

# National Autistic Society (The) Overcliffe House

## Inspection report

30-31 Overcliffe  
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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 responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Overcliffe House is registered with the Care Quality Commission as a residential care home providing the regulated activity of personal care and accommodation for up to twelve adults with a learning disability and/or autistic people. At the time of the inspection there were 7 people using the service. The service consisted of two houses next door to one another with 2 people living in one house and 5 people in the other house. Each house had a communal kitchen and lounge and a shared garden to the rear. People had varying degrees of independence and some people had lived at the service for over thirty years. Most people had limited verbal communication so were unable to provide feedback by speaking to us directly.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support: People were not always supported to have maximum choice and control of their lives and it could not be assured staff supported them in the least restrictive way possible and in their best interests; staff did not always follow the policies and systems in the service to support best practice. Mental capacity assessments had not always been undertaken to assess if people had the capacity to make specific decisions. It could not be assured the conditions in people's DoLS were met as the service did not monitor them for compliance.

The service gave people care and support in a clean environment, but the décor did not always meet people's expectations. The provider was working with the landlord to make improvements.

Staff enabled people to access specialist health and social care support in the community. However, only half the staff team had received updated training or competency checks in how to administer medicines safely. Staff prepared food and drink to meet people's dietary needs and requirements. Staff supported people to take part in activities and pursue their interests in their local area. They had access to day services provided specifically for autistic people. Staff communicated with people in ways that met their needs and planned for when they may experience periods of distress and anxiety.

Right Care: Information about people's care, treatment and support was easy to access to ensure people's wellbeing was promoted. People received kind and compassionate care from staff who understood and responded to people's individual needs.

People and relatives were positive about the quality of the service. People indicated by the 'thumbs up' sign

that staff gave the support they needed. Relatives said staff were caring and helped ensure people followed a routine that made them feel safe.

People were supported by staff who understood the wide range of strengths, impairments or sensitivities autistic people may have. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language) and pictures, could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

There were enough staff to meet people's needs and keep them safe. Staff understood how to protect people from poor care and abuse.

Right Culture: Quality assurance and monitoring systems were not always effective in identify shortfalls and improving the service for the people who used it. People's family members were not always fully involved in providing feedback about the service so their views could be acted upon.

People benefitted from the open and positive culture of the service where the management team was approachable and listened and responded to people's views.

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

#### Rating at last inspection

The last rating for this service was Good (published 9 January 2018).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service and in part due to concerns received about care planning, risk assessments and oversight of the service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall 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 have identified breaches in relation to monitoring the quality of the service, staff training in medicines, recruitment of agency staff and assessing people's capacity to make at this inspection.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Overcliffe House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 safe findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our safe findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

**Requires Improvement** ●

# Overcliffe House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Overcliffe House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Overcliffe House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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

At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought and received feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We joined 2 people for breakfast and were introduced to 3 other people who used the service. We spoke with 3 relatives to gain their views about the quality of the service. We talked with 5 members of staff including the manager, deputy manager, senior carer, a carer and deputy area manager.

We reviewed a range of records. This included 2 people's care records and medication records. We looked at 3 staff files in relation to recruitment. We also looked at staff training and meetings. A variety of records relating to the management of the service were reviewed including accidents and incidents and quality checks and audits.



# Is the service safe?

## Our findings

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

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

### Staffing and recruitment

- The service had enough staff to meet people's needs but recruitment practices did not promote safety as checks on new staff were not always comprehensive.
- There were incomplete checks on agency staff to ensure they were suitable for their role. The staff rota contained the names of five agency staff. However, there was only a record that one out of these five agency staff had had a Disclosure and Barring Service (DBS) check. There was no record of any of their training, skills or experience necessary for their role in supporting people safely. The provider told us this information was obtained after the inspection. There was also no record that any of the agency staff had had an induction for their role.
- The provider's staff recruitment procedure for permanent staff included obtaining a person's work references, identity, Disclosure and Barring Service (DBS) checks and employment history before they started employment. However, an audit of staff recruitment files had identified that one staff employed in November 2022 did not have a work history or photograph; and another staff member employed in March 2022 had gaps in their employment history. These had not been addressed at the time of the inspection.

The provider had failed to ensure the safe recruitment of staff. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives said a number of staff at the service had been employed for a long time. This helped to ensure consistency of care. One staff member told us, "I have grown up alongside the people here." A relative commented about their family member, "They are very familiar with the staff. They are settled, very settled."
- Every person's care record contained a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

### Using medicines safely

- People's medicines were stored safely but it could not be assured that they were administered and recorded safely.
- Not all staff had received training or had their competency for administering medicines checked in line with the provider's policy. This had also been identified at an internal audit in October 2022. Only half of the staff team had completed their two-yearly medication refresher training. Only two staff had had their competency in administering and recording medicines checked. The provider told us an additional staff member had completed their medicines training after the inspection. This meant two staff who administered medicines, had had no medicines training or competency check for over two years.
- Although medicines were regularly audited by staff to check they were administered safely, the provider's

comprehensive yearly medicines audit had not been completed. The management team did not know when this needed to be undertaken in line with the provider's policy

The provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us staff clearly recorded people's medicines when they visited them. One relative said, "All their medicines come home with them and I sign them in, and then out again when they leave." This meant there was a clear audit trail of medicines leaving and coming into the service.
- People could take their medicines in private when appropriate and safe to do so. People's medicines were stored securely in their bedrooms if it had been assessed as safe to do so. The temperature medicines were stored at was monitored, as some medicines react to excessive heat.
- We observed staff giving people their medicines, checking they had taken them and then making a record on the medication administration chart. Staff had appropriately reported medicines errors and actions had been taken to minimise risks such as seeking medical advice and monitoring the person's health.

#### Assessing risk, safety monitoring and management

- Staff had taken action to minimise potential risks to people, but this had not always been clearly documented to ensure people were supported consistently and safely. This is an area identified for further improvement.
- People's support plans contained basic information about how to minimise potential risks to people such as any health or mental health conditions. One person had had a fall and the landlord had been consulted to make changes to the environment to make it safer for them. However, these important actions to minimise the risk to this person had not been included in their risk assessment. The manager told us these risk assessments would be completed in line with the provider's procedure once they had undertaken risk assessment training.
- People's care records helped them get the support they needed because they were easy for staff to access. Staff kept accurate and up-to-date records and stored them securely.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. Assessment of risks in the environment had been undertaken and kept under review. Regular checks had been undertaken on gas, electrical and fire equipment to ensure it was in good working order. Staff took part in fire drills so they knew how to support people in the event of a fire.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. Some people had a positive behavioural support plan (PBS). These plans set out preventative and reactive strategies for staff to follow to help ensure people received an enhanced quality of life.

#### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff explained how changes in people's body language would alert them that something was not right with them and to investigate further.
- Relatives told us that their family members were safe at Overcliffe House. Comments included, "I have no worries that my family member is going to be ill-treated"; and, "He cannot tell me if something was not right, but I would know. I can tell from his reactions and he is never reluctant to return to the service from my home."
- Staff had undertaken training on how to recognise and report abuse and knew how to put this training into practice. They felt confident if they raised concerns to the management team they would be acted on. They also knew how to whistle blow and report allegations of abuse to external agencies. Information about



how to report abuse was available to staff. Whistleblowing is when someone raises a concern about abuse within their organisation.

#### Preventing and controlling infection

- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- 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 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.

#### Visiting in care homes

- Relatives were able to visit the service in line with government guidance.

#### Learning lessons when things go wrong

- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.
- Staff recognised what constituted an accident or incident and reported them appropriately. The management team investigated incidents and shared them appropriately with the positive behavioural support team (PBS). The PBS team had oversight of all incidents relating to people's anxieties. These were analysed so any themes or triggers could be identified and shared with the staff team and the person's PBS plan updated accordingly.

# Is the service effective?

## Our findings

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

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

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- The principles of the MCA had not been applied consistently to ensure where people lacked capacity to make particular decisions, they were made in their best interests.
- There was inconsistent practice with regards to assessing people's mental capacity to make specific decisions. Staff told us that people did not always have the capacity to make specific decisions, but there was not always a record of any associated mental capacity assessments and best interests meetings. For example, one person's capacity had been assessed with regards to having a blood test, but not for having a flu or COVID-19 vaccination. No mental capacity assessments or best interests meetings had been undertaken for another person despite the manager telling us they did not have the capacity to make some specific decisions.
- DoLS had not been regularly monitored to ensure appropriate legal authorisation was in place to restrict people's freedom. The manager had made applications to extend people's DoLS as they had identified they had expired or were due for renewal. Some people had conditions with their DoLS that are binding on the service. Although these conditions were being met, the management team were not aware of them.

The provider had failed to consistently understand and follow the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff knew about people's capacity to make daily decisions through verbal or non-verbal means.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training which had been regularly refreshed, with the exception of medicines. This has been detailed in the Safe section of this report. Updated training and refresher courses help staff continuously apply best practice.
- New, permanent staff received a structured induction so staff understood their roles, the people they supported and learned the skills to perform them competently. As reported under the Safe section of this report, there was no evidence agency staff received an induction for their role.
- Staff were provided with training in the wide range of strengths and barriers people with a learning disability and or autistic people may have. This included supporting people with their anxieties, communication, sensory needs and how to work in a person-centred way.
- Staff received support in the form of continual supervision and team meetings. Staff felt well supported as they could contact a member of the management team informally. They said they also had access to external forms of support if needed.

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

- People lived in a clean and safe home but the décor did not always meet people's expectations.
- People's home was an older building which had had problems with damp and water leaks, resulting in one person's room not being fit for purpose. Meetings with the landlord had taken place and these problems had been addressed. However, this work had resulted in a number of areas of the home including the dining room and kitchen requiring redecoration. We saw no evidence of a timescale for completion of these works.
- People were independently mobile and could move freely around their home. Signage was used to aid this. People personalised their bedrooms and were included in these decisions. Some people had chosen to have lots of personal items in their bedrooms and others had chosen a more minimalist design.

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

- Staff completed a comprehensive assessment of each person's physical and mental health before admission.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. Each person had a sensory profile which set out how the person experienced the world through their senses. Autistic people's senses can be over or under sensitive to stimuli and these sensory differences can affect how people feel and act and therefore can have a profound effect on their life.

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

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- Multi- disciplinary team professionals were involved in people's support plans to improve people's care. This had included learning disability nurses, speech and language therapists and members of the providers positive behavioural support team. People had benefitted from this joined-up approach as it had led to a decrease in their anxieties and the impact on the other people with whom they lived.
- People's health information including their medical needs and associated health appointments was easy for staff to access. People had hospital passports. These passports could be used by health and social care professionals to help the understand people's health and communication needs and any reasonable adjustments needed.
- People's oral health needs had been assessed and care plans set out if people required assistance with their teeth and dental visits.

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

- People received support to eat and drink enough to maintain a balanced diet.
- Assessments were made of people's needs with regards to nutrition and eating and drinking. People's food intake and weight were recorded to monitor any significant changes. Referrals were made to the dietician or speech and language therapist as appropriate.
- People were involved in choosing their food, shopping, and planning their meals. Staff used photographs of meals to help people choose what they wanted to eat. Most shopping was done online and people helped to unload and put it away on delivery.
- People could help themselves to a drink or snack at any time as they had access to their kitchen. This helped people maintain their independence and created a person-centred culture around meals. People's likes and dislikes in respect of food and drink were recorded in the care plan file.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good: This meant people's needs were met through good organisation and delivery.

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

- Staff provided people with personalised and co-ordinated support in line with their communication plans, sensory assessment and support plans.
- Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people. Staff followed the SPELL structure which is the National Autistic Society's framework for understanding and responding to the needs of autistic people. It focuses on five principles that have been identified as vital elements of best practice when working with autistic people and emphasises ways to change the environment and our approaches to meet the specific needs of each person. SPELL stands for structure, positive approaches and expectations, empathy, low arousal, links.
- Care plans reflected a good understanding of people's needs. Each person had a one-page profile which set out what was important to the person, their strengths and how best to support them. Staff used person-centred planning tools to look at people's achievements, dreams and aspirations.
- People had developed positive relationships with permanent staff and these staff spoke knowledgeably about people's individual's needs. Staff checked with people to see if they needed any help or support and gave minimal prompts so they could remain as independent as possible.
- Feedback from relatives was positive about how people's individual needs and choices were met. One relative said about their family member, "They have a routine which is very important to them. The staff always try to do what their best for them. They have a good quality of life." Another relative told us, "They are well cared for and staff are kind to them. Staff are genuinely fond of them."

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.

- People had individual communication plans that detailed effective and preferred methods of communication. Communication plans included how a person presented when they were content and when they were distressed. There was also a guide for staff which set out the individual words, sounds or actions a person used to communicate their emotions. This guidance aided staff in communicating with people and responding appropriately.
- Methods of communication had been adjusted to each person's individual requirements. Communication methods included emotions cards, picture symbols, pen and paper and Makaton. Makaton is a unique language programme that uses symbols, signs and speech to enable people to communicate. Although staff had not had specific Makaton training, they were able to sign everyday words. A relative told us, "Staff

communicate very well with my family member by pictures and they also write in their book."

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

- People were supported to participate in social and leisure interests and to stay in regular contact with family and friends.
- People were able to attend the provider's day services which offered activities such as dance and movement and arts and crafts. The centre contained a television room, computer suite and games room that people could access. A relative said, "My family member does things they enjoy such as going bowling, dance and drama and to the theatre. During lockdown staff kept everyone going so they were not bored. They were wonderful."
- Staff supported people to use their local community. A relative told us, "Where they live benefits everyone as it is near the town and public transport."
- People were encouraged to celebrate significant events. People had attended a party to celebrate Halloween. A relative told us family members were invited to celebrations and how much it meant to them. "The summer party was thoroughly enjoyable and also the Platinum jubilee celebration. I have known people as children and through school and some of them are still living together."

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints and staff supported them to do so. People were asked about any concerns at regular keyworker meetings.
- Staff understood the changes in people's body language and presentation, which may indicate that they were not happy with an aspect of their care. In these situations, staff investigated further to try to understand the reason for the person's reactions.
- Relatives said they approached specific staff if they had any concerns and these were dealt with to their satisfaction. They knew to contact the manager or provider if their concern was not addressed.
- The service's policy was to treat all concerns and complaints seriously, investigated them, learned lessons from the results and apologise to people when appropriate. The service had not received any complaints since the last inspection.

Supporting people at their end of life

- People's wishes and plans for the end of their lives had been sought and recorded.
- People's relatives had been contacted to discuss people's end of life care wishes. People had a document entitled, 'When I die' to record people's specific preferences such as where they wanted to live in their final

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- The provider's quality assurance arrangements had not been consistently applied to identify improvements so they could be acted on in a timely manner.
- Quality assurance processes had not identified the shortfalls found at this inspection regarding the recording and checking of agency staff, staff training and competency in medicines, and the application of the MCA 2005. For example, an internal audit in October 2022 had found restrictions were included in people's DoLS and best interests meetings held when people did not have capacity to make specific decision. However, we found this was not the case as detailed in the Effective section of this report.
- Some of the provider's yearly quality assurance checks had not been completed. This included medication and infection control audit, which had last been carried out in January 2021.

The provider had failed to operate an effective quality assurance system. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had failed to register a manager at the service in line with their condition of registration. There had been a manager registered at the service until 18 September 2022. A new manager was in post but they had not registered with the Care Quality Commission. The manager told us they were in their probationary period and the provider was assessing their competence to carry out the role. We will deal with this outside the inspection process.
- A new management team had been appointed when the provider had identified the service needed to improve. The management team was working through shortfalls and understood the provider's vision and values to support autistic people to live the best lives possible.

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

- Feedback had been sought from people but not always from those important to them, to help develop and improve the service.
- Relatives said that although communication with the service was usually good they had not been asked for feedback about their relatives' care. They said this used to be achieved through an annual questionnaire and at annual review meetings with staff from the service and day services. Comments included, "I'm not sure they would score very highly on feedback. In the past I used to get questionnaire to complete, but not for a while"; "We used to have an annual review at the day centre which was really useful as I knew what my

family member was doing, but this seems to have been phased out." and, "Although I have not been asked for feedback I speak to staff. I've just had a review with staff, but no one from day services. They are always good." The management team said that questionnaires were being sent to family members in December. We will assess the impact of this at our next inspection.

- Keyworker meetings were regularly held with people to ask for their views about the service and review their care. This included asking people if they had any concerns about their care and reviewing their health and wellbeing. People were specifically being asked about their choices for activities going forward. An easy read questionnaire had been designed to gain people's choices and preferences.
- The management team had reintroduced staff meetings and ensured they took place regularly. This was so staff views could be heard and acted on.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The manager and deputy manager had worked at the service for a number of years and knew people well. They had been promoted within the service and told us they were receiving support from the provider. The management team were visible, approachable and keen to learn and make improvements to the service. The manager based themselves at the service when many previous managers had worked from the provider's office.
- There were positive interactions between people and staff. Staff listened to people, reacted to their body language and gave them time to respond. When we asked people about the support they received from staff two people gave a 'thumbs up' sign.
- Feedback from relatives was positive about how the service was managed. Comments included, "I would definitely recommend it. It is well run"; "At the summer party one thing stood out. That was that everyone looked so well and happy and it did my heart good" and, "Overall very, very happy with the care".
- The provider understood the Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support. Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Working in partnership with others

- The service worked in partnership with health and social care professionals and external agencies to help maintain people's care and support needs. There had been effective joint working in particular with one person who had complex mental health needs.
- Staff demonstrated that they also worked in partnership with the provider's positive behaviour support team. This had resulted in improvement in people's quality of life.



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 11 HSCA RA Regulations 2014 Need for consent  The provider had failed to consistently understand and follow the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.  Regulation 11 (1) (3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure the safe management of medicines.  Regulation 12 (2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to operate an effective quality assurance system.  Regulation 17 (1) (2) (a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had failed to ensure the safe recruitment of staff.

