

Dimensions (UK) Limited

Dimensions Woodmere Lower Wokingham Road

Inspection report

Woodmere
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Dimensions Woodmere Lower Wokingham Road is a care home (without nursing) which is registered to provide a service for up to six people with learning disabilities. There were five people living in the home on the day of the inspection. Dimensions Woodmere Lower Wokingham Road accommodates people in a large adapted building. Three people had their own flats and two people shared a flat.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting most parts of the underpinning principles of Right support, right care, right culture. However, some improvements are required. The model of care is satisfactory; it ensured that people could live their lives how they chose and as an individual member of society. The staff supported people to have choice and control in their life. The care was person-centred and promoted people's dignity, privacy and human rights. The staff and the registered manager worked in a positive way to ensure that people received good care.

Effective recruitment processes were not in place to ensure, as far as possible, that people were protected from staff being employed who were not suitable. The management of medicines and premises was not always safe. Not all staff were up to date with, or had received, their competency checks and mandatory training. Risks to people's personal safety had been assessed. However, action was not always taken to reduce the risks where possible and the plans were not always in place to minimise those risks.

Quality assurance systems in place were not effective in ensuring compliance with the fundamental standards and identifying when the fundamental standards were not met. When incidents or accidents happened, it was not always clear that it was investigated, and lessons were learnt. The registered person did not inform us about notifiable incidents in a timely manner. The registered person did not ensure that clear and consistent records were kept for people who use the service and the service management.

We have made a recommendation about seeking guidance from a reputable source to ensure the principles of the Accessible Information Standard were met.

Relatives felt their family members were kept safe in the service. Professionals also felt people who use the service were supported well. Relatives told us they felt they could approach the management and staff with any concerns and that communication was good. The staff members felt staffing levels were sufficient to do their job safely and effectively. The registered manager appreciated staff contributions to ensure people

received the best care and support. Staff felt the registered manager was managing the service well, and they could approach the registered manager for any advice, help or support. The registered manager and staff understood their responsibilities to raise concerns. There was an emergency plan in place to respond to unexpected events and the premises and equipment were kept clean.

During the pandemic, the registered manager continued working with the staff team to ensure they provided caring and kind support consistently. Staff had ongoing support via regular supervision and appraisals. They felt supported and maintained great teamwork. The staff team recognised and responded to changes in people's needs and ensured a timely response from different professionals. People received effective care and support from staff who knew them well. People enjoyed the food and could choose what they ate and where to eat. People had their healthcare needs identified and were able to access healthcare professionals such as their GP.

People, their families and other people that mattered were involved in the planning of their care. People were encouraged to live a fulfilling life with activities of their choosing as much as possible and were supported to keep in contact with their families.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 6 August 2018).

Why we inspected

This was a planned inspection based on the previous rating.

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to quality assurance; notification of incidents and management changes; record keeping; management of medicine; and staff training, supervision and recruitment. We have made a recommendation about meeting the Accessible Information Standard.

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 caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Dimensions Woodmere Lower Wokingham Road

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 included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we looked at all the information we had collected since the last inspection about the service including previous inspection reports and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. We sought feedback from the local authority and some professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke to the registered manager and the deputy manager. We observed interactions between staff and people living at the service and briefly spoke to three people who use the service. We gathered feedback from four staff members. We reviewed a range of records relating to the management of the service, for example, records of medicine management, risk assessments, accidents and incidents; quality assurance system; and maintenance records. We looked at five people's care and support plan and associated records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at further records and evidence including quality assurance records, incidents and accidents, training data, and policies and procedures. We sought feedback from six more staff members. We contacted all relatives and spoke with three relatives about their experience of the care provided. We contacted seven professionals who work with the service and received three responses.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People did not always have their medicines managed safely.
- People were prescribed 'when required' (PRN) medicines to help them manage various conditions. However, some PRN medicine did not have a protocol in place. This meant the staff did not have any instructions on the use and administration of PRN medicines for individuals, that placed people at risk of harm.
- When the service had not received a printout medicine administration records (MAR) from the pharmacy for newly prescribed medicines, staff wrote instructions by hand on the already printed MAR sheets. The provider's policy for verbal medicines 'Handling Verbal Orders' stated, "The locality manager (or designated colleague) should write down the verbal order then repeat back the instructions to the prescriber to confirm. An entry should be made on the MAR sheet by the locality manager (or designated colleague) and signed. The second member of staff should check the MAR sheet entry and sign it". However, multiple MAR sheets with handwritten medicine did not have the required signatures to indicate this has been done appropriately.
- Some handwritten MAR sheets did not indicate which month they were for, but the staff continued signing them. This meant the staff were following inaccurate records, creating a risk of incorrect administration of medicines and putting people at risk of harm. We asked the deputy manager about which month the records were for, but they could not tell us.
- Apart from one staff member and the registered manager, the rest of the staff team had not had their medicine competencies assessed since November 2019. This meant the registered manager did not ensure staff were assessed as competent to administer medicine, putting people at risk of harm.

The registered person did not ensure the systems were in place or robust enough to demonstrate safe management of medicine. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment

- The registered manager did not always ensure all required recruitment checks and information were gathered before staff started work.
- We found a discrepancy with previous employment information. In one file, the information on evidence of conduct was not sought from a previous employment working with children.
- We raised this with the registered manager who provided the information after the inspection. However, it

was still not sufficient in line with the regulation.

- We asked for clarification of potential gaps in the employment histories of two staff members. However, we only received information for one staff member and not the other.
- Failing to obtain all required recruitment information could place people at risk of receiving care from unsuitable staff.

The registered person had not obtained all the information required by the regulations to ensure the suitability of all staff employed. This was a breach of Regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff recruitment files included a declaration of health and a Disclosure and Barring Service (DBS) check. A DBS check confirms candidates do not have a criminal conviction that prevents them from working with vulnerable adults.
- Additionally, interviews were designed to establish if candidates had the appropriate attitude and values.

Assessing risk, safety monitoring and management (people); Learning lessons when things go wrong

- The registered manager and staff reviewed and assessed the risks relating to people's personal safety, health and care. There was a risk analysis in place for each person describing risks and how to minimise these without restricting people or their independence. The analysis referred to a variety of related support plans according to each risk. However, not all information on risk mitigation was available to review and the management team could not provide any further information at the time of inspection. It was either not completed or not in people's files.
- The provider had completed risk assessments for a few activities however, specific Covid-19 risk assessments for people living at the service had not been completed. This was raised with the registered manager during the inspection.
- People had behaviour support plans in place to reduce the risk of harm to them and actions noted for staff to guide them when keeping people safe. However, the support plans were not always followed. For example, in one behaviour support plan, staff were required to record observations following an incident. There was no documentation that the observations had been completed. This was discussed with the registered manager and a new observation form was created and shared with staff to complete as required.
- Where incidents had occurred, people's risk assessments were not always updated to mitigate the risk of the incident recurring.
- There was a system for recording accidents and incidents and information was recorded with the actions taken on most incidents. However, we found seven records of incidents/accident that were still open and not completed with any follow up actions taken or senior management's review. Some incidents were between two people using the service and there was no record to show how this was reviewed and addressed.
- The registered manager provided some information on lessons learnt for one event. However, this was not done consistently. The system overall in place did not highlight areas for improvement or action needed to be taken to mitigate the risks to individuals.

The registered person did not ensure care and treatment was provided in a safe way. They did not ensure all risks relating to the safety and welfare of people using the service were consistently assessed, recorded and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where risks assessments were available, they provided staff with information and guidance to enable them to mitigate the risks identified, such as decision making, personal care and communication.

- People's support plans mostly included sufficient information and guidelines to help staff provide care in a safe and person-centred way, based on people's needs, likes and the support they required.

Assessing risk, safety monitoring and management (Premises)

- We found the service's approach to assessing and managing environmental and equipment-related risks was inconsistent.
- We were concerned about the safety of some parts of the premises, we contacted the Fire and Rescue service and they had contact with the service after the inspection.
- We also noticed, after weekly fire alarm check, one fire door did not shut properly, increasing the risk of smoke travelling if there was a fire. We asked the staff to test the alarm again and checked all the fire doors. There were more doors not shutting properly, the registered manager contacted the landlord for an urgent repair.
- The recent fire risk assessment identified that not all staff had taken part in the required amount of evacuation drills, particularly under night-time conditions. It was recommended in the fire risk assessment that the service ensure that all staff attend the required amount of practice evacuations. It was stated this should be particularly under night-time conditions and reflecting actual staffing levels. We looked at fire drills records and only a few were completed in the evening or night-time, the last being in March 2021. Some records did not note the time and it was not clear when it was completed. There were notes added that some people refused to go out during the drills however no further comments were added how this was resolved. We asked the management team about it and, although they said they spoke to people about it, they did not record this anywhere.
- There was a service emergency plan in place to ensure people were supported in the event of an emergency, this included: fire, floods and health and safety. However, the individual personal emergency evacuation plans (PEEP) were not in the dedicated file as noted in the risk assessments apart from one. Only when we noted this to the registered manager did they print them out and place them in the file.
- The staff checked equipment for people. However, we noted that not all of the equipment for each person was checked. After the inspection, the registered manager provided an updated list with all equipment weekly checks.

The registered person did not ensure that the premises and equipment was safe to use and was used in a safe way. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff monitored and recorded other general environmental risks, such as water temperatures, fire exits, emergency lights and slip and trip hazards as they went about their work.

Staffing

- There were enough staff to support people's needs and the registered manager regularly reviewed the numbers needed. They also ensured staff and people who use the service were matched together if they had similar interests and supported people to achieve their goals well.
- The registered manager said the recruitment was a challenge at times. However, they were using the same agency staff for long periods to ensure consistency of care and support to people.
- Staff felt there were enough staff to do their jobs safely. However, they also commented having more staff would have allowed them to complete more activities with people who use the service.
- The registered manager was also helping at the service to ensure it operated at safe staffing levels. We saw staff responded appropriately to people's request for support during the day.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm, neglect and discrimination. Relatives and professionals felt they were safe at the service.
- Staff received training in safeguarding adults at risk. They confirmed they knew how to recognise the different types of abuse and how to report it. Staff also said they knew the provider's whistleblowing policy and when to raise concerns about care practices.
- Staff were confident the management team would act on any concerns reported to ensure people's safety.
- The registered manager knew when to report allegations of abuse or neglect to the local authority, so they could be investigated. There were no ongoing safeguarding cases at the time of inspection.

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 personal protective equipment effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Visiting in care home; Care homes (Vaccinations as Condition of Deployment)

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

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Provider's visiting arrangements aligned to the government guidance.

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 the last inspection this key question was rated as good. At this inspection this key question has now changed to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff did not always have the training they needed to meet people's needs and ensure their safety in the service. We reviewed the training matrix provided to us which recorded training the provider had determined was mandatory as well as role dependant training. The service provided ongoing training in topics such as moving and handling, fire safety, safeguarding adults, infection control, epilepsy, medicine and data protection.
- The current best practice guidelines for ongoing social care staff training provides information on core and mandatory training topics. The guidance says the provider should assess staff member's knowledge and competence at least annually and provide learning and development opportunities at least every three years for different topics. The training information showed the mandatory training updates provided to staff at the service was not always in line with the guidance. It did not evidence the staff's knowledge and competencies were checked and assessed.
- Out of 12 staff, one staff had their training refreshed in safeguarding adults. Only two staff had their basic life support training refreshed. Only three staff had training in communication as part of the induction and all staff had not had it refreshed since 2008 or 2012. Only three staff had training refreshed in equality and diversity in 2020. Communication, privacy and dignity, equality and diversity had no refreshers as per provider's policy. Only three staff had training refreshed in the Mental Capacity Act and Deprivation of Liberty Safeguards and according to provider's policy this topic did not need a refresher. We did not receive further information how the competencies and knowledge of the staff were checked for all these topics.
- Six staff had their moving and handling theory training refreshed. However, during inspection we did not get further evidence that the staff had their competence assessed in line with best practice guidance. We did not receive further information to ensure the registered manager was also up to date with their training so they would be able to monitor practice and pick up any improvements.
- Following the CQC Smiling Matters report (July 2019) which outlines findings on the need to focus on oral healthcare for people, we found the provider's training policy did not include training or assessments on oral care. Oral Health is also now included as best practice mandatory training. However, no staff had received training in this topic.
- The service supported people with some complex needs and conditions. This meant the registered person could not ensure at all times people received effective care and support from all the staff who would be competent and guided by the best practice and up to date knowledge and skills. This meant people were put at risk of not always getting appropriate and safe care and support.

The registered person did not ensure all the staff were competent, skilled and had up to date training in order to carry out their role when supporting people and perform their work. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2019 Regulations 2014.

- Staff felt supported by the registered manager. They had support and supervisions meetings to discuss their professional development needs. Staff felt they could approach the registered manager for help and advice.

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

- Support plans did not always contain clear guidance for staff on how to manage people's oral health. It was briefly recorded as part of the personal care support required. People were able to see a dentist when needed with staff's support.
- People were referred to various health professionals in good time to address any health issues or changing needs. The registered manager and the staff were knowledgeable and informed about people's health and wellbeing. People were supported to remain as healthy as possible.
- Professionals agreed the service provided effective care to people who use the service to look after their health.

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

- The premises were clean and bright, and furnishings and fittings were of a good quality.
- People were involved, where possible, in decisions about the premises and environment. Individual preferences and support needs were reflected in how adaptations were made and the premises were decorated. For example, people were supported in choosing how they would like their bedrooms decorated.
- The people living at the service were able to mobilise mostly independently or with aids such as walking frames or wheelchairs inside the building, and the outdoor areas with staff support where needed.
- Relatives agreed it was a homely place for their family members to live and staff were welcoming whenever they visited.

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

- People's care needs were assessed and recorded to identify the support they required and to ensure that the service was meeting their individual needs.
- People's support plans clearly described their personal likes and preferences, their social interests, and physical and emotional needs.
- Support plans detailed the outcomes people wanted to achieve, things important to them and how they wished to be supported. Where people were diagnosed with specific conditions, support plans identified the impact of these needs on them individually and how staff should support them in those areas. Staff were using this to ensure people were able to live life to their full potential and as they chose.

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

- People were supported to have meals which met their dietary requirements which included the texture they needed to reduce the risk of choking.
- Staff made sure a variety of foods were available to meet people's diverse needs and personal preferences. People were also involved in deciding on their menu choices.
- The service sought the advice of dietitians or speech and language therapists, as necessary, and followed any advice given.
- During the inspection, we saw that people were supported to have meals and drinks of their choice.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights to make their own decisions, where possible, were respected and protected.
- The registered manager had good knowledge about the MCA and ensured staff understood the importance of promoting people's rights and helping them make any decisions. They said, "I don't accept if staff think people do not understand or have capacity. I promote decision making and [expect] the staff to ask people for their consent and offer choices".
- People had support plans in place regarding their decision making. They gave a description of how people were able to make their own choices, and any help required.
- We observed staff were polite and respectful towards people and supported to make their decisions. People's rights were protected because the staff acted in accordance with the MCA.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The service continued to provide caring and kind support to people who were treated with respect. Staff had positive interactions with people, such as including them in discussions about what they would like to do.
- Staff members were talking with people, asking questions and communicating at their level. The staff were calm and sensitive to the people's needs and it showed they knew them well.
- People were comfortable with staff and responded well to them. Relatives said, "Yes they are caring, and [Name] can be challenging, they are amazing", "[Name] is always clean and tidy, always happy, so I don't have any issues with the care" and "They [staff] are lovely, [Name] is just like at home, and it's really nice".
- Staff provided support to meet the diverse needs of people who use the service. These included those related to disability, faith and gender such as making sure people could enjoy various activities, move around and be treated as individuals.
- Relatives and professionals felt welcomed whenever they could visit the service, and felt the people who use the service were always looked after well.

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

- People and those important to them were involved in making sure people received the care and support they wanted and needed. People's and their relatives' views were sought through verbal and written feedback and regular contact. Relatives agreed they were always kept informed well about their family member and any changes with them and the service.
- Staff were allocated as dedicated key workers to people so they could express their views. This also ensured they could offer continuous support in the service and keep up to date with the development of the person. When possible, people had sessions with their key worker and discuss any issues or matters they had.
- Professionals agreed the staff team was successful in developing positive caring relationships with people using the service. One professional said, "The staff often speak positively about the people they support, and I have observed staff in the service treating the people they support with respect". Another one added, "Yes. The person I visit has been able to form strong relationships with some of the staff and has always been able to give me the name of someone who would be present who he trusts and could talk to when he is feeling anxious".
- We saw people's bedrooms were personalised and decorated how they liked and with items important to

the person. People appeared well cared for and wore clean clothes and appropriate footwear where needed.

- Staff respected people's choices about how and where they wanted to spend their time and supported them to do it.

Respecting and promoting people's privacy, dignity and independence

- Relatives agreed staff protected people's dignity and privacy. One relative added, "[Name] is treated with respect; we think we are extremely lucky and that [Name] is in a nice place and treated well".
- Staff understood being independent was important to people. They supported people to do as much for themselves as possible to enable them to retain their independence. Staff helped people make choices, working together and involving them in day to day tasks that people would enjoy.
- Staff understood the importance of treating people with dignity and compassion, and of respecting their privacy such as respecting their wishes and preserving dignity during personal care. They said, "I always knock before entering the bedrooms. I try to treat people as I would like to be treated" and "I listen and encourage [people] and have empathy for every person. I respect someone for who they are and treat them as they are your family".
- People's right to confidentiality was protected. All personal records were either stored on the password protected computer system or kept in the lockable office.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- Staff completed daily notes to confirm the care and support they provided. It was clear staff supported people, helped them with decisions and choices, and respected their wishes. However, we noted to the registered manager, although the notes were mostly well written, some more details could be provided. For example, that activities were offered to people and completed as per support plan; or monitoring of the person after an incident for risk management.
- The support plans clearly described people's abilities, likes, dislikes and support needed. This provided staff with information and guidance on each person, so they could continue to meet their specific needs.
- People's needs, and support plans were reviewed on an annual basis for any changes in care and support or more often if their needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them and recording this in their care plans for staff to be aware of how to support the person. The staff were able to describe different ways of communicating with people and the importance of listening to them.
- There was some guidance in communicating with people in a manner they could understand. However, where it was identified easy read versions of information was required, it was not always available. For example, although easy read support agreements were seen in people's files, there were no easy read version of the care plans in place.

We recommend the service seeks advice and guidance from a reputable source about meeting all five steps of the AIS to ensure all information presented is in a format people would be able to receive and understand.

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

- Since the pandemic started, external activities and events had to be cancelled. People were not always able to go out. However, staff were still trying to ensure people had a range of activities they could be

involved in. For example, people were encouraged to try new art and craft activities or to get involved with the garden project. People helped paint benches, create themed areas, plant up pots, care for the flowers, and nurture the vegetable plots. This project was so successful that the service won an Inspiring Team Award from Dimensions (UK) Limited.

- One of the people was supported to write a letter to their favourite football club. By return he received a letter and signed photograph of one of the players. The care staff involved were praised by the provider which led on to local newspaper and radio interviews.
- Another person was supported with his interest to become a member of a political party and had built good relationships with its members. This has offered him opportunities to attend a variety of events and he had the opportunity to meet several prominent members of parliament.
- The registered manager agreed the pandemic had affected people who use the service and the staff due to such drastic changes in external activities. However, the staff continued to support people to follow their interests and take part in activities according to their choices as much as possible. We observed people went out during the second day of our inspection.
- The staff supported people to access technology that allowed them to see friends and family, engage in online community activities and to avoid social isolation. People were able to use various devices to have video calls and maintain relationships with families and individuals that mattered to them, especially when the visits to the service were restricted due to pandemic.
- Relatives agreed they were able to keep in touch and remained informed well about their family member and the service.

Improving care quality in response to complaints or concerns

- The registered manager took complaints and concerns seriously. They recorded and responded to complaints in a timely way.
- The registered manager provided evidence to show how they acknowledged, investigated and responded to complaints. They took actions following a complaint and documented actions in order to improve the service.
- Staff felt confident the registered manager would address any issues should anyone raise a concern with them.
- Relatives agreed they would be able to contact the registered manager or provider if they needed to make a complaint or raise any issues with the service. They said, "Yes, if I raise anything, they are very supportive of me and [Name]" and "Yes, we have no problems raising issues... they are so good, especially [the registered manager], and I can talk to her like a friend".

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 the last inspection this key question was rated as good. At this inspection this key question has now 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Services registered with the Care Quality Commission (CQC) are required to notify us of significant events and other incidents that happen in the service, without delay.
- During this inspection, we found the registered person did not ensure CQC was consistently notified of reportable events such as allegation of abuse within a reasonable time frame.
- This meant we could not check that appropriate action had been taken to ensure people were safe at that time.

The registered person failed to notify the Commission of notifiable events, 'without delay'. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The registered manager was absent from her role for more than 28 days and they informed CQC about it. However, the registered manager did not submit a notification when they returned to work.

This was a breach of Regulation 14 of the Care Quality Commission (Registration) Regulations 2009.

- The registered manager told us they had several checks and audits in place to assess, review and monitor the quality of the service delivered.
- The registered manager said the staff team had shared responsibility in the service where everyone was involved with various tasks to complete supporting the running of the service. Then the registered manager would check it all. However, the system in place did not enable them to monitor whether they were meeting their legal obligations and compliance with regulations.
- The systems and processes did not work effectively to ensure the registered person was able to assess, monitor and mitigate any risks relating the health, safety and welfare of people using services, the service and others.
- The registered person did not identify all of the concerns found on the inspection. For example, missing recruitment information for staff suitability; issues and inaccuracies with medicine management, out of date training and records for the safety of premises and equipment records were not consistently maintained. These issues were not identified using the quality assurance system in place.
- For these reasons, we could not be assured that good governance and oversight was always in place. This

could prevent identifying and acting on issues that could potentially place people at risk of harm or abuse.

The registered person had not always operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager and staff worked together to promote people's wellbeing, safety, and security and we observed a supportive staff culture. It was clear people who use the service were important to the whole staff team.
- The registered manager said, "[The deputy manager] and I work well together. I lead by example and I pick up the practice when it is not up to standard. We treat [people] respectfully because they are people, and not because they are just service users or living in a service".
- The staff used shift handovers to discuss any tasks to complete or what was going on in the service. The registered manager worked alongside staff in the service. This way they were able to monitor practice regularly during the day and ensure appropriate action was taken to address any issues.
- Staff felt listened to and said the registered manager was approachable. Staff said the service was managed well. They said, "I feel comfortable being able to discuss any issues or complaints with the manager...we constantly have one-to-one meetings and I can share my thoughts with the senior staff" and "Yes, [the registered manager] is very helpful and understanding...and provides help and assistance when needed".
- The registered manager praised the staff team saying, "[The staff team] are a very good team, caring and respectful. They would do anything for people as they are very supportive and they will help, accommodate the service and be flexible, try to help out".
- The registered manager added she felt supported by the provider's senior management team and other managers.
- One community professional said, "I think they do a good job and have worked especially hard over the last 2 years keeping people safe, active and engaged".

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

- We discussed the requirements of the duty of candour and what incidents were required to be notified to the Care Quality Commission. The registered manager understood their responsibilities.

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

- The registered manager promoted a positive, caring, transparent and inclusive culture within the service. The staff team were motivated to provide care and support to people as their needs and health were changing.
- People and the staff team had good relationships with each other. The relatives said, "Any occasions, we have visited, we did not have any problems. Staff are always friendly. We attended other birthday parties and never had issues. Always been a happy place", "I cannot tell how pleased I was that [Name] is there and I can rest at night, he is safe and well looked after, staff are brilliant" and "[The registered manager] is really good; everybody is really nice and welcoming".
- The registered manager held staff meetings to ensure any verbal or written feedback were shared with the staff team. The meetings were useful and helped staff keep up to date with what was going on in the service.

- The registered manager said they have sent out a service-specific survey recently to relatives and professionals. Relatives confirmed they have received it and were completing it.

Working in partnership with others; Continuous learning and improving care

- The service worked in partnership with different professionals to ensure people were looked after well. Where necessary, external health and social care professionals had been consulted or kept up to date with developments.
- People's records contained information of visits or consultations with external professionals. Those seen included GPs, hospital consultants, dietitians, chiropodists and members of the community mental health team. People could also maintain links with the local community when possible.

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 14 Registration Regulations 2009 Notifications – notices of absence Regulation 14 Registration Regulations 2009 Notifications – notices of absence How the regulation was not being met: The registered person had not notified the Commission of the return to duty of the registered manager without delay. Regulation 14 (1)(5)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Regulation 18 Registration Regulations 2009 Notifications of other incidents How the regulation was not being met: The registered person had not notified the Commission about specified incidents without delay. Regulation 18 (1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA RA Regulations 2014 Safe care and treatment

How the regulation was not being met:

The registered person did not ensure safe care and treatment. The registered person had not assessed the risk to health and safety of service users or done all that was reasonably practicable to mitigate any such risks. The registered person had not ensured the premises and the equipment used by the service provider were safe to use for their intended purpose or were used in a safe way. The management of medicine was not safe.

Regulation 12 (1)(2)(a)(b)(e)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with all the fundamental standards (Regulations 8 to 20A).</p> <p>Regulation 17 (1)(2)(a)(b)(c)(d)(f)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The registered person had not followed their</p>

established recruitment procedures to ensure the suitability of all staff employed. The registered provider had not ensured the information specified in Schedule 3 was available for each person employed.

Regulation 19 (1)(2)(3)(a) and Schedule 3.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Regulation 18 HSCA RA Regulations 2014 Staffing

How the regulation was not being met:

The registered person did not ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to ensure they can meet people's care and treatment needs. The registered person had not ensured staff supporting people were appropriately trained and supervised in order to perform their work and were not enabled to obtain further qualifications appropriate to the work they performed.

Regulation 18 (1)(2)(a)