

Eastlands Health Care Limited

Eastlands

Inspection report

Kingfisher Way
Sutton In Ashfield
Nottinghamshire
NG17 4BR

Tel: 01623528960

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: This service supports people with a learning and/or physical disability. At the time of the inspection there were 13 people using the service, three of those were currently receiving hospital treatment.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

The provider had not met the characteristics of 'Good' in all areas. This has meant the overall rating for this service has changed from 'Good' to 'Requires Improvement'. We have identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. More information about this is in the full report and can also be found at www.cqc.org.uk

There have been a high number of incidents that have required investigating both internally and externally by the local authority safeguarding team. Some people's health and safety may have been affected. Most people received their medicines safely; however, we did find some minor areas where improvements were needed. There were enough staff to support people. People who presented behaviours that may challenge others were supported to reduce the risk to them and others. Specialist training was being completed to ensure that people were cared for by appropriately trained and competent nurses. The risks to people's health and safety were assessed to support the provision of safe care and treatment. The risk of the spread of infection was safely managed. The provider had systems in place to help staff to learn from mistakes.

People received care and treatment in line with the characteristics of the Equality Act 2010. There were gaps in some staff training, although this was being addressed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. However, conditions on the restrictions for one person had not been appropriately adhered to. People received the support they needed to maintain a healthy diet. People had access to other health and social care agencies where needed. The environment had been adapted to support people living with a physical disability.

People and relatives found the staff to be caring and respectful. However, some felt staff could do more to spend more meaningful time with them. There were periods of the day when people were left alone in communal areas with little staff engagement. People were treated with dignity when personal care was provided. Independence was encouraged. People felt involved with decisions and that staff respected their wishes. People's records were stored securely to protect their privacy.

People were not always supported to lead their lives in their chosen way. Staff did not engage with people sufficiently to enable them to follow their chosen hobbies and interests. People's care records contained

detailed examples of their personal preferences and choices. Staff did not do enough to support people with this. People's needs were assessed prior to them coming to live at the home. However, we found some examples of inconsistent information, or changes to care that had not been documented in people's care plans. Complaints were responded to in line with the provider's complaints policy. People were not currently receiving end of life care. End of life care plans were basic and required more detailed reference to people's personal preferences.

Quality assurance processes were in place; however, these were not always effective in highlighting and addressing the concerns we have raised during this inspection. A high turnover of managers has led to low staff morale which has contributed to the issues found during this inspection. The new manager was highly thought of and staff now felt more valued and respected. Feedback from quality surveys highlighted some good areas of care, such as people feeling safe. However, there were concerns in other areas; such as, people's views on the activities provided. The manager had a good understanding of the regulatory requirements of their role.

Rating at last inspection: At the last inspection the service was rated as Good (27 June 2017).

Why we inspected:

We carried out this inspection in response to an increase in risk at the service. This included the number of safeguarding referrals made to the local authority safeguarding team as well as concerns raised by commissioners of this service.

Follow up:

We will continue to review information we receive about the service until the next scheduled inspection. If we receive any information of concern, we may inspect sooner than scheduled.

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 consistently safe.
Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.
Details are in our Effective findings below

Good ●

Is the service caring?

The service was not consistently caring.
Details are in our Caring findings below

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive.
Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.
Details are in our Well-Led findings below.

Requires Improvement ●

Eastlands

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by an inspector, a specialist advisor (nurse) 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:

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

The service did not have a manager registered with the Care Quality Commission, however an application was in place. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

Inspection site visit activity started on 25 April 2019 and ended on 29 April 2019. The inspection was completed in two days.

Prior to this inspection, we had received an increase in the number of safeguarding referrals made to us both by the provider of the service and the local authority safeguarding team. We decided that due to this increase, we would carry out a full inspection of the service to ensure people were safe.

What we did:

We reviewed information we had received about the service since the last inspection. This included checking

incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority, Healthwatch and professionals who work with the service.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

During the inspection, we spoke with five people who used the service. However, due to their learning and/or physical disabilities their responses were limited. We therefore observed the way they were cared for and supported by staff. We also spoke with four relatives about their family member's care and treatment. We spoke with two members of the care staff, two nurses, clinical lead, administrator, housekeeper, maintenance person, manager, regional director and director.

We reviewed a range of records. This included seven people's care records and three staff files. We also viewed training and supervision records and records relating to the safety and management of the service.

After the inspection, we asked the manager to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management. Using medicines safely.

- Some people living at the home required the use of an enteral feeding tube. This is a medical procedure in which a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate or possible. Care plans viewed did not always provide information about the type of enteral feeding tube each person had and how it was held in place.
- Some of the aspects of management of different tubes vary according to the type of tube and therefore this information is necessary to ensure the correct management. For example, one person had a tube which was held in place with a fluid filled balloon integral to the tube. The water in the balloon should be removed and replaced regularly to check it remains fully inflated, otherwise it could slip out. There was no record of this procedure being carried out and no instructions in the care plan for this. Records showed this person's enteral feeding tube had come out on three occasions in the preceding three months, resulting in the need for specialist intervention on each occasion. Staff told us the person pulled out the tube, however, records did not indicate if the balloon was still inflated when this had occurred and with no record of the checking of the balloon, we could not assure ourselves that the tube was being correctly managed.
- Care records for one person with an enteral feeding tube provided evidence of daily care of the tube however, care records for another person indicated that care was not provided daily as required. Records indicated care was provided on 21 March 2019, 28 March, 1 April, 24 April and 25 April 2019. After the inspection we were informed these checks were now in place.
- A person was prescribed a dose of rapid acting insulin to be given when their blood sugar levels were high, in addition to regular doses of rapid and long acting insulin. However, the latest advice from the community diabetes nurse was not transferred to their medicine protocol, although was recorded in the evaluation of their care plan. This could result in incorrect action being taken. We observed that on one occasion in the current month, the person's blood glucose levels rose above the level when an additional dose would be required. As the person's regular dose was due, staff had administered their normal dose in accordance with the instructions, but they did not check the person's blood glucose levels again until the next regular dose was due. This meant the person's diabetes was not managed as well as it could be.
- When people were at risk of developing a pressure sore, we noted regular monitoring of their position took place and they were repositioned in line with the frequency as recorded within their risk assessment and care plan. Pressure relieving equipment was also in place. We noted that whilst most pressure relieving mattresses were set to the required level, two were not. This could reduce their effectiveness and put people at risk of developing a pressure ulcer. This was rectified during the inspection and pressure relieving equipment checks were now more robustly carried out and the results reviewed by senior staff.
- Most people received their medicines when they needed them, and medicines were administered and stored safely. However, medicine administration records showed that one person who needed support with reducing the risk of constipation had not always received the correct medicines at the right time to reduce

this risk. This could have put the person's safety at risk. After the inspection, the provider informed us that 'clinical walk-arounds' were now regularly carried out and involved monitoring all bowel movements of those at risk of constipation.

The provider had failed to ensure effective processes were in place to assess the risk to people's safety. This was a breach of regulation 12, safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Personal emergency evacuation plans were in place to assist staff with evacuating people safely in an emergency. Regular checks of equipment used to care for people and checks on the environment were carried out. Records showed where required, equipment was regularly serviced by external professionals to ensure they remained safe.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person said, "I generally feel safe, but it does depend, and I have to trust that the staff know what they are doing."
- Prior to the inspection, we had identified that there had been an increase in the number of safeguarding referrals made to the local authority safeguarding team and the CQC. We therefore decided to inspect this service to ensure that people were safe. We concluded that the provider had followed the correct procedure by referring concerns to the relevant authorities. However, the provider needed to be more proactive in addressing issues before they escalated to require a referral to the relevant authorities. At the time of writing, the local authority safeguarding team was working with the provider of this service to investigate other concerns. We are in regular dialogue with the local authority and will be informed of the outcome. We will then decide whether further CQC action is required.
- Staff were aware of the signs of abuse and could explain how they would report any concerns they had. Staff were confident the manager would address their concerns but would escalate to the provider or other external agencies such as the CQC if necessary. Staff had received safeguarding training. A safeguarding policy was in place. The provider had the systems in place to ensure the relevant authorities such as the CQC or the local authority 'safeguarding team,' were notified of any allegations of abuse or neglect. Records showed the manager had followed this process when required.

Using medicines safely

- We noted one person required a medicinal skin patch to help alleviate the pain of their condition. Whilst this person had the capacity and the knowledge to apply this patch themselves, staff had not recorded their involvement and the need to support the person with rotating the part of their body where the patch was applied. This is important to ensure the effectiveness of the medicine was not reduced. Immediate action was taken to address this. A new care plan and recording process was put in place to remind staff to record that they have supported the person with rotating the patch correctly.
- One person received their medicines covertly. This means they were unaware that they were taking their medicines in a different format, such as in food and drink. Records showed that the person's GP had been consulted and they had given their written authorisation to administer the medicines in this way. However, we did not see that the person's pharmacist had been consulted. This is important to ensure medicines that are administered covertly are done so safely and they were mixed with the most appropriate food. The manager assured us that the pharmacist would have been contacted, but this was not evident in the person's records. During the inspection the manager took immediate action to ensure that the provider's medicines policy was applied correctly, and staff were reminded of the need to record pharmacist involvement.

Staffing and recruitment

- Prior to this inspection, we had been informed that some nurses had not received the necessary specialist training to be able to support people safely. During this inspection, we noted this was in the process of being addressed. After the inspection we were informed of the training that had been completed and this would ensure that people were supported by numbers of qualified staff to support them safely.
- The service was facing challenges in securing nursing staff with the full range of clinical skills needed to provide safe and effective care for people using the service. There was therefore a reliance on agency nurses to provide cover and the requisite skills on some nursing shifts. The regional director showed us recorded evidence of them requesting agency nurses with the required training to support people. They assured us that training was on-going for all specialist staff to ensure people received the safe care they needed.
- A dependency assessment was completed to help the manager assess people's needs and the number of staff needed to support them safely. Rotas showed the appropriate number of staff were in place. Our observations throughout the day found that when people needed staff there were enough in place to support them safely.
- Robust recruitment processes were followed to ensure that people were protected from unsuitable staff. This included carrying out checks on staff's employment history, criminal record, nurse registration details and identity.

Preventing and controlling infection

- We carried out checks of the cleanliness of equipment used to support people such as hoists and wheelchairs. We saw they were stored safely and were visibly clean. The home was clean and tidy in all areas.
- All staff had received infection control training and those spoken with were aware of the actions needed to prevent the spread of infection. Domestic staff spoke confidently about their role and told us they had enough time to ensure the home remained clean.

Learning lessons when things go wrong

- There was a process in place to investigate accidents and incidents that were not required to be referred to the local authority safeguarding team. Post-incident reviews were carried out to help the registered manager to identify any trends or themes.
- The manager and the regional manager were aware of the increase in the number of incidents that had led to the increase in safeguarding referrals. These incidents were reported under the safeguarding process to ensure that authorities were aware that action would be taken. This included the concerns raised above about a person not receiving their medicine to reduce the risk of constipation. They have assured us that internal processes are in place to address this, and they are working alongside safeguarding authorities to help them to reduce the risk of recurrence.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience.

- Records showed that not all staff had completed training the provider had deemed mandatory for them to carry out their role effectively. This included first aid, health and safety, mental capacity and moving and handling. However, we did not observe any practices by staff during the inspection that could cause people harm or pose a risk to their safety. The provider had identified these areas and showed us a programme of training that was in place to be completed by all staff in the coming weeks. This included further specialist training for all nurses. This will reduce the risk of people being supported by staff without up to date skills and experience.
- Staff felt well trained and supported which enabled them to carry out their role effectively. One staff member said, "I feel well trained, I had a good induction, I feel supported by the team leaders." Staff received supervision of their practice to ensure they provided appropriate care and support for people. Some staff had been supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Others had been supported to complete externally recognised qualifications in adult social 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- Consent to aspects of people's care and support was obtained. When people lacked the capacity to make specific decisions mental capacity assessments and best interest decisions were documented. This included decisions relating to people's medicines and personal care. This documentation is important, as the views of the people who have contributed to the decision, normally the person's relative or appointee, are recorded, to ensure that as wide a range of views are considered before a final decision is made. This ensured people's rights were respected
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The provider had made DoLS applications where required. We found the conditions in three of the four

DoLS we looked at were being fully met. For one person we noted the conditions had not been fully implemented. We have been informed by the provider that since our inspection action has been taken to address this.

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

- People received their care in line with the protected characteristics of the Equality Act 2010 which protected them from discrimination. People's needs had been assessed to inform staff of how to provide appropriate care in line with current best practice guidelines and legislation.
- Where people had been assessed as presenting behaviours that could challenge others, we saw there were effective care plans in place for staff to follow. These included techniques to manage the incident with minimal impact on the person or those affected. These assessments were regularly reviewed to ensure they were always reflective of people's current needs.

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

- People received the support they needed to maintain a balanced diet and good nutritional health. We observed lunch being served and when people needed assistance to eat and drink this was provided. People were also provided with specially adapted equipment to eat independently. Where people's nutritional intake needed to be monitored, staff kept food and fluid charts to monitor their intake. These indicated people were being offered and provided with adequate amounts. We observed staff aiding people when they required it and they checked the person's preferences with them.
- Nutritional risk assessments were completed, and nutritional care plans were in place. People were weighed at least monthly and the records we checked showed people were maintaining their weight.
- Safe food hygiene practices were in place. Catering staff were suitably qualified to ensure meals were prepared and served in a hygienic environment. The Food Standards Agency had inspected the home on 28 February 2018 and rated it as '5 – Very Good', this is the highest mark available.
- The cook was knowledgeable about people's dietary needs. They had a four-week rotating menu but told us that people could also make requests that were not on the menu. They had told us they were currently compiling a menu with a person who had identified they wished to follow a certain dietary regime. This meant people received their meals in line with their personal dietary requirements and had a choice of meals.

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

- People had access to their GP and other healthcare agencies to support them with receiving consistent and timely care.
- Staff understood how to identify when people needed intervention from a health or social care team. Records showed people received support from other agencies and then staff continued to support people in line with the recommendations and guidance provided.

Supporting people to live healthier lives, access healthcare services and support

- People's daily health and wellbeing was recorded in their daily running records and there was evidence of appropriate referrals to health and social care services when needed. However, there was sometimes a reliance on agency staff to provide the specialist healthcare some people required. This was being addressed through further training and recruitment of permanent qualified staff.

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

- The premises had been adapted to provide people with a safe but homely environment. Bathrooms and toilets had been specifically adapted to enable people with a physical disability to either use them safely

alone or with assistance of staff. People were not restricted by their environment.

- Regular maintenance of the building was carried out. This was done effectively. The maintenance person told us they had sufficient resources that ensured they could complete all work as required. The outside areas were welcoming and well-maintained enabling people to access these areas in good weather.

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.

People did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; equality and diversity

- Some people and their relatives felt they or their family members were well supported and were treated well by staff. Others, including other relatives, felt more was needed to be done ensure that they or their family member received the care and support they needed. One person said, "I don't feel valued and I feel that other residents are prioritised when it comes to care." A relative told us they felt staff did not always inform them if things had happened that affected their family member. Another relative told us they felt the care was "good"; however, "It needs to be more than care, they need to really get to know people and I think they need to work on this."
- A staff member told us there were many occasions where people who were confined to their wheelchair, spent time alone in communal areas without meaningful staff engagement. Our observations supported this view. We regularly observed people sitting alone in rooms whilst multiple staff were congregated in other areas of the home talking to each other rather than spending time with people.
- We raised this with the manager. They told us there was no reason why staff should not be engaging more with people. They told us they had enough staff in place to ensure people received regular and meaningful engagement and staff had been reminded of the importance of spending time with people. They told us this would be addressed immediately.
- We did observe some caring interactions between staff and people using the service. Staff knew people well and when they did interact with people, they used this knowledge to form conversations. From our observations, we saw people responded positively when staff interacted with them. Staff offered choices and listened carefully to people's views.
- People's diverse needs were discussed with them when they first started to use this service. Where people had religious beliefs, a priest was available to attend the home to offer mass or other religious guidance.
- Staff were currently supporting a person who had expressed a specific wish to be treated in a certain way. In doing so, staff ensured the protected characteristics of the Equality Act 2010 were adhered to.
- Staff told us they enjoyed working at the home. They enjoyed supporting people and they spoke positively about how they cared for and supported people.

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

- People and relatives were encouraged to become involved with decisions about their or their family member's care. Most spoken with felt able to express their views and that they would be acted on.
- Where able, people were given the opportunity to contribute to decisions that could affect all the people living at the home. A person who lived at the home had been appointed the 'service user ambassador'. This person attended the 'service user council meetings' and 'service user meetings', and helped to show visitors around the home. The manager told us this was an important role which helped them to gain the views of

the people and to ensure that the ambassador was consulted on any actions that could affect the people living at Eastlands.

- People had been involved in the development of a new 'easy-read' service user guide. This guide was designed to be more user friendly and to ensure that people understood the services that were available to them. This included information about how to access an advocate.
- Advocates offer guidance and support for people who are unable to make decisions for themselves and may not have an appropriate family member or friend to speak on their behalf. This ensured that people were offered support with having their voice heard.

Respecting and promoting people's privacy, dignity and independence

- Staff could explain how they treated people with dignity and supported their independence. We observed staff respond quickly when people showed signs of anxiety, agitation or distress. Staff were compassionate, empathetic and showed a good understanding of the things that could upset people.
- People's independence was promoted wherever possible. People were supported with personal care but also their independence was encouraged.
- People's care records were treated appropriately to ensure confidentiality. Where electronic records were used, these were password protected to prohibit unauthorised people from viewing them. The registered manager told us they had the processes in place that ensured all records were managed in line with the Data Protection Act and The General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We were concerned with the lack of a person-centred approach to activities and ensuring people could do the things that were important to them. Whilst some activities were in place such as; arts and crafts, bingo and 'pampering sessions'. These did not fully reflect the wishes of the people who lived at the home. One person said, "I rarely join in with the activities here as they are not of interest and I feel that I need support to make friendships with other residents due to different levels of needs."
- We spoke with a variety of staff throughout this inspection, including staff who provided care and those who worked in other roles. Many of these staff raised concerns that people were not having access to stimulating and meaningful activities or received enough engagement with staff. One staff member said, "We could do better in terms of activities and spending time with people. They are all individuals and they all have their own person-centred needs. I think staff could do more to get to know people on a one to one basis. We need to think more outside of the box." Another member of staff told us they felt staff were more concerned about spending time with each other than making themselves available for the people who lived at the home. They also said, "It's not on, spend time with people, it is your job."
- There was a wide-range of ages of people living at the home, little had been done to work with each person to identify what was important to them and how they wanted staff to support them. We noted for one person there had been no entries in their activities and social planner for months.
- We raised these concerns with the manager. They told us they were disappointed by our findings because they had recently had a meeting with staff to remind them of the importance of getting to know people and supporting them with their interests. They told us there had been some success with this, with some people attending 'Crufts' the dog show after they had expressed an interest in this. They told us they would address this with their staff.
- The conditions of the DoLS we referred to in the 'effective' section of this report referred to a person's activities. It stated, 'A weekly schedule of activities to ensure that [name] has regular activities to enjoy and stimulate themselves rather than these being irregular and adhoc. With immediate effect'. Although action has been taken since our inspection to implement this, two months had passed since this condition was put in place. This could have influenced the person's mental health and well-being.

The provider had failed to ensure that people always received care and activities in line with their personal preferences, choice and wishes.

This was a breach of regulation 9, person-centred care, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Prior to people using the service, an assessment was carried out to ensure their needs could be met by staff. The care plans we looked at contained sufficient personalised information that enabled staff to provide people with care in line with their preferences. However, we found some examples of inconsistent

information, or changes to care that had not been documented in people's care plans. There was also some unnecessary duplication. In addition, we could not be assured that some care was being provided as frequently as required. The regional director told us there was a project currently in place to reduce the number of sections within the care plans to simplify the information within them.

- People's communication and sensory needs had been assessed and staff had guidance in place to help them to express their views. The manager understood the Accessible Information Standard (AIS). The AIS is a law that requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way, that they can understand. Adherence to this standard is important to ensure that people are empowered, treated fairly and without discrimination.

Improving care quality in response to complaints or concerns

- The provider had the processes in place to act on any complaints that had been received. We reviewed the complaints register and found they had been dealt with in line with the provider's complaints policy. Staff told us they would report any concerns to the registered manager and encouraged people to speak with the manager if they had a complaint. They told us they received feedback from the manager about things that needed to improve or any changes.

End of life care and support

- A basic end of life care plan was in place for people. They contained some basic information about their wishes. We discussed these records with the manager and they agreed that more detailed person-centred care planning was needed. This would ensure that people's personal preferences were considered as they neared 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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, continuous learning and improving care. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Quality assurance processes were in place. However, these were not always effective in ensuring the risk to people's health and safety were always identified and acted on. Medicine management, maintaining robust records and documentation relating to people's care, reducing the number of safeguarding incidents, staff training, DoLS conditions and ensuring people led active and meaningful lives were some of the areas where improvements were needed. These issues have affected the quality of the service people received and could impact people's health and safety.
- During this inspection, action was taken to address some of these issues. However, we were not sufficiently assured that the quality assurance processes would ensure sustained improvement.
- An internal provider-led audit was carried out and this scored the service as 26/46. Following this audit an improvement plan had been developed to address the identified issues. The regional director told us since that audit they have found improvements have been made; however, they stated that the improvements needed to be sustainable to ensure the quality of the overall service improved.
- In 2018 people were asked for their views on the quality of the service they received focusing on several key areas of care. Some of these results were positive. For example, 78% said they felt staff were kind and caring. However, only 55% of people said they were happy with the activities provided, 55% of people did not feel listened to and 34% of people said they were unaware of events that were happening in the home. Analysis of these results had been conducted; however, only a basic action plan was in place which showed little action had been taken to address the findings.
- A relative who had concerns about the quality of the service their family member received told us they had concerns about the turnover of managers at the home. Since August 2018 there have been four managers. This had affected staff morale and had impacted on the quality of the service provided for people. Some staff told us before the current manager started in February 2019, they had felt unappreciated and were concerned about the lack of consistency in the way they were asked to carry out their role. One staff member said there used to be a "blame culture" and this had affected staff morale. The provider had failed to ensure that the risks to people's safety were always assessed and monitored to improve the quality and safety of the care and treatment provided. This was a breach of regulation 17, good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The regional director showed us a service improvement plan that was in place. This had identified some

of the issues we had identified during this inspection and showed what action was being taken to address them. The performance of the new manager was being monitored by the provider, with provider-led audits completed. Feedback from these audits was used to generate actions for the manager to address. These were reviewed on an ongoing basis to ensure continuous learning and improvement at the home. The regional director assured us that they and the manager were aware of what needed to be done to provide sustained improvement and performance at the home.

- The manager had a clear understanding of their role and how they contributed to ensure risks were mitigated and regulatory requirements were met.
- It is a legal requirement that a provider's latest CQC inspection rating is displayed at the home where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed at the home.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, relatives and staff were cautious in their comments about the new manager, but some said they had already seen changes for the better since they had started their role. A staff member said, "I do feel valued now, it is nice to get a thank you, before the new manager we weren't getting that all."
- The manager spoke passionately about the changes they wanted to make to the service. They told us their priority was improving the engagement between people and staff and helping people lead more person-centred lives. They acknowledged improvements were needed in several areas, but they were focusing on people first and ensuring they could lead meaningful and fulfilling lives.
- The manager was aware of their responsibility to apologise to people and/or their relatives when mistakes were made. People told us they found the approach of the manager warm and welcoming and were pleased with the quality of the care provided.

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

- People, relatives and staff were encouraged to give their views during meetings. The service user ambassador was empowered to speak on behalf of their fellow residents and to ask questions and to raise concerns.
- Staff were also encouraged to report poor practice. A 'see/hear/speak up' phone line was in place. This enabled staff to report concerns to an external body if they wished to speak with someone outside of the organisation other than the CQC. This was reported to the board who then shared the information with all homes. The regional manager told us the concerns raised in other homes were used to improve performance across the provider's group of services.

Working in partnership with others

- Staff worked in partnership with other health and social care agencies and assisted them in providing care and support for all.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person had not always ensured the care of all service users was appropriate, met their needs and reflected their preferences.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not always effectively assessed the risks to people's health and safety and done all that was reasonably practicable to mitigate such risks
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had not always assessed, monitored and improved the quality and safety of the care and treatment provided. They had not always assessed, monitored and mitigated the risks to people's safety. Records were not always accurate, complete and contemporaneous in respect of each service user.