

Accomplish Group Support Limited

Manor Farm

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

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.

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Cambridgeshire and Peterborough. To understand the experience of social care providers and people who use social care services, we asked a range of questions in relation to accessing urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

About the service

Manor Farm is a care home providing accommodation, personal care and support to up to 10 people with a learning disability and, or autistic spectrum disorder. One person is accommodated in a bungalow. The other nine people are accommodated in one adapted building. At the time of our inspection there were 10 people living at the service.

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

The service did not always fully demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right Support

- The home had not been well-maintained. Several areas of the service had been damaged and needed repair and not all people's bedrooms had been personalised.
- People were not always supported to live healthy lifestyles and staff members did not always promote healthy eating choices.
- People had limited opportunities to develop life skills, and there was little evidence of planning for long term goals and aspirations.
- The service had not always supported people to have the maximum possible choice, control and independence and have control over their own lives.
- In the main, staff supported people to take their medicines safely. However, one person had not received their medicine in line with the prescriber's instruction. The person was not harmed by this and the registered manager took immediate action to address this. The registered manager understood the importance of people not being over medicated particularly when managing people's increased anxiety.
- Staff supported people to take part in activities and pursue their interests in their local area and interact with people who had shared interests. People's opportunities to pursue their leisure and social interests had improved in recent months.
- Staff enabled people to access specialist health and social care support in the community.

- Staff worked with people using distraction techniques when they experienced periods of anxiety. People's freedoms were not restricted by staff unless it had been risk assessed as being a safety concern.
- The staff team worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative.

Right Care

- Staff knew the people they supported well. People received kind, compassionate, and patient care. Staff understood and responded to people's individual needs. However, staff were not always discreet and respectful of people's dignity. The language staff used to describe or refer to people was not always positive or promote people's dignity.
- People were not always supported to respect other people's space and belongings.
- Staff respected and encouraged people to make a choice. However, staff did not always follow through on agreed actions.
- People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.
- The service had enough staff to meet people's individual needs and keep them safe. The service had a high number of vacancies and relied heavily on agency staff. However, these agency staff worked at the home regularly and knew people well.
- Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.
- The registered manager had started to re-introduce various tools to help aid people's communication and understanding. These included pictures, symbols, and easy read documents.
- People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing.

Right Culture

- The registered manager understood the key principles of guidance such as Right support, right care, right culture. However further development was required to help ensure people led inclusive and empowered lives.
- Audits were completed to monitor the service people received. They had identified most, but not all, of the shortfalls we identified during this inspection. The provider and registered manager discussed with us their plans to bring about further improvement in the service and people's quality of life.
- Staff turnover under the previous manager was very high and meant people had not received consistent care from staff who knew them well. Staffing was more stable under the current registered manager's leadership and meant people's consistency of care had improved. However, this needed to be further improved and embedded.
- Staff knew and understood people well and were responsive, supporting their preferences to live a quality life of their choosing. However, people had not always supported people to develop aspirations and longer-term goals.
- People and those important to them, including advocates, were involved in planning their care.
- The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.
- Staff felt very well supported by the registered manager who led by example and staff found approachable.
- The service worked in partnership with advocacy and other health and social care professionals who helped to give people using the service a voice and improve their wellbeing

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

Rating at last inspection

The last rating for this service was good (published 03 April 2020).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right Support Right Care Right Culture.

The inspection was prompted in part due to concerns received about people's safety, staffing levels, and the quality of care people received. A decision was made for us to inspect and examine those risks.

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, effective, caring, responsive, and well-led sections of this full report.

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

Enforcement and Recommendations

We have identified breaches in relation to the building décor and maintenance, dignity and promoting independence, and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will 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 ●

Manor Farm

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.

We also asked the registered manager about any staffing pressures the service was experiencing and whether this was having an impact on the service.

Inspection team

The inspection was carried out by one inspector and an Expert 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

Manor Farm 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. Manor Farm 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 service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

A manager registered with CQC during this inspection.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 19 April 2022 and ended on 20 May 2022. We visited the service on 19 and 26 April, and on 16 May 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke and communicated with three people who used the service and eight relatives about their experience of the care provided. People who used the service who were unable to talk with us used different ways of communicating such as using their body language. We spent lots of time observing how staff supported people in their day to day lives at the service.

We also spoke with 10 staff. These included two support workers, three agency support workers, three senior support workers, the registered manager, and the regional manager. We also received feedback from five external care professionals who have contact regular contact with the people who used the service.

We reviewed a range of records. These included sampling five people's care records, and two staff files in relation to recruitment checks. We also looked at a variety of records relating to the management of the service, including staff rotas and training records, meeting minutes, audits, quality assurance reports, and action plans.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Regular audits of medicines were carried out. However, they were not effective in identifying errors in all cases. We found one person's medicines were not being given in line with the prescriber's instructions. The registered manager took immediate action to address this.
- People would not receive medicines promptly should they require them during the night. This was because not all of the night staff had been trained to administer people's medicines. People would therefore have to wait for a trained member of staff to travel to the home. The registered manager had identified this and had plans for there to always be a staff member trained to administer medicines on duty. Staff could not remember any occasions when people had required medication overnight and no one at the home was prescribed emergency medicines.
- People received supported from staff to make their own decisions about medicines wherever possible. People could take their medicines in private when appropriate and safe. Staff who had been trained in the safe administration of medicines had their competency checked to help ensure they supported people with their medicines safely.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. The registered manager understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. One relative told us their family member, "Had a medication review, [their medicines] were reduced and [their] health is improved now."
- People had clear guidance advising when and how staff should administer medicines prescribed to be given "when required". Staff told us they used various strategies to support people to reduce their anxieties and administered medicines for this as a last resort. This had resulted in a significant reduction in the use of medicines to control people's behaviour.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had put measures in place to reduce the risk of harm to people. However, when they investigated concerns raised, they found these measures had not always been followed and resulted in people being put at risk of harm and their freedom restricted. The provider took appropriate action in response to the concerns raised. This included alerting the appropriate authorities and using their policies to address poor staff performance and improve care.
- Some relatives told us they had been concerned for their family member's safety and well-being after the registered manager left the service in August 2020, and prior their returning in February 2022. Relatives told us they had confidence in the registered manager and staff team and felt their family members were safe. A relative said they had, "Complete trust in the staff now that the old manager is back." Another relative told

us their family member, "Loves to go back [to the home]. I would know if [they were] not happy."

- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us they knew how to report any concerns and were confident the registered manager would listen and address any concerns. A staff member told us, "If I had any concern I could go to [the registered manager] 100%." Another staff member explained they had raised concerns which had been investigated and addressed.
- When things went wrong, the registered manager and provider apologised and gave people honest information and suitable support. They put action plans in place to bring about improvement and discussed any lessons learnt with staff.
- People's freedom was restricted only where they were a risk to themselves or others, as a last resort and for the shortest time possible.

Assessing risk, safety monitoring and management

- People had risk assessments in place depending on their support needs such as eating and drinking, health conditions, or using vehicles. Staff knew people well including their known risks. However, some staff found risk assessments and guidance documents difficult to find quickly. The registered manager told us they were reviewing and reorganising people's care records.
- Staff had identified people's known and current risks. These included risks to people's health, well-being and safety. Records looked at were detailed and provided guidance for staff to follow. For example, what action to take if a person had a seizure.
- Staff ensured people had a personal emergency evacuation plan (PEEP) in place in the event of an emergency such as a fire. Fire drills involving people living at the home had taken place. However, not all safety checks had been carried out in line with the provider's policy. For example, battery smoke alarms should have been tested weekly, but this had not been done for three weeks before our inspection. The registered manager addressed this during our inspection.
- Staff recognised signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.

Staffing and recruitment

- Relatives and staff told us the use of agency staff had led to people receiving inconsistent care in the past. One relative told us, "There were new [staff] all the time and they did not have the right skills."
- This had recently improved and the service had enough staff, including for one-to-one support for people, to take part in activities and visits how and when they wanted. The registered manager ensured they used regular agency staff who had got to know people well. We saw people were comfortable with staff and relatives told us their family members were much happier. A relative said their family member was, "Always happy to go back [to the home] and recognised staff." Another relative said they felt their family member was, "Okay now the old manager is back. [My family member] seems happy there." A staff member said, "The current agency [staff] are really good. The [people] really like them."
- The registered manager was working hard to recruit new staff, but explained the rural location, with no public transport, made this difficult.
- Staff were not always deployed in ways that ensured strong leadership on each shift, especially at night, and this resulted in people's support lacking consistency. The registered manager was aware of this and was addressing it.
- The service did not employ any ancillary staff. Support workers carried out tasks such as preparing meals and cleaning the home. However, people were not always involved with these tasks, meaning they may be unsupervised during those times. The registered manager told us she would address this.
- The registered manager completed checks on new staff to make sure they were suitable in their job roles.

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 meeting shielding and social distancing rules.
- 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 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. The building was in need of redecoration which made some areas difficult to clean effectively. There was a planned programme for redecoration and refurbishment. Processes were in place to ensure people's personal items, were not mixed up or shared, but this is not always effective. For example, staff told us that people's clothes or possessions were sometimes returned to the wrong rooms after laundering. The registered manager was addressing this.
- 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. Although the provider's policy had not been updated in line with current government guidance, staff demonstrated knowledge of, and were following, current government guidance.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

Relatives told us that staff had not always enabled people to receive visitors or maintain contact with people important to them. However, this had improved significantly in recent months and staff supported and encouraged people to receive visits.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's care and support was not provided in a well maintained and well-furnished environment. Walls and paintwork were damaged, an internal window was cracked, and a washing machine had been out of use for a year meaning people were unable to launder their own clothes. Relatives described the home as looking, "Institutionalised," "Not homely," and "Drab."
- Some people's bedrooms were bare, lacked personalisation, and needed redecorating.
- The home is bigger than most domestic sized properties, but the communal lounge and dining room was sometimes crowded. Most people required one-to-one staffing for most of the day. This resulted in a lot of people being present in the building at some points in time during the day. During the evening mealtime, the lounge and dining room area felt chaotic and noisy. This negatively impacted on some people who preferred quieter spaces. There was not enough seating in the lounge and dining room for all people and the staff working with them.
- A summer house had been converted some years ago into a sensory room. A previous manager had used this area for storage. The current registered manager had converted this back to a sensory room which we saw some people liked to sit in. The registered manager told us they had plans to update this area to make it a more pleasant environment to spend time.
- The kitchen was small for the number of people living and working at the home. This may limit how much time people can spend in the kitchen.

The provider had not adequately maintained the premises. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had recognised the home required redecoration and refurbishment. These included to redecorate the entire service, including the renovation of the communal bathroom and kitchen, new flooring, and redecoration of communal areas. Staff and relatives were aware of this. One relative told us, "The home is worn now, and they have a big budget to tidy up."
- Some people rooms were personalised, and they had been included in decisions relating to the decoration. The registered manager told us they had plans for continuing to improve this and ensuring all people's rooms were personalised and met their individual needs and preferences.
- The home had a large garden that had a trampoline, swing, and basketball net, which were well used. The registered manager told us they planned to develop a quite relaxation space within the garden.

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

- People were involved in choosing their food. However, staff did not always encourage them to maintain a balanced diet. A relative told us staff were, "Buying snacks and biscuits but staff need to steer [my family member] in the right direction with healthy choices." Two relatives told us their family members had gained weight and they believed this was due to their diet and lack of exercise. An external care professional raised concern that one person's diet was not healthy. Records showed this person's diet consisted mainly of bread, pizza, crisps, cake, and biscuits, with little fruit or vegetables.
- Some staff agreed that people did not have a healthy diet. One staff member described mealtimes as, "Difficult. There is a set plan of what to cook but [people] change their minds, so we offer other things, then snacks, it's not good for them."
- During our inspection people were supported to eat and drink enough. However, we saw staff did not always promote healthy options. On the first day of our inspection people ate pizza for lunch. The evening meal was scheduled to be pasta bake, but staff told us people had opted for sandwiches instead. They confirmed people chose the snacks they wanted throughout the day and these include crisps, cake and fruit. On our second visit people had the choice of stew and dumplings or macaroni cheese. The macaroni cheese was served without any vegetables. We saw one person refuse both options and eat two bowls of crisps and biscuits instead.
- The evening mealtime felt chaotic, with loud music playing and people and staff moving around. This did not support people to enjoy a relaxed and pleasurable meal.
- Staff meeting minutes showed the registered manager was addressing these issues and encouraged staff to supported people to eat healthy options.
- People had not always been able to eat and drink in line with their cultural preferences and beliefs. This had improved and staff were aware of, and respected, these dietary preferences.

Staff support: induction, training, skills and experience

- Relatives told us staff had not had the skills to meet their family members' needs, but this had improved under the new registered manager. One relative said, "The capabilities of staff were not satisfactory. [My family member's] speech went backwards after all the good staff left. The new [registered] manager will turn things around and I have seen a massive difference in my [family member]."
- Staff were knowledgeable about most aspects of their roles. They told us training opportunities, and as a result their confidence and competence, had recently improved. A staff member described their induction under a previous manager as, "Pretty poor," another staff member said, "No-one had the right training and knowledge. That's improving, we've done increased courses since [the registered manager] started. She's very good." Staff told us the registered manager encouraged them and gave them time to complete training in a variety of topics including fire safety, equality and diversity, and safeguarding. A new staff member told us their recent induction was, "Very good and well organised."
- Staff said they had found the training they had received to be useful. This included training to de-escalate situations and promote a positive culture. One staff member told us they had found this particularly helpful because they could ask questions about how best to respond to each person they supported. The training helped staff develop their confidence and skills in areas such as reducing restrictive practices and improving communication with people.
- The registered manager had identified that not all staff had received the training they needed to ensure they could meet people's needs effectively. For example, not all agency staff had received epilepsy awareness training. They were addressing this and staff confirmed the registered manager was encouraging them to do as much training as possible. This included training in promoting a positive culture and the provider's values.
- Staff received support in the form of continual supervision, appraisal, and recognition of good practice. Staff felt very well supported by the registered manager, regional manager and senior staff in the home. A staff member told us they received, "Plenty of support and training." Another staff member said, "I feel as if

[the registered manager] listens to what you say. She goes the extra mile to help you out."

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

- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Staff knew people well. Support plans set out people's current needs, but staff did not always promote strategies to enhance independence. There was no evidence of planning and consideration of the longer-term aspirations of each person and how these would be met.
- The registered manager kept up to date with current guidance and shared this with the staff team.

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

- People had health action plans in place, and staff supported people to attend healthcare appointments as needed. A relative told us their family member had, "Regular eyes tests, teeth and GP appointments." Another relative said, "Staff will take [my family member] to the GP if [my family member] is unwell."
- The registered manager had identified that routine health appointments had not always been made and had addressed this. These included dental appointments.
- Multi-disciplinary team professionals were involved in and made aware of support plans to improve people's care.

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.

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.

- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. However, not all staff were aware of these. The registered manager said they would address this. People with an authorised DoLS were being supported in their best interests and in the least restrictive manner.
- People were offered the support of advocates where required.
- People's freedom was restricted only where they were a risk to themselves or others, as a last resort and for the shortest time possible. People's care plans included ways to avoid or minimise the need for restricting their freedom.
- We saw and heard staff seeking people's permission before providing care.

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.

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

- The way in which people's home environment was maintained did not always show people respect and dignity. Several areas of the service had been damaged and needed repair and some people's bedrooms had not been personalised.
- Staff did not always ensure people were protected from exposure to environmental factors they would find stressful. For example, a noisy environment. Staff did not always recognise how the volume or tone of their voice may impact on people.
- Staff did not always follow up on agreed actions when people made requests. For example, one person repeatedly asked to watch a television programme. Staff told them they could after someone else had finished listening to their music. However, staff then put someone else's choice of programme on the television.
- Staff were not always discreet and respectful of people's dignity. For example, staff were helping a person sitting in a chair to eat their meal. However, the staff member stood over them while assisting them.
- People were not always supported to respect other people's space and belongings. Staff told us that one person sometimes used other people's en-suite showers and dressed in other people's clothes.
- People did not always receive support to develop day to day life skills, such as be involved in preparing and cooking their own meals and doing their own laundry. This led to some missed opportunities for engagement, learning and independence.
- The language staff used to describe or refer to people was not always positive or promoted people's dignity. For example, we saw a repeated use of acronyms, such as "PWS" for "people we support" when referring to people in records and a staff member referred to a person who was upset as "kicking off".

People's home environment and some aspects of their support did not respect their dignity or promote their independence. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us she had already identified most of these issues and was addressing them. The regional manager told us that all staff would attend additional training over the next few weeks that would help to heighten staff awareness and improve practice.
- Staff were knowledgeable about people's needs and spoke about them, and treated them, with kindness, compassion, and patience. Relatives said there had been recent improvements in the care and support their family members received. A relative told us, "Staff are kind and respectful. I think staff are very caring."

Another relative said, "Staff all seem lovely."

- Staff knew when people needed their space and privacy and respected this.

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

- People had access to independent advocacy. An external care professional told us staff were always, "Very helpful and positive about advocacy and staff tried to work in people's best interests, finding their way around any obstacles."
- People were given time to listen, process information and respond to staff and other professionals. Staff encouraged people to make choices about their day to day lives including how they spent their time and what they ate. As people may not fully understand their care needs, the registered manager and staff team encouraged people's relatives to be involved in their family member's care decisions. Relatives said communication from staff had improved in recent months. One relative said, "I am involved in everything for [my family member's] care." Another relative told us, "Staff try really hard and are nice. [They] will ring me and are generally helpful."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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;

- Senior staff were part-way through the process of auditing and reviewing people's care plans during our inspection. Relatives told us they were included in these reviews. One relative said, "I monitor [my family member's] condition with staff and can change care plans with them." Another relative told us, "[Staff] are now reviewing [my family member's] care plan and we have another meeting next month."
- Staff did not always have clear guidance to refer to on how to support people effectively. On the whole, people's care plans were informative and provided staff with guidance on how to support people effectively. For example, including information on how people communicate, including specific words, phrases, sounds, body language and facial expressions. However, staff had identified that information was missing from some people's care records or were in need of review. Staff were in the process of addressing this and introducing longer term goals for people to work towards.
- The registered manager took advice and involved people and relevant others when developing people's care plans. One person chose not to go to bed, but regularly slept on a sofa in the lounge. The registered manager consulted with the person's relative, staff, and other professionals. They created and shared this with staff a care plan with clear guidance on how to support the person to see their bedroom a positive place. By the end of our inspection this had been successful, and the person had slept in their bedroom every night for a week.
- Staff respected people's preferences for gender specific staff to support them with personal care.

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 did not always have access to information in formats they could understand.
- The registered manager had recognised this and started to re-introduce various tools to help aid people's communication and understanding. These included creating documents using pictures and symbols, and in an easy-read format. They were also introducing a 'word of the day' to increase staff knowledge and confidence in the use of Makaton. Makaton is a language that uses symbols, signs and speech to enable people to communicate. One relative told us they were, "Working with [the registered manager] on a communication plan with pictures" for their family member.

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

- The registered manager had introduced a weekly schedule for each person. These included pre-arranged commitments, such as college or community groups, and suggestions for social and leisure opportunities each person enjoyed.
- Relatives and external professionals had mixed views about whether people had enough social and leisure opportunities. One relative said, "There is a lack of activities...[My family member] needs a stimulating environment." However, other relatives and a social care professional said this had improved in recent months. An external care professional who visits the home regularly told us, "There are always a number of [people] out doing something lovely when I visit, and I know they go out and about a lot."
- Opportunities to leave the home and pursue leisure opportunities had been significantly reduced over the previous two years due to the COVID-19 pandemic. As a result, some people's confidence and motivation to leave the service had reduced. Staff were aware of this and were working with people to build their confidence.
- Staff supported people to participate in their chosen social and leisure interests on a regular basis. Staff told us the registered manager encouraged and supported them to look for ways to increase each person's social and leisure opportunities, both individually, and in small groups where people shared interests. A staff member told us, "Activities have increased since [the registered manager] has been here." Staff said they encouraged each person to go out every day, either locally to the cinema or walks, or to venues further away, including the coast and water parks. The registered manager told us they were supporting staff to increase the range of activities available for people within the home.
- People who were living away from their local area were able to stay in regular contact with friends and family via telephone/ skype/ social media. Relatives told us the frequency and method of contact varied depending on what each person wanted. One relative described speaking with their family member several times each day, and another, visiting weekly. During our inspection people's friends visited the home and joined people for lunch and games in the garden. The registered manager told us how staff had supported one person, who had been reluctant to leave the home, to attend a family celebration.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily. However, the registered manager told us they were reintroducing an easy read complaints procedure to increase people's understanding of how they could raise concerns and complain about the service.
- Relatives told us they felt listened to when they raised concerns with the provider or the registered manager. One relative said, "We had no confidence in the [previous] manger and the matter was escalated to the Area Manager." They explained how their concerns were listened to and addressed to their satisfaction. They told us, "We had a parent's meeting recently with the new [registered] manager and will have an action plan for new developments." Another relative told us, "I complained to CEO and the staff was removed immediately."
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- No complaints had been received since the registered manager took up post.

End of life care and support

- The service supported younger adults with learning disabilities and autism. No current end of life care was being delivered.
- People had not been supported to formally put plans in place for the end of their 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Governance processes had not been fully effective in helping to keep people safe, protect people's rights, and provide good quality care and support. The provider had learned from this and was making improvements to the service. However, these had not yet been fully implemented or embedded.
- The current registered manager had been registered with CQC to manage the service from February 2019. We rated the service good in April 2020 under her leadership. She left the service in August 2020 and a new manager was appointed. This was during the COVID-19 pandemic when there were severe restrictions on visitors entering their home, to protect people from the risk of contracting COVID-19. The provider told us they had not been able to follow their usual governance processes and had limited oversight of the service during that time.
- Audits had not always identified the issues we found during our inspection. For example, in relation to medicines, people's mealtime experience, and a person's night-time routine.
- Staff were not all aware of how the principles of the Right Support, Right Care, Right Culture policy applied to the way they support people in practice. Not all staff consistently promoted people's rights, independence or treated them with dignity.
- The registered manager and senior managers had worked hard in recent months to instil a culture of care in which staff felt valued and promoted people's individuality, protected their rights, and enabled them to flourish. However, this was not yet embedded into staff practice and required further development to ensure all staff provided support consistently.

Provider audits had not identified all of the issues found during this inspection. Improvements needed to be made in line with Right Support, Right Care, Right Culture and embedded. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had not notified us when the registered manager left the service as they are required to do. They told us they had improved processes to ensure this happened in the future. The registered manager and provider had notified us of all relevant events since January 2022.
- The provider investigated concerns about the service in January 2022 and found staff were not following their policies which resulted in people receiving poor quality care. They took action to address the concerns.

A temporary manager ran the service for five weeks until the current registered manager returned to the service in mid-February 2022.

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed. Some improvements had been made at the service that needed time to embed. The registered manager had clear plans on how to further improve the service. Relatives knew the current registered manager and trusted them. One relative said, "The place had gone downhill ... The new [registered] manager is brilliant and will bring it around... Things will get better."
- The provider was open and honest when things went wrong and apologised to people, and those important to them. A relative told us they had been concerned, "The quality of care was so poor," and said they had no confidence in the previous leadership team. They told us a senior manager apologised and their family member's care had improved. The provider had met with relatives and provided them the opportunity to discuss their concerns and hear about the improvements the provider was making to the service.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. Relatives spoke positively about the improved communication with the registered manager and staff. A relative told us, "The [registered] manager will always listen." Another relative said, "I get newsletter monthly and am involved in care review meetings. I can ask any question to any of [the staff]."
- Managers worked directly with people and led by example. Staff felt valued and respected by the registered manager and senior staff. They told us the registered manager provided good leadership and support that had a positive effect on them and the people receiving the service. A staff member told us when they started working at the service, under the previous manager, they, "Felt like headless chickens and didn't know what to do. It's much better since [the registered manager] got here." Another staff member told us, "The manager is marvellous. I've never seen a manager like this. She deserves an accolade. She's very caring. All senior staff engage and lead by example. [The registered manager] is the best."
- Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives. However, this needed time to embed.
- The registered manager and provider analysed incidents and looked for themes. Where possible, they took action to reduce the risk of recurrence.

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

- The registered manager was reviewing people's care and involving them and their relatives in this process. They were reintroducing easy read and pictorial surveys to help them gain people's views on various aspects of their care and support. Surveys included how people spent their leisure time and food. The registered manager spent time with people to help her understand people's experiences of the care they received and wishes and preferences.
- Relatives told us their communication and involvement with the service had substantially increased since the registered manager took up post. A relative told us they were, "Getting great updates now" and were aware that social events, such as barbeques etc, were planned. Another relative said they liked receiving the newsletters.
- There were formal listening events for family and friends to share their views and discuss issues with staff and comments were actioned by the provider. This included a relatives' forum where relatives had opportunity to discuss their experiences of the care their family members received and hear the provider's plans for improving the service.
- Staff had the opportunities to discuss their views on the service formally through supervision and meetings, and informally on a day to day basis. Staff felt valued, very well supported and able to voice their

opinions. Without exception, they praised the support they received from the registered manager.

Working in partnership with others

- The service worked in partnership with advocacy and other health and social care professionals who helped to give people using the service a voice and improve their wellbeing. An external care professional told us staff provided them with appropriate information and support during their visits, and respected people's privacy to spend time alone with them.

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 10 HSCA RA Regulations 2014 Dignity and respect People's home environment and some aspects of their support did not respect their dignity or promote their independence. Regulation 10 (Dignity and Respect)
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had not adequately maintained the premises. Regulation 15 (Premises and equipment)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Provider audits had not identified all of the issues found during this inspection. Improvements needed to be made in line with Right Support, Right Care, Right Culture and embedded. Regulation 17 (Good governance)