensure a safe evacuation for everyone could take place. We discussed this with the registered manager and operations director. They told us they will be reviewing this for an alternative plan and seeking guidance from the fire service.
- Staff were aware of risks in relation to the ways people expressed their emotions, epilepsy and diabetes. However, not all staff were confident about how to support people in these situations. For example, one staff member told us they would need to wait for another staff member to arrive who could take charge of the situation or call 999.

Staffing and recruitment

- There sufficient numbers of staff on shift to keep people safe and meet their basic needs. However, the staffing levels were not sufficient to enable people to pursue individual interests and explore new social opportunities. This meant people could not always go out when they wanted to.
- The registered manager had effective systems in place for conducting recruitment checks on new employees to assure themselves staff were of a good character and suitable for their roles. This included checking employment history and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.



### Learning lessons when things go wrong

- The registered manager told us how they supported staff to review incidents or accidents to look at how they could improve practice and work differently. Staff also told us they were supported to reflect when things went wrong and felt they could approach the registered manager for support at any time to look at how to develop.

### Using medicines safely

- People received their medicines safely and on time. Staff checked the medicine was correct and explained to people what the medicine was and why they were prescribed it. They gave people the time to consent.
- Staff had received training in safe administration of medicines. They were also observed in practice by a competent person to check their practice was correct.
- The registered manager had written clear guidance for staff in people's care records about when and how people liked to take their medicines. This included how to support with any known risks and when to offer medicines prescribed as and when required, such as pain relief.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were 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 assured that the provider was responding effectively to risks and signs of infection.
- We were 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 pre-vented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

The provider had an open visiting policy with no restrictions. Visitors were required to ensure they sanitised their hands and followed the most recent government guidance. Relatives told us they were free to visit anytime without prior notice and staff supported people to use telephone communication at other times. One relative said, "[Staff] are very welcoming, offered me tea and leave me be to see [my family member]. We visit in the house, bedroom or kitchen or we go out."

# 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 requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider supplied staff with training opportunities and staff then had their competency assessed. The training and competency assessments, however, were not effective and did not result in staff demonstrating they had the practical skill to meet people's needs.
- For example, staff knowledge in certain areas such as autism, sensory needs, goal planning, diabetes, safeguarding and the principles of the Mental Capacity Act (2005) required refreshing and further development.
- Only one staff member had received training in Makaton (a communication system using signs, speech, pictures and symbols). This was described as key in one person's care records and risk assessments to support their emotional wellbeing and to enable them to have a voice.
- The provider had not supported staff to understand information in care plans about how to meet people's sensory, emotional and communication needs. Staff did not understand how to apply this guidance in practice and so were not doing so. This meant people struggled to be both heard and understood. There was a lack of consistency of approach and techniques used by staff that could result in people becoming confused and frustrated and their needs not always being met.
- Staff received an induction when they first began working at the service and told us they felt supported by the management team. The induction included training and the opportunity to shadow more experienced staff
- Staff told us they felt supported and were happy in their work. They said they received supervision at frequencies that worked for them. Records showed that supervision sessions were booked to occur monthly.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager ensured anyone who was thought to not have the mental capacity to make their own decision, had been assessed for most decisions that resulted in the restrictions currently in place. They used the best interest process to involve relatives and professionals in agreeing what would be the least restrictive option for each person.
- However, two people had their crockery and cutlery locked away without reasonable justification or due process to follow the principles of the MCA to ensure their rights were upheld. Staff were unclear on the reasons for this restriction which appeared to be historical practice never meaningfully reviewed.
- There was also a stair gate at one end of the kitchen to prevent one person from entering without staff support for their safety. This was assessed and included in their approved DoLS. However, it had not been reviewed for effectiveness or other less restrictive options. Inspectors observed the person to open the stair gate to retrieve their belongings, enter the kitchen and leave closing the gate behind them when no staff were present.
- The person also demonstrated a keenness to be in the kitchen and involved in food preparation. This meant the stair gate was ineffective for the purpose. It simultaneously resulted in missed opportunities for the person to be empowered to take ownership of their meals, develop cooking skills and build relationships with staff.
- Two people ate specialist diets. However, these were based on their relative's cultural beliefs which it was unclear the people understood or agreed with. This had not been assessed as to what the people themselves preferred or what was in their best interest.
- Staff had received training about MCA and DoLS but were not always confident about how to consider issues of consent.

We recommend the provider consider current guidance on consent and choice and review all current restrictive practices to ensure they are in people's best interest, the least restrictive methods and have the appropriate approved authorisations where required.

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

- People's needs were assessed and detailed care plans were in place about how to support them in ways that supported their preferences, culture and sensory needs. However, the guidance was not understood or implemented by staff.
- The staff team also liaised regularly with relevant health and social care professionals to ensure the care being delivered was safe.

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

- People were supported to eat and drink enough to promote a healthy diet and good nutrition. The staff team monitored people's weights and used assessment tools to determine the level of risk and support required. People who wanted alternative choices or meals and snacks outside of typical mealtimes were supported to do so.
- However, people were not always supported to have choice, for example at mealtimes flavoured juice was placed in front of people and they were not given options of what type or flavour drink they would like. Another person was given a sandwich and crisps for lunch but when they attempted to eat the crisps first, the staff removed them telling them, "No, you have to eat your sandwich first and then you can have your crisps." This was confusing to the person as they had been given both options together initially. The person was not free to choose in what order they ate their food.

- Two people required specialist diets. One person ate only Halal meat and another person had a vegetarian diet. Staff respected this and ensured their food was stored and prepared separately to avoid cross-contamination.
- However, staff told us one person often had meat as they tried to take it from other people's plates, a clear indication of choice. This had not been explored with them, their relatives or health professionals to determine choice and understanding.

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

- The building design was not suitable for adults with sensory needs should they all choose to spend time in the communal spaces as the lounge and dining area was very small, noisy and cramped. The kitchen posed additional risks to supporting people to cook and prepare food safely due to the small size and layout.
- The laundry facilities were contained in an outside shed. There were no coverings or protection from weather along the route from the house to the shed to reduce risks of slipping in ice and snow or bad rain. It also did not support the promotion of people to become engaged in learning laundry skills and taking ownership of their laundry as they were reluctant to go out in the cold.
- The décor in the communal spaces did not promote people's dignity. The hallway contained multiple documents and leaflets, some with important information such as safeguarding, but were displayed in an institutional design rather than how someone would store information in their home.
- There were a notice board up by the front door with pictorial routines for each person. These were not seen to be correct as to what occurred that day and did not support privacy for people who were not observed to use the boards.
- When we visited on 8 January 2023, people had not been supported to put away the Christmas tree which was still in place in the dining area or other Christmas decorations in the hallway. Having structure and replacing seasonal objects and events in a timely manner can help people to orient themselves in time and seasons.
- In the lounge there was a board on the wall divided into four with some pieces of information stuck to it to represent each person's heritage and culture. However, this was not complete and appeared to be placed randomly and looked unkept and childlike. This did not promote valuing people as adults and supporting them to express their culture in ways that would promote respect and equality.

The provider had failed to ensure that the premises was of a suitable design for the people they have currently assessed as suitable to live at the service. This was a breach of regulation 15(1)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had been supported to choose the décor in their bedrooms which was very personalised and well maintained to suit their tastes and sensory needs. One person (whose bedroom was quite plainly decorated), told us they liked their bedroom. They went on to say, "I don't like photographs, too many memories." A relative told us their family member was involved in choosing the décor of their bedroom.

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

- People were encouraged and supported to access a variety of health professionals such as the GP, optician, chiropodist, and dentist. A relative said, "[My family member] is supported. [Staff] are aware [my family member] is a poor reporter of discomfort and ill health. They take their temperature and ask in different ways. They have a full medical once a year, dentals check-ups regularly. A chiropodist comes to the house. It is a constant thing with my [family member], staff have got to be on their toes as they won't say if they are in discomfort. They recently had their annual medical."
- Staff worked well with external professionals to ensure people's health needs were met with the least

distress for the person. The registered manager was working closely with grief counsellors and psychologists to make reasonable adjustments to how therapy sessions were carried out to better enable one person to fully participate and understand what was being asked of them.

- In the event of changes to people's health, staff contacted the relevant health professional for advice and updated their care plan.

# 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 has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Not all staff were seen to be caring towards people. One person was ignored for a number of hours despite them continuously trying to engage with staff. For example, they followed the staff member around the house and kept touching staff member's arm and bending forward to place their face closer to the staff member's face. The staff member dismissed the person each time with their body language by shrugging their shoulders or walking away. This left the person isolated and unheard.
- Staff interactions were task-led and staff failed to recognise what people were trying to communicate. For example, one person's care plan gave explanations of what they might be trying to say when they made certain signs like gently thumping their stomach area. Staff did not respond appropriately to these and assumed they needed the toilet instead.
- People's cultural and religious needs were being supported. However, staff did not understand about people's needs in relation to expressing their sexuality and relationship preferences. Staff were unsure about how to explore this for one person in ways that were dignified, protected people and staff from vulnerabilities while still supporting their needs. The person was left instead with this need not being spoken about or supported. Another person told us, "I would like a girlfriend, I want to be held. I don't have a girlfriend." This also had not been explored to help them understand how to express their wishes about relationships in appropriate ways.
- Staff understood how to promote people's dignity and privacy and independence but this was not always the case in practice. For example, one person was left in odd shoes all day despite this being pointed out to the staff member on duty.
- People who could not easily communicate were not empowered to be involved in day to day tasks and learn new skills.
- Staff understood to promote people's privacy in terms of closing doors and curtains when providing personal care and not discussing people's care needs to anyone without the right to share.

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

- Staff did understand how to give people choices each day but this was observed to not always be put into practice. Not all people were supported to input into their care reviews. People who were able to communicate verbally were supported to give their views and be involved in writing their care plans.
- However, people who could not communicate easily were not supported to express their views or to explore other methods of communication to aid their understanding and give them a voice.
- Relatives told us they were included in reviewing their family members care. One relative said, "Staff

involve me and the [registered] manager on any review or something new they phone me. They Involve [my family member] as well. They are very good at involving both of us."

# 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 requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

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

- Person centred approaches were not fully understood and were not being practiced by staff. Care plans contained good assessments and detailed guidance about how to effectively support people and meet all of their needs and preferences but staff were not aware of them.
- Staffing levels did not support people to be able to follow individual interests. People often had to miss out on going out at all or go out in pairs or small groups to the same places as needs could not be met. One person told us they liked to go out at night but there was no evidence in records that this occurred.
- One relative felt more could be done. They said, "[My Family member] should have more one to one [staff time] and more time out doing stuff like before COVID-19. I'd like to see more activities, going places, seeing people. Their previous keyworker worked weekends only and they would go out weekends and not weekdays. Mainly the [registered] manager is on board but they have been off, staff haven't taken it on. More maths and reading and could be more actively helped to be more independent with cooking, money and bills."
- The registered manager told us they try to deploy additional staff on the rota for specific events and they were in talks with the funding authorities to review people's needs with a view to increase staffing levels.
- People did not have specific goals in place that reflected interests, dreams and ambitions. There was no guidance for developing life skills such as cleaning, cooking, shopping and laundry. Goals that were in place were not meaningful and out of date. One person had a plan for 'sensory time' in their bedroom. There was no guidance about what sensory aspect at which time they would be supporting and staff did not understand how to do this in ways that would promote a positive sense of wellbeing for the person.
- There was no evidence of goals being broken down into manageable steps to promote success and a consistent approach by staff. We also found no evidence of any record of progress or outcomes for goals.
- Routines that were in place were often not meaningful and childlike such as walking to feed the ducks or colouring. They did not promote a sense of equality and valuing people as adults with adult opportunities.
- A lack of person centred approaches resulted in people's dignity not always being upheld and respected.
- A 'Sensory Diet' is a structured way to include specific activities that organise a person's nervous system in their daily routine to be able to stay focused and organised throughout their day.
- One person's care plan gave detailed guidance about a sensory diet. This was not understood by staff or management and was not implemented. The person spent a lot of time isolating themselves which could be in part due to not being supported with their sensory needs.
- People were supported to maintain relationships with their relatives and some people attended a social club weekly. Beyond this there were few opportunities for people to individually meet others who did not live or work at the service or to explore individual interests.



### 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 were not being met, staff were not trained in Makaton which for one person was a vital part of their care plan. Staff were inconsistent about whether to use pictures or other communication tools such as objects of reference and not all staff recognised people's body language or other non-verbal expressions.

People were not supported in ways that met their assessed, individual needs. Staff were not trained to communicate in people's preferred languages. People were not encouraged to learn new skills or experience new opportunities to explore interests, social relationships, education and employment. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite our findings, some relatives felt their family members were being supported as well as they could be. One relative told us, "[Staff] make every effort to get [my family member] out and about and they send me photos. They bend over backwards to accommodate them to visit me here as I don't drive." Another relative said, "[My family member] has good days, lovely times, they were brought up an Irish Catholic and love to go to church and are supported with that."

### Improving care quality in response to complaints or concerns

- There was a complaints process in place and the registered manager monitored this and ensured any complaints were followed up and responded to appropriately.
- Staff understood how to support a person to complain and those that were able, told us they knew how to say if they had a complaint.
- Relatives told us they felt comfortable to speak to the registered manager should they have any concerns.

### End of life care and support

- The service was not currently supporting anyone at the end of their life.
- People's end of life wishes had been assessed where they were able to. Relatives where they wished to, had been involved were appropriate. One relative told us how this had been revisited during the height of the COVID-19 pandemic.

# 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 requires improvement. The rating for this key question has remained 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Person centred care was not being provided as it was not understood by staff. The service culture was to 'do for people' instead of empowering them to learn how to do things for themselves. People had limited opportunity to choose how they spent their time and personal interests and ambitions were not explored.
- Records were not completed meaningfully. For example, one staff member had completed the daily notes in advance of the day resulting in them being inaccurate and not a true reflection of how the person experienced their day.
- Other staff failed to record when people went out and there were no comments about whether people enjoyed these events or not, making it difficult to review outcomes. The importance of clear, honest and accurate recording was not understood by staff.
- The registered manager had an understanding of current law and best practice. They used a self-assessment checklist in relation to how they were meeting the principles of CQC's Right support, right care, right culture policy. This policy promotes how to maximise people's control, choice and independence. However, it had been completed mainly based on generalised processes and what staff should be doing as oppose to an honest reflection of what was currently happening in practice. This would need to be built on and reviewed again in order to be helpful with identifying areas to improve and how the provider could implement them.
- The provider had a responsibility to ensure the registered manager and staff team were supported to develop the skills and knowledge that would enable them to fulfil their roles. On review of records there was little evidence of the provider oversight or of actively giving this support to the registered manager and staff team beyond classroom training and e-learning.
- The registered manager and staff team were not given the appropriate training to ensure staff were skilled to meet people's communication and sensory needs.
- The provider did not ensure practical support to staff to help them understand how to apply their learning. Staff were not always given meaningful feedback and individual action plans following assessments of competency.
- The registered manager conducted various audits of the service. The provider also conducted their own audits. However, the concerns raised at this inspection had not been identified by the provider and there was no organisational action plan in place to address them.
- Staff did have some knowledge in theory but they did not appear to have been supported to understand

it and how to implement this. Use of CQC SOFI observational tool showed a number of negative interactions and at other time a lack of any interaction or response by staff towards people trying to communicate with them. Staff did not therefore all fully understand the requirements of their roles and needed further support in this area.

- Staff were not supported to continuously learn in ways that meant improved care for people. This was an area that required further development to give staff the skills to reflect on situations and their performance without fear of blame. This would then likely empower them to put forth ideas and understand how to implement best practice.
- This was the third consecutive inspection where the provider had failed to achieve a rating of good. This demonstrated that any lessons learnt had not been implemented in ways that meant improvements could be sustained.

The provider and registered manager had failed to identify concerns raised during this inspection in relation to person centred approaches, staff knowledge and skills in practice, the environment and restrictive practices. The provider had not achieved a rating of good for three consecutive inspections. This demonstrated an inability to learn from feedback and act on those lessons learnt in ways that improved outcomes for people. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was fairly new to post and in their first manager role. They expressed passion to provide good care and were keen to continue to learn and develop in order to ensure the service supports people well. Relatives were pleased with what the registered manager was trying to do. One relative said, "[Registered manager] is really good, they do a really good job. They took over recently, it has been tough for them, it is a tough job but they are very warm and communicative, big thumbs up from me." Another relative told us, "The previous [registered] manager was not good. The new [registered] manager is super great, I couldn't be happier. I have no confidence in senior management to take things on, based from experience."
- The registered manager was aware of many of the concerns raised at this inspection and had plans for improving staff knowledge, culture and practice. They were aware of further training and development they needed themselves in order to lead the staff team in this area. This was in early stages of being implemented.
- Relatives told us they knew who the new registered manager was and found them very approachable. One relative said, "There has been progress with the new manager, actively trying to initiate things to happen."

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

- Relatives views about whether the service sought their opinion about the care provided was mixed, some relatives could remember being asked and others could not. Relatives told us they did not all have a named contact anymore (known as a keyworker). One relative said, "It keeps changing I don't get informed. At the moment I only found out it changed at an annual review. I get a bit annoyed. Communication depends on the individual."
- Only people who could communicate verbally were seen to be asked about their views. People who did not easily communicate were not engaged with unless it was task related and their views were not sought or recorded.
- The service did hold meetings for people living at the service to attend and express their views. However, this again, was designed for people who could communicate verbally and tolerate being in a small environment with noise. The staff had not considered holding individual meetings or using observational tools and reviews or other communication methods to try and give people a voice. This meant people were not treated equally, their diverse needs not supported and their views left unheard.

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

- The registered manager understood their need to be open and share information and outcomes with the relevant people when something had gone wrong. They reported all concerns to the relevant organisations and shared outcomes with people, their relatives and the staff team. They were open with us about plans for continued improvements.

Working in partnership with others

- The staff team worked with a variety of health professionals to ensure people's needs were being met. Professionals we spoke with told us they had reviewed the service in 2022 and felt the outcomes were good and any areas for improvement at the time they visited had been completed.

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People were not supported in ways that met their assessed, individual needs and promoted their rights to be treated with dignity and respect. Staff were not trained to communicate in people's preferred languages. People were not encouraged to learn new skills or experience new opportunities to explore interests, social relationships, education and employment.</p>

### The enforcement action we took:

We have imposed conditions to ensure the provider makes the required improvement.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider had failed to ensure that the premises was of a suitable design for the people they have currently assessed as suitable to live at the service.</p>

### The enforcement action we took:

We have imposed conditions to ensure the provider makes the required improvement.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider and registered manager had failed to identify concerns raised during this inspection in relation to person centred approaches, staff knowledge and skills in practice, the environment and restrictive practices. The provider had not achieved a rating of good for three consecutive inspections. This demonstrated an inability to learn from feedback and act on those lessons learnt in ways that improved outcomes for people.</p>

### The enforcement action we took:

We have imposed conditions to the ensure the provider makes the required improvement.