

Westward Care Homes Limited

8 Acres

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?	Requires Improvement 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

8 Acres is a residential care home providing personal and nursing care to 18 people aged 18 or over, living with multiple needs including: physical and or learning disability or mental health need. At the time of the inspection the home was full supporting 18 people in individual bungalows and in the main house on site. Each accommodation had its own facilities including kitchen and en-suite and there was also access to communal spaces both indoors and out.

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

People have not always received a consistently good service or been supported by staff who were sufficiently familiar with their needs.

The COVID- 19 pandemic reduced people's opportunities to do activities they enjoy and maintain regular visits from and to family. Opportunities for people to go out was increasing but the service was not fully utilising people's commissioned hours or evaluating the benefit of different activities.

People were not fully supported to develop important life skills. Activities were restricted due to the availability and skill mix of staff and the limited transport available for people. More in house activities were being developed to try and provide additional stimulation which should not replace one to one support.

Communication across site and with external agencies and family was poor and record keeping was not robust. Two registered managers, two area managers and the service manager had all left within the last two years which had destabilised the service.

Some of the management team were new to post and both the registered manager and service manager were still within their probationary period. Additional skills training was being provided to enable seniors and team leaders to successfully fulfil their job roles. Staff competencies were not firmly embedded in all aspects of the service delivery.

Governance systems and management oversight had improved but there were continued breaches of regulation.

Training statistics were good, but training was not firmly embedded. Regular staff supervisions took place but spot checks on staff practice were not robust. Only one-night audit had taken place since the last inspection and there was insufficient oversight of people's night support.

Repeated medication errors put people at risk of harm. Delays in either seeking appropriate health care or failing to effectively communicate changes in people's needs placed them at unnecessary risk of harm. Day to day monitoring had improved from a management perspective but records needed to improve to increase accountability.

Vast improvement had been made in terms of people's accommodation and the site in general which was being refurbished and remodelled.

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

This service was not able to fully demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. Reduced activities meant people were not having fulfilling lives and on-site activities were not fully developed. People's records provided limited information about what people were doing or how activities were in line with people's needs, wishes and care objectives. We saw the same routine activities being provided and could not see if they made a positive impact on people's mental and physical health.

We were confident that the service was evolving and that leaders had the right attitude and were committed to empowering people using the service. Changes were being made to promote a more person-centred culture and ensure staff were all working to the same high standard. Daily management walkarounds provided an opportunity to monitor standards of care and give/ receive feedback. However, some of these changes were only just being made which meant over time, people need had not been prioritised.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for this service was Inadequate (published 27/07/2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made but the provider was still in breach of regulations.

This service has been in Special Measures since the previous inspection 2 March 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 assurances that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements under the key questions of safe and well led to ensure all continued regulatory breaches are addressed.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 8 Acres on our website at www.cqc.org.uk.

Enforcement - We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to staffing, medicines, and governance and oversight at this inspection.

Follow up

We will meet with the provider following this report being published to discuss 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.

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

8 Acres

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.

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

Three inspectors carried out this inspection over one day, one being a medicines inspector.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we already held about this service including previous inspection reports, action plans and 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 also reviewed notification and feedback through share your experience and whistleblowing concerns.

We sought feedback from the local authority and professionals who work with the service.

During the inspection-

We spoke with the service manager, the regional operational manager, a regional trainer, eight care staff, activity staff and two relatives on site. We looked around the site and spoke with five people using the service about their plans for the day and their experiences. We reviewed recruitment records and four care plans. We observed the care and support people received.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with the registered manager who was on leave at the time of inspection and requested information to be sent to us. We spoke with a further five relatives and received feedback from a further six staff. We received feedback from social care professionals.

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 inadequate. At this inspection we rated it 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.

Over the previous two inspections the provider has been in breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

Using medicines safely:

- People did not always receive their medicines safely or as prescribed which place them at risk of harm.
- Medicine storage facilities and staff medication practices were not robust. Staff prepared medicines in a main building and then transported it in open containers to a bungalow. The person refused their medicines, so the dispensed medicines were returned to the main building's medicines room unmarked and unlabelled for staff to administer later. This was unsafe practice.
- Some people's medicines were stored in wooden cabinets which had insufficient locks. The provider confirmed that more robust cabinets had been ordered.
- There was information available to help staff give people their medicines consistently and appropriately. Protocols were in place for medicines prescribed on a when required basis (PRN). However, some protocols were available for medicines no longer prescribed with the potential for confusion and inappropriate administration of the medicines. Some people's known allergies and medicine sensitivities was inconsistently recorded which could have led to error. When people were prescribed topical medicines such as creams and emollients there was a lack of information about where on their bodies the topical medicines should be applied.
- There was person-centred guidance on how people prefer to have their medicines given to them. However, for people who had their medicines mixed in food or drink or given via a tube inserted into their stomach there was insufficient written information about the rationale and preparation of these medicines in this way or the flushing schedule for the equipment which could compromise the person's health.
- Covert administration of medicines took place following a best interest decision. However, relevant guidance to ensure necessary safeguards were in place were not always followed. There was a lack of recorded information about who the service consulted to make a best interest decision on the person's behalf or that advice had been taken about each medicine given in this way
- Medicines were not always available as required and people did not always receive their medicines in a safe and proper way.

This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management, learning lessons when things go wrong,

- Risks to people were not effectively managed which meant that they did not always receive safe care.
- Staff did not ensure the adequate recording of fluid and/or weights to ensure changes in weight were monitored and the risk of dehydration identified. Family raised concerns about a lack of communication and prompt actions taken to mitigate risk around unplanned weight loss.
- At the last inspection to the service concerns were raised about staff not fully mitigating risks associated with epilepsy. Since the last inspection we have received three notifications all relating to epilepsy. In the first incident a person suffered a prolonged seizure. Staff failed to take prompt action or seek urgent medical advice in line with their epilepsy risk assessment and protocols. A second incident involved a person experiencing a seizure later in the day after their morning medicines had not been administered because they were out of stock and insufficient actions had been taken to escalate this. A third incident involved a person not receiving their epilepsy rescue medication in line with the protocol. These incidents put people at risk of avoidable harm.
- Incidents had occurred where people were unaccounted for when they should have been receiving supervision from staff. One person left the site when it was unsafe for them to do so. During our inspection 02 November 2021 the car park gates were wide open and the site vulnerable. This meant people could come to harm or uninvited visitors could come on site.
- At our last inspection we found distress behaviours were not well managed. At this inspection up to 25 % of staff had not been suitably trained to understand and deescalate distress behaviours which put people and other staff at risk of injury.
- Your own audits, (daily walkaround) identified gaps in IPC use which meant not all staff were adhering to infection control policies.
- The provider had quality assurances processes in place to help ensure safe infection control practices including spot checks. Night audits were not carried out routinely, so we do not know how the provider assured themselves that night staff were adhering to infection control policy.

Systems were not robust enough to demonstrate risks associated with people's health and welfare were effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At our previous inspection we identified environmental safety concerns. Following that inspection, we continued to receive concerns about the safety of the environment and equipment being broken or unsafe. During this inspection we were assured that site improvements had been made and refurbishment of people's accommodation had been completed.

Staffing and recruitment

- At the last two inspections, we found the provider had failed to ensure that there were suitable numbers of qualified and competent staff to meet people's needs. This was a breach of regulation 18, (1) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People were not always supported by staff who were familiar or able to meet their needs in line with their preferences or support needs. For example, one person required female staff for personal care. This was not always available. Some staff had undertaken sign language training and a video of signs were available to support staff. We found however changes to their staffing team meant that staff supporting one person were not all familiar with sign language.

- People had limited input into what kind of person they would like to support them, or consideration given to shared characteristics and interests.
- There were ongoing issues with the skill mix and continuity of staff. High staff vacancy rates and high use of agency staff meant people did not always receive continuity of support which could impact negatively on peoples' experiences and limit opportunity to go out.
- People were unaware of who was supporting them until the last minute as staffing allocation was not done until the start of the day. This could cause anxiety for some people whose care plans stated they needed consistency.
- People's one to one hours were put on the staffing rota, but we were not assured of their accuracy as it was not clear the times of support and family members spoken with were not clear of what was being commissioned. Clearer accountability is necessary.
- Relatives and health care professionals raised concern that people were not always supervised as required. A family member raised concerns about their relative's unpredictable epilepsy which they felt could put them at increased risk.
- Staff recruitment processes helped ensure staff employed were suitable to work in the care sector. Recruitment file audits were in place to help ensure staff files included all the necessary information to demonstrate safe recruitment and additional support they may need to fulfil their role.

Systems and processes to safeguard people from the risk of abuse

At the last two inspections, the provider was in breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvements had been made at this inspection and the provider was no longer in breach of regulation 13.

- The service had sufficiently robust systems and processes in place to help ensure any allegations of suspected or actual abuse were addressed so safeguards could be put in place.
- Inconsistent management and poor communication had led to safeguarding incidents not being reported in the past. We were confident this had improved, and the service reported and reviewed safeguarding concerns.
- Staff spoken with had a good grasp of safeguarding, what it meant and actions to take. Staff said the management team were responsive and would act upon concerns.
- Staff received regular safeguarding training and training on recognising closed cultures and how to speak up.

Preventing and controlling infection

- We were somewhat assured that good standards of hygiene were being maintained and risks of cross infection were safety managed. Gaps in recording and staff not always wearing PPE correctly compromised infection control measures to ensure people and staff were protected from infection.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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's infection prevention and control policy was up to date.

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 not inspected but was rated requires improvement during the inspection on 20 February 2020 with a breach of regulation 18 (Staffing). At this inspection this key question remained the same with a continued breach of regulation 18. 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

- We found the skills mix across the staff team was variable. At night there were no team leaders or shift leaders. Reductions in core teams due to vacancies meant staff said occasionally they would be the only staff member competent to carry out certain aspects of people's support such as administering medicines which they said increased the risk of errors being made.
 - High numbers of agency staff were reported as not as effective as regular staff members due to them not being able to do certain tasks, and concerns about language and communication barriers which could impact on a person's support.
 - Staff training was mostly up to date and in line with people's needs. We however received feedback from professionals about some staff's lack of knowledge around key aspects of people's support such as the importance of giving medicines out at the prescribed time and keeping accurate records.
 - Staff had not received regular support and supervision in the past. The registered manager had set up a schedule of supervision and staff had all had at least one supervision, but we were unable to see how staff's performance had been managed over a longer period.
- Surveys had been introduced as a way of gaining feedback from people, staff, relatives and professionals. In addition, different committees had been set up including an activities committee to decide what events should take place. This had only recently been set up and was still establishing itself. A family forum had also been held and was scheduled in the week of the inspection. During our inspection in 2020 we found not all staff were effectively trained in de-escalation techniques or able to support people safely. At this inspection, we found staff training was up to date for most staff and support was in place to review positive behaviour support plans and ensure staff could effectively identify and where possible reduce, triggers.
- New staff spoken with said the site induction was good and they felt confident in meeting people's needs. Basic training was completed before the first shift and new staff were supervised and allocated a mentor as a point of contact.
 - Staff had the opportunity to feedback and make suggestions and said the management team were sufficiently responsive and visible on site. Staff's confidence in the current management was described by staff as good.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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

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.

- During our inspection on 20 February 2020 we found DoLS had not been appropriately tracked to ensure they were authorised and did not expire. Mental capacity assessments were not decision specific and had not been kept under review.
- At this inspection we found improvements. The Mental Capacity Act 2015 was followed. Unauthorised DoLS were being chased up by the registered manager. Mental capacity assessments had been developed for each decision and were kept under review to ensure people were consulted and consent was sought as appropriate.
- During the inspection in 2020, we found unnecessary restrictive practices such as locked kitchens. During this current inspection we did not identify any restrictive practice and technology was being used to increase people's safety such as monitoring alarms. These had been agreed in people's best interest. Where there was a need to keep environments locked, this was in place such as medicines been safely stored, and cleaning products locked away.

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

- The service supported people with a wide range of complex health care needs and behaviours. During the inspection in 2020 we found poor processes around admission of new people to the service.
- At our inspection on 02 November 2021 improvements were noted with a move to a more holistic provision of health care and support for people but this was still fragmented.
- There were pockets of good practice, but this was not observed consistently across site.
- Family members said staff could be slow to react and to keep them informed. Key workers and core teams were being established to help strengthen communication across site and with families and external agencies.
- The service was working with other agencies to improve the quality of care provided and ensure they were tapping into local resources to upskill their staff and improve service delivery.

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

- The service did not adequately monitor risks to people's continued health. Weight records contained gaps and did not show people were offered regular snacks in line with their needs where people required additional calories to promote weight gain. Clear health objectives were not always set.
- Menus were being adapted to be more in line with people's needs and picture menus were being developed to promote choice. People were supported by staff to create their menus, shop and prepare meals but this was sometimes affected by the availability of staff to take people out.

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

- People were not always supported to receive prompt medical attention when required. For example, a person was left with an infected toe and a person did not get timely treatment following a prolonged seizure. The service took lessons from this to improve health outcomes for people.

- We sought feedback from professionals currently supporting the service as part of our inspection. The feedback we received was that the service was not proactive in providing information in a timely way, to help them assess and monitor risks to service users. Similar feedback was received from some relatives. Despite their best effort's professionals told us that their advice and support was not cascaded across the different shifts which meant people did not consistently get the care and support they required. When we discussed this with the registered manager, they stated they had asked for professionals to feedback to her before leaving site so concerns could be addressed. Despite this, professionals told us when they requested information to help them continuously assess people's needs and risks this was not provided in a timely way.

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

- Over the last two inspections, widespread environmental concerns have been identified. During this current inspection an extensive refurbishment and redevelopment plan was well underway. Delays had been created by the availability of contractors and getting permissions to change the site. Despite this vast improvement had been made.
- The site provided people with self-contained accommodation which helped people be independent. Spacious grounds and external building supported people to have both private space and space where people could interact if they wished.

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 2 March 2021 this key question was not inspected. During our inspection the year before on 20 February 2020 we rated this key question Requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- During our inspection in 2020 we identified concerns and found care and support was not always sufficiently personalised or that people were supported by staff who knew them well.
- During this inspection staff were observed as caring and the service was moving to a more person-centred culture driven by a recent change of management. However, people had lived in a service rated inadequate and previously requires improvement for more than two years. There were still some aspects of their lives that people had little control over.
- Improvements were noted throughout the service. We found however that staff recruitment difficulties and staff vacancies resulted in high agency usage. A core team of experienced staff were in place, but some people's core teams were depleted. People had little influence over who supported them or what they did and at what time. This meant routines for people were not firmly established and people did not know until the last minute who would be supporting them.
- Parents and professionals spoke about a lack of continuity and the impact this could have on people's sense of security and wellbeing.
- Activities were usually spontaneous depending on availability of transport and drivers. Poor forward planning meant people had diminished choices and minimal input about who they would like to support them.
- The key worker system was not firmly established with only some people having clear designated teams. The feedback from relatives was very variable with two reporting good outcomes of care for their family member whilst other relatives told us the care and support provided was very fragmented.
- Reviews were starting to be held monthly and key worker folders set up to effectively share information, but this was only just happening. Families stated information was not passed on and where changes had been agreed this was not communicated to all staff. The provider was in the process of changing from one communication network to another at the time of the inspection. We however received feedback from staff, relatives and health care professionals of the difficulties they had experienced of phones not being answered which heightened their concerns.
- People's diverse needs were not always considered when planning the service. For example, where people had a preference in terms of gender of staff, this was not always planned for. The risks of this had not been considered.

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

- People were observed on the day of inspection being supported by staff who knew them and were able to

make connections with them and knew about their backgrounds, like and dislikes.

- Communication plans were in place but not all staff supporting people with nonverbal communication were adequately trained to use Makaton. There was poor evidence of total communication systems which would help support people have greater control and choice over their care.
- Care plans were being revised using a new format which was more accessible. Should people wish to access their care plan a picture app was available.
- Surveys were used to capture people's experiences and explore what was working well or what needed to change. These were issued to staff and families as well.
- The service was starting to engage more with families and used advocacy services where appropriate. The first family forum was held with the manager and director which relatives said they were pleased about.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they upheld people's privacy and people had time to themselves or mixing with others as they chose. Staff however were not always mindful of people's private space and we fed this back at the time of inspection. For example, multiple staff gathered in a kitchen shared by several people. When we asked if we could speak privately with staff, they suggested using a person's flat. This was inappropriate and did not respect that it was their accommodation for their exclusive use.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection on 2 March 2021 this key question was not inspected. During our inspection on 20 February 2020 we rated this key question Requires improvement. We identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection this key question has remained the same. This meant people's needs were not always met. Enough improvement had not been made at this inspection and the provider was still in breach of regulation 9.

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

- At the inspection in 2020, we found problems with consistency and people not being supported in line with their needs. At this current inspection we found the uptake of mandatory staff training had improved statistically but also found staff had not been receiving regular supervision to help ensure they had understood and able to embed their learning. People being supported had very complex and varied needs and we found staffs knowledge and confidence was variable, particularly as some staff were in new job roles and were still learning those roles.
- We noted documentation was written in a person-centred way, but staff's approach was not always person centred and documentation about people's day to day lives was limited.
- A third of the people using the service had newly revised care plans which documented objectives relating to different aspects of independent living. Other care plans lacked detail and did not outline clear objectives or how they were going to be achieved. This meant people were not fully supported in developing key skills they needed to maximise their independence.
- The service had focused on training its staff to ensure they could meet the bespoke needs of people using the service. Changes in the staff team and gaps in recruitment meant some people did not have continuity of staffing and we were not assured the care and support in place was around people's needs and preferences.
- Not all families spoken with were confident with the care being provided or how changes in people's need were communicated. We were not confident about how people's night needs were being met because there were limited audits and a lack of clear leadership to oversee the shift.
- Social activities for people were dependent on the hours commissioned, availability of drivers and vehicles. People's social experiences had no doubt been impacted by COVID 19 and other recruitment difficulties. We found however the service had not been sufficiently adapted to ensure people had regular opportunity for meaningful engagement.

People still had limited influence over how their care and support needs were to be met in line with their individualised needs. This was a continued breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- A lot of changes were being rolled out to improve the service and people were being asked for their input. We were aware however that people might require additional support to communicate their needs. The communication plans needed to be developed further to consider people's communication and sensory needs.

Improving care quality in response to complaints or concerns

- Complaints were responded to by the manager and there was a complaints procedure. The registered manager was proactive and had increased monitoring which helped for early identification of an issue so it could be quickly addressed. Families were listened to, and problems or suggestions were discussed.

End of life care and support

- People's needs were documented, and staff supported people throughout their lives. Some people had complex needs and people's needs were reviewed in line with their preferences of care and end of life. They took into consideration the wider families' views.

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 2 March 2021 this key question was rated inadequate and put into special measures at this inspection this key question has now improved 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.

A breach of regulation 17 good governance of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified during the last two inspections. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

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

- Improvements were noted across the service, but feedback was mixed. Staff said teamwork and morale were improving but also said staff were not all working to the same high standards. Communication was fragmented and the culture was not always person centred.
- We were consistently told by parents and staff that continuity was important for some people and this was not always achieved by the service which could result in high anxiety being experienced by people. Staff and people using the service did not know who was allocated to who until staff came on shift and changes in staff across the day were not communicated in advance. Some families expressed concern about this and said not everyone had a core team of staff. One person had a core team of staff which had recently reduced from seven to four because of staff leaving. This made it difficult to cover their hours with any degree of consistency which could cause distress to the person.
- Not all relatives were confident that their family member got timely support or that changes in need were passed over to staff coming on shift. Staff and professionals said handover was fragmented and daily notes and handover records poor..
- Opportunities for people to engage with activities was increasing, but restricted due to other factors and meant people could not choose when to go out and what to do.
- Staff told us there had been some positive changes and welcomed the new management team who they described as responsive. However, we recognised the management team were newly formed and changes introduced would take a time to embed.

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

- There was a clear recruitment strategy with the expectation of over recruitment, this had yet to be achieved. The registered manager and service manager had yet to have their probationary period signed off and roles and responsibilities were still being addressed. Newly appointed team leaders and shift leaders were receiving additional training and support to help them be effective in their role.
- Training statistics had improved, and training competencies had been developed around health care

procedures and medicines competencies but not for other aspects of training.

- A management action plan was in place but not yet fully achieved.
- Daily walkarounds meant the management team were more visible but regular night audits were not in place at the time of inspection, so we were not assured of effective management overview.
- We identified medication errors and found delays in ensuring people had medicines as prescribed and health care needs were not always followed up in a timely way. Medication audits identified issues, but we were not assured lessons were learnt as medicine errors continued to occur.
- Poorly recorded information about weight and fluid intake, put people at risk. Some care plans/and risk assessments had not been reviewed or signed as read to ensure staff were reading and delivering care in line with people's needs
- The provider had a new and improved governance structure and the introduction of our new electronic systems including Access (Quality), ELFY (Training), Online Incident/Accident Reporting and CITATION (Health and Safety). Senior staff were becoming familiar with its application. Other records were paper based, and the organisation were in the process of updating the care and support plans into a new more accessible format. On the day of inspection, we found some records were not easily produced by staff and some recorded information was limited in detail. Our concern was shared by other health care professionals who told us information was not always readily available and followed consistently
- The exchange and dissemination of information was improving by the introduction of team leaders and seniors who were responsible for cascading information and completing information electronically. We found however good communication was still not firmly embedded to ensure a seam less service was provided. On nights there were no seniors or team leaders, so information was verbally handed over to day staff to complete electronic records. Professionals and staff told us communication could still be poor across shifts and not all staff were involved in handovers. had been completed retrospectively rather than contemporaneously.
- Electronic rostering was going to be introduced to help ensure shift management was effective and the service forward planned. This had not yet been introduced and it was difficult to establish if people received their allocated hours.
- Not enough progress had been made against all regulatory breaches despite previous assurances. This meant people had lived in a service which was not achieved good outcomes over the last two years.

Governance and oversight of the service had improved but we were concerned that changes were not firmly embedded, and communication was not effective. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last two inspections we identified a breach of regulation 18, Notifications (Other Incidents) of the Health and Social Care Act 2008 (registration) regulations 2009. These were not being received as required. The service was now notifying us of incidents. We did however identify several incidents which had been recorded but not reported to us. We received information retrospectively.

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

- At our last inspection we established communication was poor and the service did not clearly take into account feedback from people using the service or other stakeholders.
- At this current inspection improvements were not firmly embedded. Reviews were being held but families said these had just started and changes agreed not always implemented.
- Surveys had been introduced as a way of gaining feedback from people, staff, relatives and professionals. In addition, different committees had been set up including an activities committee to decide what events should take place. This had only recently been set up and was still establishing itself. A family forum had

also been held and was scheduled in the week of the inspection

Continuous learning and improving care: Working in partnership with others

- The service had ambitious transformation plans some of which had been achieved. Communication still needed to improve to ensure people using the service, staff and relatives were informed about the changes and continued to be asked for their input.
- Some families reported they had no concerns about the care for people who had an established team of staff.
- Ongoing learning and development of staff was underway to improve their practice with support and monitoring.
- Health and social care professionals were not yet confident that the service was always sufficiently proactive or acted on advice, which could mean people received care and support which is not in line with their needs.
- Partnership working was being developed further however changes in external stakeholder teams and previous changes in the management arrangements at the service had impacted on the relationships

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 9 HSCA RA Regulations 2014 Person-centred care People were not supported in the way that had been identified and did not take into account people's preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with the regulated activity and medication errors places people at risk of avoidable harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The governance systems had improved but were not clearly embedded. Regulatory breaches were still identified which meant people received poor outcomes of care.