

Heathcotes Care Limited

Heathcotes (Hollyfield House)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Heathcotes (Hollyfield House), is a residential care home providing 24-hour support for adults with a learning disability, autism, epilepsy and associated challenging behaviour. The service has nine en-suite bedrooms over three floors. It has two lounges, two kitchens and a well-maintained garden area. At the time of our inspection eight people were using the service.

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

Risk assessments in place were detailed and person centred. However, some people's risk had not been identified and some equipment that was used to help manage people's risk was not checked or working as it should do. People received their medicines when they needed them but the room people's medicines were kept in was too hot and no measures were in place to reduce the temperature. This meant some people's medicines may not be safe or work very well.

There were enough staff to keep people safe. However, some staff did not always receive their induction training before they started to work at the service and some mandatory training for existing staff had not been completed or had not been refreshed. This meant some staff may not have the skills and knowledge they needed to support people.

The service applied the principles and values of Registering the Right Support. This meant people who used the service were able to live as full a life as possible and achieve good outcomes that include control, choice and independence. However, some best practice and legislation around how people were supported in the least restrictive way possible and in their best interests had not been followed.

Staff knew how to keep people safe and used many different ways to communicate with people to find out how they were feeling and what choices they wanted to make. Care records helped staff know what was important to people and how they wanted to be supported. Information was available for people in a way they could understand.

Staff supported people to follow their interests in the community and at the service. They helped people keep in contact with their family and friends. During our inspection people were very active getting ready with staff to go out or making plans for their day.

The manager had joined the service in the last six months and people and staff liked him. He was working hard to make the improvements needed. The provider was making regular checks on the service to make sure people had the care and support they needed. When issues were identified they were working with the manager to make things better for people.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people

with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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 (report published 09 January 2018).

Why we inspected

The inspection was prompted in part by risks identified at other Heathcotes services, these included risks around poor restraint practices, risk management, staff training and governance. A decision was made for us to inspect and examine those risks as part of a comprehensive inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

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

The provider has acted to reduce the risk to people and has supplied full details of how they are making changes to make things better for people.

Enforcement

We have identified breaches in relation to people's risk, staff training and support, people being deprived of their liberty unlawfully and how the service is managed.

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 for the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service until we 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.

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 ●

Heathcotes (Hollyfield 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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector and a specialist nurse advisor experienced in caring for people with learning disabilities and autism.

Service and service type

Heathcotes (Hollyfield House) 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 in place who was applying to be registered with the Care Quality Commission. This means that they would, with the provider be 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

Before the inspection we reviewed information about the service such as notifications they are required to submit to the CQC about significant events. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key

information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

During our inspection we observed interactions between people and staff to help us understand their experiences of receiving care and support at the service. This was because people were unable to express their experiences of the service verbally. We spoke with the manager, the area manager, two team leaders, two support workers and the chef. We looked at records which included five care plans, five staff files, medicines records and other records relating to the management of the service.

After the inspection –

After our inspection we spoke with two relatives of people using the service and the manager sent us additional information including staff training, staff meetings and quality checks.

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 deteriorated and is now rated as requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about some people's safety.

Assessing risk, safety monitoring and management

- Not all risks for people had been identified and some information about risk and safety was not always comprehensive or easy to understand.
- Risk assessments around people's epilepsy was detailed, however, we found these risk assessments were not always updated regularly and did not always link with people's medicine records. For example, one person needed one type of medicine at certain times of the month to help reduce the risk of seizures, however, this was not detailed in their risk assessment. Staff knew the medicine needed to be given but were not sure why. After the inspection the manager confirmed they had updated the risk assessments and support plans of all those people with epilepsy to make sure they contained the right information.
- Equipment used to protect people from risk was not always regularly checked, maintained or used properly. People who were at risk of seizures had mattress sensors in place to alert staff if the person was having a seizure at night or while they were resting in their room. We checked two people's sensors. One person's alert box was situated behind the person's sofa and difficult to access, it was not switched on and when staff were asked they could not say if the device was used at night. Staff were not sure who was responsible for the upkeep of the device. We spoke to the manager about our concerns and after the inspection they told us all mattress sensors had been removed because they were faulty. They had ordered new epilepsy under bed monitors as a matter of urgency and had put additional risk assessments in place so staff could keep people safe in the meantime.
- When people's behaviour challenged the service, we saw detailed personal behaviour support plans in place for staff to follow, these included active strategies to help de-escalate behaviour when a person became anxious or upset. Reactive strategies recommended type of releases so that staff knew how to respond to specific challenging situations and avoid restraining people inappropriately. However, when we looked at some people's care records these were not always clear. For example, one person's care records suggested staff to take a protective staff position however when we spoke with one staff member they told us they did not know what to do when the person's behaviour escalated and became physical. We looked at staff training in behaviour management and found nine staff had not received training in this area and 10 staff required refresher training. We spoke with the manager about our concerns and they confirmed training had been organised for all staff but the dates were unknown at the time of our inspection.

Using medicines safely

- People received their prescribed medicine when they should. However, not all medicines were managed safely.

- People's medicine administration records (MARs) had been fully completed with no unexplained gaps or errors.
- Staff had guidance available to them when people required additional PRN or 'as required' medicine. This included information such as how much medicine should be given, signs to look out for and when to offer the medicine.
- Medicines were stored in a small locked room. This was very hot and when we looked at the daily recording of room temperatures we found the room regularly exceeded the recommended storage temperatures. This was unsafe as medicines stored outside the recommended range may not work in the way they were intended and, could put people at risk. The manager explained they had ordered an air conditioning unit but this had not arrived. After the inspection the manager confirmed they had spoken to the pharmacist about putting short term measures in place to reduce the temperature of people's medicines. They also confirmed they had purchased a small portable air conditioning unit to use while the larger device was being installed.
- Only those staff trained in medicine management were able to give people their medicine. However, we were concerned not all staff had received their training in line with best practice guidance. Staff told us they had recently changed pharmacies and were unsure when updated medicine training would be given. We looked at staff training records and it appeared from the 10 staff members who had received training in medicine management only one staff member had received training in the last year. We asked the manager if staff received yearly competency checks to ensure staff skills remained current and safe but they were unable to find these. The manager confirmed they were looking at giving staff refresher training and, in the meantime, had started to assess staff competency.

Although we found no evidence that people had been harmed we were concerned that people had been placed at risk of harm because of inadequate risk and medicine management. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities).

The manager responded to our concerns both during and after our inspection and we were assured adequate remedial action had been taken to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- Staff knew what to do if safeguarding concerns were raised. It was clear from discussions we had with staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. Safeguarding was an ongoing agenda item at team meetings so staff were aware of any updates or improvements in systems and processes.
- Systems and processes were in place for managers to report, investigate and review safeguarding concerns. The manager understood their responsibility to report any allegations of safeguarding to the local authority and the CQC.
- Most staff had received some training in safeguarding. However, records indicated five staff members had not received any training in this area and eight staff required refresher training. We spoke to the manager who confirmed five new staff members had yet to complete their training but this was booked for August 2019.

Staffing and recruitment

- There were enough staff on duty to keep people safe. Staff told us their rotas were planned flexibly to accommodate people's outings, activities and healthcare appointments. Duty rotas and shift planners confirmed staff numbers. During our inspection staff were always visible and on hand to meet people's needs and requests.
- Staff told us they had recently recruited new staff and felt this would help in the long term but felt under pressure while new staff were still learning about people and how the service was run.

- Staff continued to be recruited safely. Checks were carried out before employment started to make sure staff were suitable for the role. People using the service were involved in the recruitment of new staff and could ask questions and give their views during the interview process.

Preventing and controlling infection

- Staff had access to personal protective equipment when needed and staff received training in infection control and food hygiene during their induction. Cleaning schedules were in place as part of the daily shift plan.
- The service was clean and tidy. Bathrooms and toilets had hand washing and drying facilities and were clean and free from unpleasant smells.

Learning lessons when things go wrong

- Staff recorded incidents when they happened and lessons learned were communicated to support ongoing improvement.
- The provider had used learning at other services to improve the way incidents were reported and we saw recent changes had been introduced. This included details of the managers actions following an incident and a debrief where staff and people could talk about their experiences and what they would do differently next time to try to make improvements.

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 deteriorated 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 in place at the time our inspection told us they had received training to provide people with the care and support they needed. However, some staff told us they felt more training was required in certain areas, such as behaviour management and additional training for those staff wishing to progress their career in management.
- Some staff members had joined the service in the last few months, but four staff were not recorded as having started their three-day induction. The manager told us he was working with staff to complete their induction and had a timeframe in place to do this but we were concerned some staff were supporting people without the basic induction training.
- When staff training was incomplete or needed refreshing, this had been identified by the provider. However, we were concerned about the numbers of staff who had not completed some specific training relevant to their roles. For example, records indicated 11 staff either had not received or required refresher training in safeguarding, 17 staff either had not received or required refresher training in behaviour management and only one staff member had received recent training in medicine management. Although the manager had informed us that training had been booked and staff would receive the training they needed we were concerned staff had not been kept up to date with new developments and best practice.
- Mandatory training, required by the provider, for staff included specialised training in behaviour support to help staff manage behaviour that challenged in a proactive way while reducing the use of restrictive physical interventions. However, records indicated at least eight staff had not received this training and a further 10 staff had not completed their yearly refresher. This meant staff may not have the skills they needed to support people in the least restrictive way while keeping themselves and others safe.
- During our inspection we found some staff had poor English language skills. Staff told us they had to translate and write file notes for other staff because they were unable to write in English. We spoke to the regional manager about the importance of good communication and record keeping in relation to people's care and asked how the provider supported staff to increase their skills in this area. The regional manager was not aware of any additional training for staff but assured us they would look into the matter.
- Staff told us they felt supported by their managers but when we looked at staff records we found staff supervision had not been completed in line with the providers policy. The manager told us they had started to meet with staff and we saw evidence of recent meetings. We also saw their supervision matrix going forward.

Although we were assured staff would receive the future support they needed we were concerned that there had been no systems in place to support, develop and motivate staff or to focus on their training needs.

These issues amounted to a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 who lacked capacity to make decisions about their care and support needs had MCA assessments in place and we saw some details where decisions had been made in people's best interests. These involved family members and healthcare professionals where appropriate. However, some MCA assessments were not always reviewed in line with the provider's procedures. This meant if a person's capacity to make a decision changed it may not be recognised and acted upon. We discussed this with the manager of the service who agreed to look at MCA assessments going forward.
- We asked to see the DoLS applications for people living at the service and found four people had DoLS authorisations awarded in 2017 but these had expired during 2018 and new applications had not been submitted.
- Applications had been made for three people in 2017 but these had never been followed up so we were unable to confirm why there had been a delay in authorisations being considered.
- We were concerned that people were not able to consent to the care they received and they were being deprived of their liberty unlawfully. For example, people's care records suggested staff should use various restrictive interventions when people's behaviour challenged the service. People did not always have the capacity to consent to these types of interventions. This meant people were at risk from being restrained unlawfully.

These concerns amounted to a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager had identified these issues and provided us with updates of people's DoLS applications both during and after the inspection. Although we were assured that going forward the provider would meet its legal responsibilities in this area we remained concerned about the length of time the provider failed to act in accordance with the MCA, DoLS and associated codes of practice.

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

- People continued to eat and drink enough to maintain a balanced diet.
- Staff told us they ate their meals with people to help make the mealtime experience more relaxed.
- The service had a dedicated weekday chef who knew people's likes and dislikes well. They told us they

were preparing several different dishes for the evening meal according to people's different tastes and would always encourage people to try something new or offer alternatives if people changed their mind.

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

- People were supported to access the healthcare services they required when they needed to.
- There continued to be good links with local health services and GP's. There was evidence of regular visits to healthcare professionals such as GP's, dentist, chiropodist and people's social workers. The service involved and informed people about their healthcare and people's health action plans were in easy read and pictorial format.

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

- People's needs were assessed when they first started to use the service. Assessments included information about people's physical, mental and social needs. This included their spiritual and cultural beliefs so staff could provide the appropriate care and support.
- People had positive behaviour support plans in place to help staff understand why a person may feel anxious or upset and give strategies to help them support people and reduce the risk of escalation. The positive behaviour support plans fed into a recognised teaching technique to restrain people safely. However, some staff required additional training and supervision to make sure they were confident using the de-escalation techniques described in people's plans. The provider assured us they were immediately addressing this situation and would update us once the training was complete.
- Most people's care and support needs were regularly reviewed. The provider's policies required three monthly reviews of people's records. We found some documents had not been reviewed with in this timescale and spoke to the manager about our findings. The manager assured us this was in hand and reviews would be completed soon.

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

- The service is a three-story converted house. Rooms on the first and second floors are accessed via stairs. There were areas around the service in need of decoration and plans were in place to complete essential maintenance. Some corridors were quite narrow and this had presented problems when people required additional support from staff. The manager was looking at ways to best support people and was currently reviewing one person's risk in relation to the environment.
- People's views were sought about the design and decoration of the premises, people had been involved in choosing the colour scheme and decoration of their bedroom and we noted a wide range of colours and decor with personal objects, pictures and photographs. There was a main lounge and kitchen area where people were able to socialise and also two smaller areas that enabled people to have a quiet space to relax when they needed to.

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

- Relatives told us staff were caring and comments included, "The staff are very pleasant and caring", "Staff are really friendly and seem caring" and "The staff are fantastic, it's a very friendly house."
- During our inspection we observed people's interactions with staff were positive. Most people received one to one care and support throughout the day so staff were able to spend time with people, giving support when they needed it.
- Staff knew people well and were able to tell us about people's individual needs, preferences and personalities. Staff were friendly and open, they spoke positively about their work and how they supported people. Comments included, "I work here knowing I can hopefully make a change. Make someone's life easier" and "I feel good knowing I have helped someone."

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

- Most people were non-verbal however staff used various methods of communication to help people to express their views, this included a Picture Exchange Communication System (PECS), symbols and objects of reference. These were available to help staff and people using the service communicate with one another and we observed this during our inspection.
- Some people were able to use Makaton (a language programme using signs and symbols to help people to communicate) However, the provider did not have any formal training in place to offer new staff the opportunity to learn this skill. We spoke with the provider about their ongoing commitment to improving communication for people at the service including the use of Makaton. They assured us they would be looking at training and learning opportunities to increase knowledge and skills around communication and explore different communication strategies.
- Some people had complex needs and we observed staff were always on hand to support people. Staff were aware of body language and signs people used to express their needs and feelings and what these were likely to mean. Staff provided reassurance when people needed it, they knew people's routines and followed these to help reduce people's anxiety.

Respecting and promoting people's privacy, dignity and independence

- Staff helped to support people to maintain relationships that were important to them. Relatives told us they felt welcome at the service and staff supported their family members to meet them in the community. One relative explained how important it was for their family member to look smart and dress appropriately

for their age. They told us with staff support, "They always have lovely clothes and are smartly dressed."

- Staff knew people well and knew when people were happy, sad or in discomfort. For example, one person was not feeling well and staff were able to explain in detail the signs they needed to look out for and how they could support the person with their healthcare needs in a dignified way.
- When people wanted some privacy in their own rooms we observed staff stayed nearby so they could quickly respond if the person became anxious or upset. Staff supported people discreetly when they needed help with their personal care.

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; 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's relatives told us they felt involved in the care their family member received. They told us they were contacted if there were any changes and invited to review meetings to talk about their family member's care and support. One relative explained how they worked with staff to involve their family member in activities in the community in a way that helped reduce their anxiety.
- Staff kept in regular contact with people's families and relatives told us they were regularly contacted by staff with weekly updates. One relative told us, "[Staff name] rings us every Friday for a catch up...I think all the staff know [family members name] extremely well."
- People's care records continued to recognise the important people and things in people's lives. This included friends, family members and healthcare professionals, places of interest and the things people liked to do.
- We observed people were actively preparing for their day with staff support. Staff told us people's interests included swimming, golf and trampolining. People were supported to various community activities in the local town centre, such as drama therapy. One person's relatives told us how their family member liked to visit local attractions and loved to go to the pub in the evenings.
- Staff told us how important it was for people to have structure to their day to help reduce any stress or anxiety. They told us about one person who used PECS to plan their day and feel involved in their care and support.

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's care records included information about their individual communication needs and how these should be met. Staff used symbols, pictures and objects of reference to help people communicate. Many documents were written in a format people could easily understand such as fire evacuation procedures.
- Staff knew people's communication needs well and were able to support people appropriately to gain people's views and choices.

Improving care quality in response to complaints or concerns

- Staff told us they used various ways to gauge how people were feeling, this included PECS, Makaton and body language or facial expressions. Some records were available showing people's views and choices but this was not available for everyone. The manager told us they would be reviewing ways to capture and record people's voice going forward, but felt satisfied staff would recognise if a person was unhappy or needed to raise a concern.
- People's relatives told us they knew who to make a complaint to, if they were unhappy, but the relatives we spoke to told us they had never had to.
- The provider had arrangements in place to deal with people's concerns or complaints if they were unhappy with any aspect of the support provided. All complaints were reported to and monitored at provider level.

End of life care and support

- At the time of our inspection no one at the service was receiving end of life care. However, staff had started conversations with people about end of life and what they would like to happen. Records were in easy read and pictorial format and contained details of the people who were most important to them and what their end of life wishes would be.

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 deteriorated and is now been changed to requires improvement.

This meant the service management and leadership had been inconsistent. Leaders and the culture they created had not always supported the delivery of high-quality, person-centred care.

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

- At the time of our inspection there was not a registered manager in place at the service. The manager had been working at the service for approximately six months and had recently applied to register with the CQC.
- The manager was aware of their responsibilities and working hard to make the improvements needed at the service. They spoke to us about their plans to make things better for people, although they knew this would take time.
- The provider had systems in place to review the quality of the service, including regular quality assurance audits. Recent changes in the way the provider conducted their quality audits meant they had identified some of the issues we found during our inspection. Detailed actions plans were in place to make improvements. However, we were concerned the systems and processes in place had deteriorated from the last inspection and the lack of robust governance over this period had an impact on people's care. For example, some risk had not been managed well, staff training and supervision was incomplete and people may have been deprived of their liberty unlawfully.

Although we found no evidence that people had been harmed and the provider had recently recognised most areas for improvement. We were concerned systems in place had not been robust enough to make sure regulatory requirements were met. With new management in place we need to make sure the revised governance systems are imbedded into the culture of the service to make sure improvements made are sustainable.

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; 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; Continuous learning and improving care

- Relatives told us they had either spoken with or met the new the manager and told us they would speak to them if they had any concerns. One relative told us about the positive actions the manager had taken following professional healthcare advice and told us they were confident he would address any issue in

relation to their family member's care.

- The culture of the service was person-centred, open and inclusive. Staff made sure care and support focused on individual needs.
- When things went wrong the provider, manager and staff were open, honest and transparent. This was evident throughout our inspection where it was recognised that some things had gone wrong but the emphasis was now on making things better. Staff told us they felt comfortable reporting any concerns to the manager and felt they would be listened to.
- The manager reviewed all incidents so they could make sure improvements were made to reduce risk to people and improve their care. The provider monitored complaints, accidents and incidents so they were able to act when something went wrong. During our inspection the provider told us they had sought independent advice following a review of incidents at the service. They shared the recommendations made with us and spoke about the actions they planned to make to achieve better outcomes for people.
- The manager was aware of the need to notify CQC of certain changes, events or incidents that affect a person's care and welfare. We found the manager had notified us appropriately of any reportable events.

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

- Relatives felt listened to and liked the manager and staff. They told us they always felt welcomed by the service and involved in their family member's care.
- People knew the manager and felt comfortable with them. Staff told us they felt involved and felt the manager listened to them. Comments included, "[Managers name] has done a phenomenal job, we have had no solid management for a while...he knows it's a difficult job" and "[Managers name] is very understanding and down to earth, I feel very supported."
- Staff engaged with and involved people using the service on a regular basis however only some staff maintained records of the engagement. Staff explained it was better to involve people on a one to one basis as large style 'house' meetings were unlikely to be successful.

Working in partnership with others

- The service worked in partnership with other agencies including a range of healthcare professionals, the local authority, safeguarding teams and multi-disciplinary teams. Recommendations and advice from other agencies were used to help improve the outcomes for people and make sure people's care and support was provided in relation to their individual needs.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not do all that was reasonably practicable to mitigate risk. Medicines were not always managed safely. Regulation 12(1), (2)(a)(b)(g).</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider did not always act in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards: Code of Practice and the Mental Capacity Act 2005 Code of Practice. Regulation 13 (5)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always assess, monitor and improve the quality or safety of the service.</p> <p>The provider did not always identify risk to people and did not introduce measures to reduce or remove risk. Regulation 17(1),(2)(a)(b).</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff did not receive the appropriate training</p>

and support to carry out the duties they were employed to perform.

Regulation 18 (2)(a)