

# Glenholme Healthcare (NGC) Limited New Generation Care Limited - 15 Manor Crescent

## Inspection report

15 Manor Crescent  
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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

15 Manor Crescent is a residential care home providing personal and nursing care to four people with learning and physical disabilities.

People live in one adapted bungalow and each have their own bedroom and bathroom. The service is fully accessible and has been adapted to meet the specific needs of people with physical disabilities, including overhead tracking for hoists and en-suite wet rooms.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a domestic style bungalow. It was registered for the support of up to four people. The building design fitting into the residential area and the other properties in the street. There were deliberately no identifying signs outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

There was not an adequate process for assessing and monitoring the quality of the services provided and that records were accurate and complete. Records held about people did not always reflect up to date information.

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

People were treated with kindness by a caring and dedicated care staff. Care staff demonstrated a compassionate approach towards people and worked well together as a team. People told us that they felt that the staff cared about them.

People received the support they needed to eat and drink and maintain a healthy and balanced diet. Staff knew people's dietary needs and people told us they enjoyed the food available to them. People told us they could choose alternative meals if they did not like what was on the menu.

People and relatives told us they were happy with the service, and that staff had a good understanding of their needs and preferences. Staff understood how to recognise signs of abuse and actions needed if abuse

was suspected. There were enough staff to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults.

The service had an open and positive culture that encouraged involvement of people, their families, staff and other professional organisations. Leadership was visible and promoted teamwork. People and professionals and relatives spoke highly about the management and staff had a clear understanding of their roles and responsibilities.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 22 December 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for New generation Care Limited – 15 Manor Crescent on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Good governance. There was not an adequate process for assessing and monitoring the quality of services provided and that all records were accurate and complete.

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

#### Follow up

We will discuss with the provider following this report being published how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

**Requires Improvement** ●

### Is the service effective?

The service was Effective.

**Good** ●

### Is the service caring?

The service was Caring.

**Good** ●

### Is the service responsive?

The service was Responsive.

**Good** ●

### Is the service well-led?

The service was not always Well-led.

**Requires Improvement** ●

# New Generation Care Limited - 15 Manor Crescent

## **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 Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector.

Service and service type 15 Manor Crescent is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

We reviewed information we had received about the service since the last inspection. 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 with three people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, assistant manager and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We sought feedback from social care professionals and families who regularly visit the service.

# 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 now deteriorated to Requires Improvement.

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.

### Preventing and controlling infection

- People were not always protected from infection. In one person's bedroom their carpet was heavily water stained and had a musty odour. This had been caused by inadequate drainage of water from the persons wet room causing water to leak under the door and into the bedroom when the shower was in use. The registered manager told us that they had raised this with the provider, but funds had not been allocated to remedy this. Water damaged carpets produce allergens that can cause allergic reactions and irritations. NHS guidance states that having damp and mould in your home means you are more likely to have respiratory infections, allergies or asthma. And it can also affect the immune system. This meant that the person had been placed at increased risk of experiencing health issues because problems with the environment had not been addressed.

We recommend that the provider remedies the fault and ensures the carpet is repaired or replaced as soon as possible.

- Staff had access to personal protective equipment (PPE), such as aprons and gloves and they had received training to enable them to understand the risks of cross infection and ways of minimising the risks.
- Staff were observed using gloves and aprons for food preparation and when supporting people with their personal care.

### Using medicines safely

- All four people living at the service had experienced multiple medicine errors in the last twelve months. These were missed medicines and administering the wrong dose. Action had been taken to mitigate the risk of further medicine errors occurring, including staff training, daily stock count of people's medicines and a new dispensing system had been introduced.
- There had not been any medicine errors since these measures were introduced at the end of March 2019. One staff said, "processes are much better, there is less margin for error as we have back up measures in place like administering in pairs and counting the medicines, it's much better".
- Medicines were stored correctly, and the provider was following safe protocols for the receipt and disposal of medicines. For people prescribed medicines PRN, or 'as and when required' staff had a good understanding of when it was appropriate to administer these.

### Assessing risk, safety monitoring and management

- Health safety and maintenance checks were completed to ensure equipment and the premises were safe to use. These were not always robust to ensure all equipment being used was safe. In one person's bedroom a portable heater was being used. The registered manager told us that they did not know why it was being used or where it had come from. The portable heater did not have a Portable Appliance Test (PAT) to ensure it was safe to use and properly maintained and there was no risk assessment in place for the use of such appliances. The registered manager immediately removed the portable heater. Other appliances in the service did have evidence of PAT testing.
- Risks to people were assessed and measures taken to reduce these risks. Records assessed areas such as mobility, safe moving and handling practices, eating and drinking and any behaviour that could be considered challenging.
- Staff understood how to support people to take positive risks. They had a good understanding of risks to people and how to provide safe care. Staff received training in health and safety including safe moving and positioning techniques and fire safety.

#### Learning lessons when things go wrong

- Action had been taken in response to concerns and learning lessons when things had gone wrong. For example, all staff had been assessed to ensure that they were competent to administer medicines following a cluster of errors in March.
- Staff received group training from the registered manager and deputy manager to address topic areas when concerns had been raised. Topics included, addressing health and safety concerns, managing people's finances, medicines and writing daily records. Staff had opportunities to ask questions and were given information to read and sign.

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

- People were protected from abuse. The provider had a safeguarding policy which was available to all staff. Staff had received training on how to recognise abuse and what to do in the event of a concern being raised.
- People who were able to, told us they felt safe. One person told us that they felt safe because there were always staff around. They said, "I can tell staff when I am not happy, and I know they listen to me". Another person said, "I am not afraid to report a concern to staff, CQC or my social worker, I know what to do and I know what's right and wrong". A relative told us "we have no concerns [Name] is 100% safe, no complaints from us it is very safe"
- The registered manager was aware of the need to report all safeguarding concerns to the local authority. Safeguarding records showed that concerns were being reported by the service and considered appropriately and in line with the local authorities safeguarding guidance.
- Staff were aware of their responsibilities to report poor practice or concerns that put a person at risk to the registered manager and were confident that these would be acted upon. There was evidence that whistleblowing had been used by staff in the last six months to raise concerns. Appropriate measures had been taken to address the issues raised and there had been no further concerns raised.

#### Staffing and recruitment

- There were safe systems and processes in place for recruitment of staff. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references.
- There were enough staff to meet people's needs consistently and keep people safe. People had a combination of individual 1-1 support and shared support including one wake night staff. There was a core team of staff who knew people well. Staff told us that they worked flexibly, one said "there is adequate staffing and we have enough time to spend quality time with people".



- Staff turnover and vacancies remain high. The manager told us that recruitment is difficult and they have a constant recruitment campaign running. Just prior to the inspection three staff had left and there was evidence that the reasons for this had been explored.
- The provider had introduced positive measures to aid recruitment and retention. A relative told us "lately there has been less staff turnover which is positive". The rota showed that safe staffing levels are being maintained during the day and night. This is achieved by using agency staff. Whenever possible regular agency staff are used to lessen the impact on people and provide consistent care.

# 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 remained the same and is rated as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed in line with best practice and guidance. People were assessed before they started to receive support from the service to ensure their needs could be met. The information gathered included people's preferences and protected characteristics under the Equality Act (2010), such as disability, ethnicity and religion.
- Staff told us that they worked with people to encourage and support their independence. People felt fully involved in the management of their care and support and told us that staff listened to them and ensured their choices were respected. A relative told us that the staff meet their loved ones needs "very well especially their physical needs".
- Care and support was planned and delivered in line with current legislation and good practice guidance. Each person was assigned a keyworker who spent time with them and ensured all their health and care needs were fully met. Care plans were detailed and reflected people's personal preferences and wishes. One person told us "I talk to me keyworker about how I like to be supported and they write it in my care plan".

Staff support: induction, training, skills and experience

- New staff received an organisational induction in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their job well. Staff told us that they had received a good induction, which included information about the company and its values and the expectations of themselves and their role. One staff said, "I had a great induction, training was good, and it gave me the knowledge I needed to support people well".
- Staff had opportunities to learn skills to enable them to support people's assessed needs. Staff told us that they had good access to training and that they were able to request training to meet people's specific needs such as autism awareness and epilepsy.
- Staff received supervision with their line manager and their practice was observed by senior staff. Records showed that staff were competent to provide care safely and effectively to people. We observed staff using the electronic hoist safely and in line with guidance to support someone to transfer from their wheelchair to their bed, the person said, "staff did it very well for me and made me feel comfortable".

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

- People received appropriate support to ensure their nutritional requirements were met. People required varying levels of support to ensure they maintained a balanced diet. This included support with menu planning, shopping and preparing food.
- Support plans identified specific needs related to nutrition and hydration. For example, one person's

support plan reflected they were susceptible to unplanned weight loss and the need for a high calorific diet and fortified foods. Staff were knowledgeable about people's nutritional needs and preferences.

- People were supported to be as independent as possible with meal preparation. We observed one person making their lunch of Mediterranean vegetables and rice. Specialist equipment was available to support people to cook safely such as chopping boards with built in knife guards.

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

- People had access to healthcare professionals. Records showed that people accessed the health and social care services they needed. Staff supported people to access routine health screening and check-ups.
- The service worked well with organisations such as the local GP surgery and learning disability teams to deliver joined up care.
- Staff liaised with other agencies to provide a consistent level of care and support to people who were new to the service. For example, Staff had received detailed information prior to a person moving to the service. Information shared included the persons interests, communication, culture and preferences. This provided important information which supported the person to have a smooth transition to the service and continuity of care.

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

- The environment had been adapted to meet people's needs. There was overhead tracking for electric hoists in the communal areas and in people's bedrooms. The living areas and the garden were fully accessible to people using wheelchairs and there were raised flower beds so that people with physical disabilities were able to participate in gardening. There was a portable hoist for the garden to enable people to access a splash pool that was set up in the garden in the summer.
- People were able to decorate and personalise their bedrooms to their taste. The environment provided people with communal and private space to use as they chose. We observed people who use wheelchairs moving around these areas independently.
- The service provided a homely and comfortable environment. One person said, "I like living here, I like the garden and I like my bedroom".

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).

- People's care records did not always contain capacity assessments; however, staff practice showed that staff had a good understanding of the MCA and how it applied in relation to the day to day care of people they supported.
- Staff training records showed that staff had received training on the MCA and DoLS. Staff we spoke with understood the need to respect and support people's decision making. We saw they enabled people to make day-to-day decisions about, for example, what they wanted to eat and drink or how they wanted to spend their time.

- We observed staff seeking people's consent before supporting them with personal care and knocking on people's bedrooms and waiting for a response before proceeding. For example, we observed staff knocking on a person's door, the person said, "go away I am busy and do not want to be disturbed until lunch time", staff respected the persons wishes and left them alone.

# 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 remained the same and was rated as Good. 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 atmosphere within the service was welcoming, relaxed and calm. Staff had a good rapport and interacted well with people; they showed warmth, understanding and kindness. We saw people were at ease with staff and we saw that people were laughing and smiling with them.
- People's differences were acknowledged and respected. Staff told us that "people are individuals each with their own personality, likes and dislikes". Staff told us of the importance of treating people as an equal and respecting their wishes. We were provided with examples of how staff have supported people's individuality, one staff said, "we support people to be who they want to be".
- People were treated fairly regardless of age gender or disability. Staff had time to care for people in a personal way and took the time to support people at a pace that was appropriate to them. Staff had supported one person who uses a wheelchair to participate in a charity event. They had taken the time to find an event that was accessible to people in wheelchair's so that the person could participate and raised £250 for a cancer charity.

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

- Staff involved people and helped choice as much as possible throughout the day in relation to what they wanted to do, where they wanted to go and what they wanted to eat and drink. For example, one person asked if they go to see the ambulances at the local hospital and this was arranged for later that morning. The person told us "I had a great time; the ambulances were very noisy".
- People were involved in the review of their care. One person told us that they regularly spoke with their keyworker to talk about their needs wishes and choices and these were recorded in their support plan. They said, "My keyworker is [name] we talk about how I am and my feelings and any changes I want to make about the way I am supported".

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff provided examples about how they respected people's privacy. One staff told us how it was important for one person to have their door locked whilst they were being supported with personal care, another said "I always ensure that peoples dignity is maintained whilst supporting them with their personal care, that's how it should be".
- People were encouraged to be as independent as possible. One person said, "I have my own phone and I make my own arrangements to meet my friends" During the inspection we observed staff provided the appropriate degree of support that enabled people to do as much for themselves. One person who uses a wheelchair was observed vacuuming, they told us "This is my favourite job, I enjoy vacuuming the carpets

very much"

- Interaction between staff and people showed they consistently respected and promoted people's dignity, privacy and independence at all times.

# 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 and is rated 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

- People received care and support that was planned and centred on their individual and specific needs. Support plans were personalised and provided guidance to staff on the level of care and support each person needed, and in the way, they preferred.
- People gave us examples of how staff supported and encouraged them to pursue individual interests and hobbies. For example, one person told us how that the deputy manager had supported them to attend the live filming of two television shows. They told us "One was celebrity Catch Phrase, it was great, I got my photograph taken with a celebrity and [staff name] ensured that our seats were fully accessible to me as I use a wheelchair, I can't tell you too much about it as it has not been on the TV yet and it would spoil it for you".
- Families and professionals told us that the service was very responsive to people's needs. A social care professional told us that staff always make sure they have time to support a person to do the things they like such as visiting the persons family, going shopping and attending concerts. A relative told us staff were good at ensuring people were given the opportunity to try new things, they said "[name] enjoys cars, last week one of the staff took him out in their convertible sports car, he usually uses a wheelchair, but they found a way for him to travel in the front seat car, he loved it, he was absolutely made up and they sent me photographs which are fabulous"

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. Staff understood the Accessible Information Standard (AIS). People's communication needs were identified, recorded and highlighted in support plans.
- Communication plans provided guidance for staff on people's communication needs. For example, one person's plan outlined how photographs and objects of reference were used to communicate with the person. We observed staff using objects of reference with this person. For another person pictorial symbols were used to as a visual prompt when choosing snacks.
- The service embraced technology to help people to connect. People had access to WIFI which supported the use of 'smart' mobile phones, laptop computers and media services. People used video calls to keep in contact with friends and family. Staff described how they used the internet to search for music, look up films and choose holidays. We observed a person choosing a drum kit on line which they later purchased. They

chose the 'click and collect' option as the person wanted to go to the shop to collect it.

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 maintain and develop relationships and community connections. People were actively involved in community activities and were supported and encouraged to follow their interests and hobbies.
- People were supported to stay in touch with people who mattered to them. A relative told us how staff had gone to a lot of effort to ensure a person was able to visit a relative who had recently moved to the West Country. Staff had researched community changing facilities that had a hoist so that the person's personal care needs could be met and had planned the journey and route around those locations. The person said, "my nan was really pleased to see me, it was great, we had lunch and staff made it happen".
- One person told us how they had their own car which was fully accessible to them. They told us it meant that they could go out in their wheelchair and do things that they enjoyed. They said, "I like it when staff take me out for a drive, we drive around, sometimes I wave at ambulances, I like being in my car".

Improving care quality in response to complaints or concerns

- The service was proactive at responding to concerns or complaints. The provider had a complaints policy and procedure which gave guidance on how to raise and respond to complaints.
- People knew how to provide feedback about their experiences of care. The service provided a range of ways to do this through monitoring visits, surveys and meetings. One person told us that they had raised with their keyworker concerns about how some agency workers had spoken to them, they said "I told my keyworker, they listened to me and it was dealt with".
- People and their relatives were given information about how to make a complaint and a relative said that they were confident that any complaints they made would be listened to and acted upon in an open and transparent way.

End of life care and support

- At the time of inspection, people were not receiving care and support at the end of their life. However, the service had processes to be able to support people and their relatives at this important time.
- When required, the provider would ensure end of life training was available for staff.



# 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 deteriorated 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 systems for assessing, monitoring and improving safety and quality of the service were not always effective and had not identified the shortfalls found during inspection.
- People's care records did not always contain details of mental capacity assessments. For example, one person's care plan stated, 'I do not have the capacity to make big decisions in my life and need these to be made on my behalf by people who know me well and know what my best interests are'. There were no mental capacity assessments for this person who had complex learning and physical disabilities.
- Medicine records were not always accurate. We reviewed people's medicine administration records. One person's medication profile was dated 2017 and did not reflect their current prescribed medicine.
- Records were not always updated after accidents or incidents occurred. For example, people's daily notes did not reflect there had been an error in receiving their correct dose of prescribed medicines in March 2019. There was also no incident records for these errors. Systems and processes for reviewing accidents and incidents had failed to identify the lack of information relating to these errors.
- Governance systems to monitor and review care plans were not robust and failed to ensure that care records were accurate, complete and contemporaneous. The service was operating two systems for care planning. An electronic system used by management to update care records and paper records accessed by care staff. Information was not always consistently recorded and updated across these two systems. For example, one person's risk plan for epilepsy had been updated on the electronic system 10 days prior to our inspection. Paper records used by staff had not been updated to reflect this change which included a new requirement of calling for an ambulance. Staff we spoke to were unaware of the update which had been in place for 10 days. This meant that the person was at risk of not receiving the correct support as the provider did not have a robust system to ensure people were receiving the care they needed and that records were accurate.
- Records contained information relating to another care home operated by the provider. This information contained personal details and records for people as well as operational records. For example, an email to the local authority on the 19 March 2019 informing them of multiple medicine errors also contained the names of people living at another care home. This meant that people could not be assured that personal information was stored securely.
- Monitoring systems had failed to identify that the service did not have an environmental risk assessment. The environmental risk assessment held at the service was for another care home. We were told that the

environmental risk assessment had recently been updated and was on the computer. We were shown this document and noted that it had last year's date and related to a different care home. This meant that people could not be assured that environmental hazards had been identified and that risk plans covered relevant risks.

There was not an adequate process for assessing and monitoring the quality of services provided and that all records were accurate and complete. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Good governance.

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

- People provided positive feedback regarding the quality of care they received. People told us staff were caring and looked after them well. People told us "the manager is very good. You can talk to her about anything". A relative told us, "things have improved, it's much better than it used to be, the manager is very approachable, changes have been made for the best and [relative's name] is much happier"
- Staff spoke highly of the registered manager. We observed a pleasant and friendly atmosphere among the staff and management team

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People had opportunities to be involved in and influence the running of the service. Staff told us that they sought feedback and ideas from the people who lived there.
- Relatives were involved in the service. One relative told us that meetings were held every three months with all the families. They said, "the manager and deputy keep us up to date with what's happening, new staff, any changes and we have a chance to say our bit and air our views and we are listened to".
- We reviewed the people and family surveys for 2019. The survey was produced jointly with another care home operated by the provider and the overall all outcome summary included information relating to both services. CQC were unable to consider feedback from the survey to help inform this inspection as we were unable to distinguish which information related solely to 15 Manor Crescent. The registered manager told us that the provider did not have a process in place to seek feedback separately, but this was something they would speak to the provider about.
- Regular staff meetings took place. Staff told us that they felt valued and listened to by the management team. A visiting professional told us "I find the management very supportive. They told us that information requested was produced and staff always made themselves available to discuss any issues.
- The service worked in partnership with other agencies. These included healthcare services as well as local community resources. Staff liaised with other services supporting people with learning disabilities including a school attended by one person living at 15 Manor Crescent. We saw evidence of effective communication between the two services and there was a daily diary that was used to communicate information.

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 17 HSCA RA Regulations 2014 Good governance  There was not an adequate process for assessing and monitoring the quality of services provided and that all records were accurate and complete.