

Deafway

Brockholes Brow - Preston

Inspection report

Deafway
Brockholes Brow
Preston
Lancashire
PR1 5BB

Tel: 01772796461
Website: www.deafway.org.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

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

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 guidance CQC follows to make assessments and judgements about services supporting people with a learning disability or autistic people.

About the service

Brockholes Brow - Preston (Brockholes Brow) is a small community for adults who live with deafness, learning disabilities and mental health needs. The service is registered to provide a combination of accommodation and personal care for up to 34 people. The service comprises of four linked houses with some single occupancy bedrooms and a self-contained flat which can be used as shared accommodation. The service is also registered to provide personal care to people in their own homes. There were 28 people using the residential service and 11 people using the domiciliary care service at the time of our inspection.

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

This service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right Support

People and their relatives told us they felt safe and protected from the risk of abuse and avoidable harm by staff who understood how to recognise, respond and report concerns. The registered manager had improved safeguarding processes. However, improvements were required to ensure staff were encouraged and supported to share concerns about poor practices within and outside the service. While we noted improvements in risk management, people were not adequately protected from the potential risk of avoidable harm such as skin damage and fire risk. People's medicines were not safely managed. People were supported by staff who had been safely recruited. Staff had received training and guidance in the prevention and control of infections including COVID-19 however infection prevention practices exposed people to infections.

Right Care

People did not receive care that supported their needs and aspirations was focused on their quality of life, and followed best practice. Care records were not always complete or written in a way that promoted outcome focused care. People told us they were supported people to access the local community however there was limited opportunities to take part in meaningful day time activities. People's individual communication needs had been assessed and staff had tools to assist their interactions with people. However, people shared concerns that some staff were not able to communicate with them. The registered manager had made improvements in the way they dealt with people's concerns and complaints.

The provider had made improvements to the governance arrangements, leadership structure and the quality monitoring system. This had contributed to some of the improvements we observed at the service.

However, the changes were in their infancy and had not been adequately imbedded. We found shortfalls linked to the implementation of changes. Changes required had not been sufficiently expedited to improve shortfalls identified at the last inspection in April 2021. This included person centred care planning and practices, rectifying shortfalls timely and medicines management. There was a lack of monitoring on the care delivered to people living in their own homes. Staff shared mixed responses regarding the leadership, support and the culture in the service.

Right culture

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. While people's care and support had been planned in partnership with them where possible and some improvements had been made in relation to mental capacity, practices in the service did not always maximise choice and control. The provider had supported staff to acquire training in various areas. This was a significant improvement. Further improvements had been made to support people in line with national and best practice guidance.

The provider had started to review the way care was provided and their care model. However, we found little improvements had been made since our last inspection. The campus style model of service delivery offered to people at this setting does not meet current best practice. It is known that in large campus style environments that truly person-centred care which promotes people having meaningful lives where they have control, choice and independence is difficult to achieve. Care practices were not person centred to reduce the impact.

People and their relatives shared mixed comments regarding the caring nature of the staff team. Some people told us staff were kind and considerate and treated them with dignity. However, some people said staff did not support them to be as independent as they could be to fully exercise their choices.

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

Rating at last inspection and update:

The last rating for this service was inadequate (published 11 June 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 in some areas of care delivery however the provider was in continued breach of regulations.

At our last inspection we also recommended that the provider seek guidance on end of life care practices. At this inspection we found the provider had not sufficiently acted on the recommendations or made improvements needed.

This service has been in Special Measures since 11 June 2021. The overall rating for this service is 'Requires improvement'. The service remains in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually

lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be 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 have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report.

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

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 register providers to account where it is necessary for us to do so.

We have identified breaches of regulation in relation to keeping people safe from preventable harm such as skin damage, medicines management, infection prevention and control. The provider was also not supporting the delivery of person-centred care and maintaining good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Brockholes Brow - Preston

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

Two inspectors, a member of the CQC medicines team and a specialist professional advisor who specialised in learning disabilities carried out the inspection.

Service and service type

Brockholes Brow - Preston (Brockholes Brow) is a combination of a 'care home' and domiciliary care service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the registered provider was 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, including information from the provider about important events that had taken place at the service, which they are required to send us. We sought feedback from the local authority. The provider was 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

We spoke with seven people who lived at the home about their experiences of the care provided. We spoke with eight members of staff including the registered manager, the service manager, the care consultant, the deputy manager, the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the registered provider. We reviewed a range of records. This included eight people's care records, multiple medication records, accident and incident records and three staff recruitment records. We looked at a variety of records relating to the management of the service. We walked around the home and observed the environment and interactions between staff and people.

We are improving how we hear people's experience and views on services, when they have limited or no verbal communication. We had an inspector who could communicate using British Sign Language (BSL) and a BSL interpreter to support the team. We used them to communicate with staff and people to tell us their experiences.

We used the Short Observational Framework for Inspection (SOFI) spent time observing people. SOFI is a way of observing care to help us understand the experience of people who could not talk with us

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We spoke with three relatives over the phone and met with member of the board of trustees. We looked at training data and quality assurance records.

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 this key question has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) 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.

- While the provider had started to review their approach to risk management, measures in place for risk reduction had not always been followed to protect people from avoidable harm. People who required support to prevent skin breakdown and risks of dehydration were not adequately supported and monitored to reduce the risk of pressure damage. In addition, where risks had been identified, they did not always have care plans to provide staff with guidance. The provider informed us care records were in the process of being transferred from paper to electronic records. However, the electronic records we reviewed did not refer staff to the paper records for guidance. We could not be assured staff had access to the paper care records.
- Staff completed incident reports and the registered manager had improved their practices in relation to the recording and sharing of information on accidents and incidents. However, there was an inconsistency in seeking medical guidance leading to delays getting medical treatment for some people.
- The provider and their staff had not adequately protected people against the risks of fire. While fire risk assessments had been carried out, actions had not been taken in a timely manner to rectify the shortfalls identified.
- People were exposed to the risk of infection. At the time of the inspection there was an outbreak of COVID-19 in the home. While staff had received training in infection prevention and control we found they did not always comply with best practice in the use of personal protective equipment (PPE) to prevent the spread of COVID-19.
- In one part of the service where people had tested positive of COVID-19 we found a PPE station that was not stocked adequately with PPE for the staff, although we acknowledge the home had adequate stock. In addition, practices for managing laundry exposed people to the spread of infections. We took action and referred the service to specialist professionals at the local authority's Infection prevention and control department.

We found evidence that people had been exposed to harm and systems were either not in place or robust enough to demonstrate safety was 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.

- There had been significant improvements to various areas of the property such as bathrooms and toilets since our last inspection with an ongoing refurbishment project in place.

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

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

Using medicines safely

At the last inspection medicines were not effectively managed, including maintaining adequate stocks and supporting medicine refusals. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvements had been made and the provider was still in breach of Regulation 12.

- People's medicines were not managed and administered safely. People missed some doses of their prescribed medicines because there was no stock available in the home for them and this had not been identified by the home's medicines audits.
- People's medicines were not always administered in line with best practice. One person was given three doses of a strong pain killer which was out of date. This meant it may not work properly and the person's pain may not have been relieved. Medicines were not always given as specified by the manufacturers which meant they may not work properly, this included time specific medicines or medicines to be taken before food. In addition, staff did not always follow the prescribers' directions, and this meant that some people were given the wrong doses of their medicines or cream.
- Records about medicines could not always show that they were managed safely because the stocks of medicines were not recorded accurately. It was not possible to account for these medicines or confirm they had been given as prescribed.
- People did not always have written guidance in place for staff to follow when medicines were prescribed to be given "when required" or with a choice of dose. This meant staff did not have the information to tell them when someone may need the medicine or how much to give.

We found no evidence that people had been harmed by unsafe medicines administration practices, however systems were either not in place or robust enough to support safe medicines management. 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.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At the last inspection systems and processes for safeguarding people from risks of abuse had not been effectively implemented to ensure compliance with regulations and local safeguarding protocols. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 13.

- The registered manager and staff ensured that all safeguarding incidents were reported and investigated in line with their safeguarding policy. They shared safeguarding information internally, with the local authority and the CQC in line with their statutory obligations.
- Relatives told us they were confident their loved ones were safe in the home.
- Staff had received training in how to keep people safe from abuse. The Board of Trustees were making arrangements to support staff and ensure they were confident about reporting and escalating concerns to support people's safety. This provided staff with the support they needed to raise concerns appropriately both within the organisation and with external agencies.
- The registered manager had improved processes that ensured when accidents and incidents occurred, they were appropriately recorded, investigated with areas for improvement identified and acted on. Staff had access to guidance on what worked for each individual and how to improve the way they respond to people during times of distress. Positive behaviour support plans were available to provide staff with guidance.

Staffing and recruitment

- The registered manager ensured there were adequate numbers of suitably qualified staff deployed in the home to meet people's needs. Agency staff were used to provide cover in the event of staff absence and sickness
- The registered manager and the provider had processes for recruitment checks to ensure new staff were safely recruited.



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 inadequate. At this inspection this key question has improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At the last inspection there was a failure to ensure people's care and treatment was delivered in a person-centred way. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider was still in breach of Regulation 9.

- The model of care followed by the provider had not been improved to demonstrate current practice. The campus style model of service delivery offered to people at this setting does not meet current best practice and is not consistent with the principles of Right care, Right Support Right Culture. At the last inspection the registered provider informed us they would start to carry out improvements on the model of care, however we found little progress had been made.

The provider had failed to ensure that people's care and treatment was delivered in a person-centred care. This was a continued breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There had been improvements on the lay out and maintenance of the environment and a programme of refurbishment was underway.
- People had a choice of areas where they could meet their visitors and participate in activities or spend time on their own. Outdoor space with seating was accessible to people and their visitors.

Staff support: induction, training, skills and experience

At the last inspection there was a failure to ensure that all staff had received appropriate support and training to enable them to carry out the duties. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 18.

- The registered manager had supported staff to ensure they received suitable induction and training at the beginning of their employment. A significant effort had been made to address the learning needs of staff and to promote staff learning.
- The provider had reviewed the essential training required by their staff. This had assisted in identifying specialist training areas that staff needed in line with the complex needs of people living at the home. Specialist training had been sought from professionals such as psychologists.
- Staff were up to date with their training and could request additional training where required. One staff member said, "Training has improved and it's much better now."

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

At the last inspection there was a failure to seek consent and assess people's mental capacity to make specific decisions. This was a breach of Regulation 11 seeking consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 11.

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 with appropriate legal authority. 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.

- The registered manager had included in some of the care records information about people's capacity to make decisions about their care and support. DoLS authorisations had been sought for people where there were risks in relation to their capacity and safety.
- Staff asked for people's agreement before supporting them with personal care and other tasks. People using the service confirmed that this was the case.
- Staff had received MCA/DoLS training and understood their responsibilities around consent and mental capacity. While this was a significant improvement, consistency was required to ensure best interest processes were followed when people lacked capacity to make specific decisions.

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

- People's needs were assessed before they started using the service. There was a transitional process which had been trialled with one person. This allowed people to experience life at the home before they committed to live there full time. However, we found information gathered during assessment had not been used to create people's care plans.
- At our last inspection people's care had not been reviewed. We found improvements had been made in this area and a significant number of people had been reviewed to ensure their needs can continue to be met safely.
- The registered manager and their staff referred to current legislation and standards.

Supporting people to eat and drink enough to maintain a balanced diet ; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to maintain a balanced diet. While improvements had been made to monitor risks associated with weight loss and malnutrition, this was not consistent. Records, when appropriate, documented any associated risks with eating and drinking however there were no care plans to show how people will be supported to reduce the risk. Staff did not always have clear guidance to support people who had specific dietary preferences. The nominated individual informed us paper records were available however records we saw made no reference to the paper records. We could not be assured staff has access to guidance.

- People told us they did not feel they were given adequate choice of meals. One person told us; "We don't get the menu anymore; they sometimes ask in the morning but when it comes it is a surprise, it's the wrong food."

- The registered manager and their staff worked with healthcare professionals to ensure people's healthcare needs were met and reviewed. However, they further improvements were required to ensure consistence. People who lived at the service informed us staff did not always understand their medical and health conditions due to some of the staff being unable to use British Sign Language. This had led to a delay in a person receiving medical attention.

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 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

- We received mixed feedback from people and their relatives regarding dignity and respect by staff. One person told us, "Sometimes they are nice and sometimes rude and unable to help if I ask for help, sometimes they ignore me, I think it's because they are unable to communicate in BSL." A family member told us; "They seem to show an understanding of [relative] and they are accommodating."
- While care records were written in a caring and respectful manner, they did not consistently demonstrate awareness of people's equality and their diverse needs especially where they needed specific communication needs.
- Staff we spoke with showed awareness of people's human rights. They supported people to have equal access to service and their local community where possible.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us their views were sought and considered. Visiting could be facilitated in people's own bedrooms so people could enjoy some privacy to enjoy their loved one's company. One person commented; "Staff will ring my bedroom door before entering and I keep my own keys to my bedroom."
- Staff did not always provide support that ensured independence was maintained or encouraged. Our conversations with three people and a review of care records showed that people were not always supported to enhance their own independence and learn new skills. One person told us; "I used to cook on my own however I am no longer allowed, I need to learn this so I can live on my own."
- Three people had expressed a desire to live independently and requested support to develop their independent living skills. However, care records were not goal oriented and there were no plans in place to show how staff were supporting people with their ambitions to be independent. One person told us; "I am learning to cook at college and I need to practice at home however I have no support to do so."
- Staff told us they would knock and seek permission to enter people's bedrooms and will ask people for permission before providing care. In addition, staff had received training related to dignity and respect and equality and diversity. This was a shortfall at our last inspection.
- People were supported to have advocates or family representatives where possible. People can use advocacy services when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family members. This had contributed to the improvements in people's experiences.

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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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 last inspection the provider had failed to ensure that people's care and treatment was person-centred. This was a breach of regulation 9 (Person-centred care) 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 9

- At our last inspection we found people did not always receive care that was personalised to meet their preferences and choices and practices in the home did not consistently reflect a person-centred approach to care. During this inspection we found improvements made were not adequate to ensure individualised and person-centred care. In one of the houses we found people only had access to plastic cutlery.
- The registered provider had introduced a new electronic records system. However, we found a significant number of care records were incomplete. Where people had been assessed as at risk, their care records did not always have care plans to guide staff on how to support the person.
- Records we reviewed and conversations with people showed care practices did not always reflect people's expectations ambitions and goals. There was a lack of adequate responsiveness to people who expressed a need to acquire new skills to enhance their well-being. Weekly planners for activities were repetitive and did not reflect change or growth. One person told us, "I used to do food shopping independently and use the fridge to store my own food now it is not allowed. For shopping you have to go in a group at a set time and staff keep the money with them sometimes staff give me money to go shopping independently but not often and you have to nag them."
- The provider and their staff had supported people to reduce the risk of isolation, however we found there were limited choice of daytime activities and people told us, they were bored.

The provider had failed to ensure that people's care and treatment was delivered in a person-centred care. This was a continued breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found there had been improvements to the support provided to people who were likely to unintentionally expose themselves to harm. Behavioural support plans provided guidance on how best to support people and what works for them. Specialist guidance from other professionals had been included.

In some cases decisions had been made to transfer people to other services when their needs could not be met. This was a significant improvement.

Meeting people's communication needs

At our last inspection we recommended the provider consult best practice guidance on meeting people's communication needs and review their practices. The provider had made some improvements however further improvements were required.

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 communication needs had been assessed as required by the Accessible Information Standard. People could be provided information and reading materials in a format that suited their communication needs. While people's communication needs were assessed, there was an inconsistent approach to supporting them to meet these needs especially those whose first language was British Sign Language (BSL). People who used the service shared concerns with us that they found some of the staff were unable to communicate with them leading to delays in their needs being met. We acknowledged some staff were from agency and were providing temporary cover due to staff shortages.
- We observed some staff were unable to demonstrate basic communication skills with people, this had led to frustration with people who used the service. One person told us; "Sometimes if I need help, I will have to wait for staff who can use BSL to come on shift which can cause delays for me."
- There had been some improvements to staff training in the use of BSL. Majority of the staff had received basic training and deaf awareness training. It is acknowledged that it will take time before this training could be imbedded.

End of life care and support

At our last inspection we recommended the provider consider best practice on end of life care and act to update their practice. The provider had made some improvements.

- People and their relatives were supported to plan for their end of life care. The registered manager had made improvements to ensure staff had up to date training in supporting people towards the end of their life. However, end of life care plans were not always in place.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure that was shared with people when they started using the service.
- Complaints had been dealt with in line with regulations and measures had been put in place to address the complaint satisfactorily. The registered manager told us they had used the learning from complaints to reflect on staff practice.

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 inadequate. 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.

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

At the last inspection the provider and the registered manager had failed to assess, monitor and improve the quality of the service and the safety and welfare of service users and others who may be at risk. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvements had been made and the service was still in breach of Regulation 17.

- The provider had made changes to the governance arrangements at the service including the leadership within the home and the introduction of new members to the Board of Trustees to improve the quality of governance and oversight. However, during this inspection we identified continuing shortfalls in relation to systems and processes for infection prevention monitoring, people's risks, medicines management, care planning and person-centred care. In addition, there had been slow progress in relation to the reviewing of the model of care in line with the principles of Right Care Right Support, Right Culture. This had led to continuing shortfalls in the provision of person-centred care.
- The provider had introduced a new system for auditing the quality of care provided, however we found a number of shortfalls which had not been identified by the audits or acted on without delay once identified by the provider's audit systems. For example, shortfalls identified following a fire risk assessment in July 2021 had not been addressed at the time of this inspection in January 2022. In addition, we found no evidence to demonstrate that the provider was monitoring care provided to people in their own homes under domiciliary care arrangements. We could not be assured they were monitoring people's experiences of care.
- While the provider had introduced a new care planning system, we found care records were either incomplete or not existent for a number of people who required their needs to be monitored. Staff were not provided with contemporaneous records to guide them and ensure consistence of care provision.

The provider had failed to assess, monitor and improve the quality of the service and the safety and welfare of service users and others who may be at risk. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had introduced a new management team with new trustees with a health and social care background. They had also employed a new service manager who was in the process of registering with CQC and a health and social care consultancy to assist them in improving the service. There was a strong commitment at board level to improve the service and people's experiences.
- The provider and their staff had introduced processes for learning lessons from incidents. At the last inspection there were eleven breaches of regulation. At this inspection eight of the breaches and associated shortfalls had been addressed.

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

At the last inspection the provider and the registered manager had failed to notify CQC of specific incidents in the service. This was a potential breach of regulation 18 (Notification of other incidents) of Care Quality Commission (Registration) Regulations 2009.

At this inspection enough improvements had been made and the service was no longer in breach of Regulation 18.

- The manager knew how to share information with relevant parties, when appropriate. They understood their role in terms of regulatory requirements. They had notified CQC of events, such as safeguarding and serious incidents as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- The provider needed to make significant improvements to promote positive culture, which was person centred, open and inclusive. While there was a commitment to promote people's human rights and to place people at the centre of their care, progress was slow and practices in some areas continued to resemble institutionalised care. The systems to gather the views of people and relatives were not fully utilised.
- We received mixed views from people and their staff regarding inclusiveness and the culture in the service. Some staff felt their contributions were respected and that the management team treated staff with respect. However, some staff felt that they could not approach senior management team to share their views and did not always feel their views on what needs to improve were taken on board.
- We shared these views with the Board of Trustees who took immediate action to establish clear lines of communication for staff and people in the service. This included a suggestion box and means for all staff and people who use the service to communicate directly with senior leadership. This would support an inclusive, positive and open culture and reduce risks associated with closed cultures. "Closed" cultures within the care environment are considered to give rise to an increased risk of abuse and human rights breaches.
- Relatives shared positive comments regarding engagement especially during the COVID-19 pandemic. Comments included; "I think it has been very positive communication through the pandemic."

Working in partnership with others

- The registered manager and staff had established relationships with other services involved in people's care and support. The service liaised with community health and social care professionals and family members to ensure people's needs were met. This included managing people's ongoing health and behavioural concerns.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Personal care	The provider had failed to ensure that people who use the service receive person-centred care and treatment that was appropriate, meets their needs and reflects their personal preferences.

The enforcement action we took:

We imposed specific conditions on the registered provider's registration through a Consent Order at the First Tier Tribunal. These were reporting conditions related to training and person-centred care provision.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Personal care	<p>People who use services and others were not protected against the risks associated with infections due to inadequate infection prevention and control measures. The provider had failed to protect people against the risk of harm.</p> <p>People who use services were at risk due to the unsafe use of medicines.</p> <p>People who use services were at risk of harm due to inadequate risk management and monitoring practices.</p>

The enforcement action we took:

We imposed specific conditions on the registered provider's registration through a Consent Order at the First Tier Tribunal. These were conditions in relation to medicines management, risk monitoring, training and governance.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	The providers had failed operate effective systems and processes to make sure they assess and

monitor their service and ensure compliance with regulations.

The enforcement action we took:

We imposed specific conditions on the registered provider's registration through a Consent Order at the First Tier Tribunal. These were conditions in relation to governance arrangements, systems and processes and management training in specific areas of care management.