

Community Homes of Intensive Care and Education Limited

Edwina Place

Inspection report

Edwina Place
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Edwina Place is a residential home providing personal care and support up to 12 people. The service provides support to people with mental health needs, older people and younger adults. At the time of our inspection there were 9 people using the service.

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

The provider did not always follow their quality assurance systems effectively to assess, monitor and mitigate any risks relating to the health, safety and welfare of people, the service and others. The provider did not always maintain accurate and complete records relating to the management of the premises and management of medicine.

We made a recommendation regarding gathering necessary information as part of provider's recruitment processes. We made a recommendation regarding having a system to ensure right mix of skilled and knowledgeable staff were on duty. We made a recommendation regarding keeping records to fulfil the requirements of duty of candour.

People told us they felt safe at the service and with the staff and relatives agreed their family members were safe at the service. The registered manager and staff assessed and recorded risks to people and worked with them to mitigate those risks. Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. People, their families and other people that mattered were involved in the planning and review of their care. Care plans and assessments contained information specific to people's needs and how to manage any conditions they had. Staff had detailed guidance for them to follow when supporting people with complex needs.

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

The staff team followed procedures and practices to control the spread of infection using personal protective equipment. When incidents or accidents happened, the registered manager investigated these and identified actions to prevent recurrence and keep people safe. Such events were reviewed and discussed with the staff team. People and relatives told us staff were caring, friendly and kind, and we observed this. Staff understood how to treat people with care, respect, and consideration. Staff upheld people's privacy and responded in a way that maintained their dignity. The registered manager and staff focused on people's strengths and promoted their independence, so people could achieve desired goals and have a fulfilling everyday life. Staff supported people to access specialist health and social care support in the community. Staff supported people to play an active role in maintaining their own health and well-being, and help achieve good outcomes. Staff supported people to make decisions following best practice in decision-making and respected their rights to refuse support. Staff communicated with people in ways

that met their needs. Staff said the staffing levels were sufficient to do their job safely and effectively.

The management team appreciated staff contributions and efforts to ensure people received the care and support they needed. Staff communicated regularly with each other and worked well together. Staff felt they could approach the management team at any time. Staff had support via supervision and appraisals. The registered manager was working with the local authority and different professionals to investigate safeguarding cases and other matters relating to people's health and well-being. There was an emergency plan in place to respond to unexpected events. There was a process to manage complaints effectively and according to the provider's policy. The registered manager informed us about notifiable incidents in a timely manner.

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. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Rating at last inspection

This service was registered with us on 21 May 2021, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified a breach in relation to quality assurance and record keeping such as management of premises and medicine. We have made a recommendation about staff deployment, recruitment records and duty of candour in relation to notifiable safety incidents. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Edwina Place

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by one inspector. Another inspector made calls to staff to gather their feedback. An Expert by Experience made phone calls to relatives of the people living in the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post. They supported us during our inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we looked at all the information we had about the service including notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. We reviewed the information the provider sent us in the provider information return (PIR). 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. We used all this information to plan our inspection.

During the inspection

We spoke to the registered manager and their line manager. We contacted all staff and spoke to 5 members of the staff team. We observed interactions between staff and people and spoke to 4 people who use the service. We reviewed a range of records relating to the management of the service, for example, records of daily and regular checks for premises and tasks, medicines management, risk assessments, accidents and incidents, quality assurance systems and complaints. We looked at 3 people's care and support plans and associated records. After the site visit, we continued to seek clarification from the registered manager to validate evidence found and received additional documents and information to support our inspection. We spoke to 4 relatives of people living in the service. We also sought feedback from health and social care professionals who engaged with the service.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Assessing risk, safety monitoring and management

- There were established systems for monitoring of the safety of the premises and the living environment. However, the registered manager did not always ensure this was monitored effectively.
- The registered manager and staff recorded various health and safety and daily checks to minimise any emerging risks. However, the records of checks had gaps in it, so it was not clear if those checks had been carried out.
- We asked the registered manager to provide evidence of premises checks and monitoring. The information of checks and services were provided but not all of it.
- A legionella risk assessment was completed. However, the provider was not able to evidence all recommendations were followed up or effective monitoring of water the system was undertaken consistently.

The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided to support safe management of premises. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The staff monitored and recorded other general environmental risks, such as water temperatures, fire alarms and the kitchen area. There was a service emergency plan in place to ensure people were supported in the event of an emergency.
- The registered manager, staff and people worked together to review and assessed the risks relating to people's personal safety, health and care.
- Risk assessments described how to help people and staff mitigate risks. We advised the registered manager and their line manager that some parts of those assessments could include specific detail to support people with effective risk mitigation. They sent us some of the examples how they updated the assessments following our feedback.
- The registered manager spoke in detail about people's support, their behaviours, identifying risks and triggers. Staff were alert to signs and triggers to support early interventions to prevent escalation in people's behaviour.
- Professionals added, "I have found [the service] to be open and honest, and willing to learn and develop when needed. As a whole there have been very few incidents or concerns in relation to my client" and "Yes, they have proper risk assessment and act on it to meet individual need and manage them safely".

Using medicines safely

- People were supported by staff to receive and store their medicine. However, the completion of some of the medicine management records needed reviewing and improving according to provider's policy and current best practice guidance.
- PRN protocols did not always contain personalised information such as directions to administer variable dose prescribed. PRN protocols did not always describe how people expressed pain or ailments. PRN protocols were not consistently dated, signed or noted when to review it. When PRN medication was given, the staff did not always record the rationale and outcome for the administration.
- We found some gaps in medication administration record (MAR) sheets. Staff did not consistently record when they needed to note additional information on MAR sheets such as rationale for refusals.
- The registered manager did not ensure the temperature checks for the medicines room and fridge, and medication stock checks were completed as per provider's policy.
- While we were told staff had been trained in the use of the device to help people with inhaling medicine. There was no documented record of this. The registered manager amended the medicine administration assessment form to include this aspect for review.

The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided to support proper and safe management of medicine. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection, we were provided with an example of PRN protocol which had been reviewed included detailed information about people and when to administer such medicine. PRN protocols were discussed with staff as part of medicine management.
- The medication was stored securely in a lockable room. The room was clean, tidy and cool.
- People received support from staff to make their own decisions about medicines wherever possible and some people managed their own medicine. People could take their medicines in private when appropriate and safe.
- People told us staff supported them with medicine according to their needs. The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines by regular reviews.

Staffing and recruitment

- The provider and the registered manager used their recruitment and selection procedures to ensure people were supported by staff of good character, suitable for their role with appropriate experience.
- Staff files did not always contain required information to demonstrate safety checks had been completed. For 3 staff, missing information included evidence from previous employment regarding staff's conduct and verifying reasons for leaving.
- Not having all required recruitment information before staff started work, could put people at risk of being supported by unsuitable staff.

We recommend the provider seeks advice from a reputable source to ensure they gather and record all necessary information for recruitment purposes.

- Selection interviews were designed to establish if candidates had the appropriate attitude and values.
- Disclosure and Barring Service (DBS) checks were completed prior to staff commencing work at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager told us how they had managed staffing numbers and support to the people. When needed, the registered manager worked as part of the staff team to ensure people received timely care.
- The service supported people with complex needs and conditions. The records of roster and training

matrix showed some of the staff needed to refresh their training around specific conditions and risk management. This was to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff to ensure people were supported appropriately.

- For example, one person's risk assessments noted that staff should have training in medication management and substance misuse. However, 10 staff did not have the substance misuse updated or completed.
- Part of risk management staff had to complete training for strategies for crisis intervention and prevention. However, 7 out of 17 staff had not done this training yet. After the inspection, the registered manager provided information that staff completed the training.

We recommend the provider seeks advice from a reputable source to review their system that ensured there was a right mix of skilled, trained, knowledgeable staff on duty to keep people safe.

- Staff felt they had enough staffing numbers and were able to do their job effectively and safely. However, some staff added, "Normally we do have enough but if people go off sick it can be a problem... Obviously on the days that we are short that has an impact on the amount of time we can spend with service users, but I don't think the support and care we give suffers. If we were permanently short staffed, that would be different" and "Usually it's OK but, for example, if we need to take someone to the hospital, it can leave us short. The manager knows and they will try to get someone to come in".
- Professionals said, "I am not aware of any staffing issues from the placement reviews I have conducted. No concerns have been raised by the client or family" and "As far I am aware they have sufficient staff, and they are suitable and qualified".
- Relatives said, "There is enough staff, definitely. [The person] doesn't have a specific key worker but gets help from all of the staff" and "Difficult to say, but I think so [there is enough]. I can always get through to them on the phone, they will always get [the person] for us".

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their responsibilities in regard to safeguarding people who use the service and reporting concerns to external professionals accordingly, such as the local authority, police and the Care Quality Commission. They took timely actions to investigate those to ensure it was addressed appropriately.
- People told us they felt safe and they could seek support from staff and the registered manager at any time. They said, "Yes, I do [feel safe here]. I trust the staff and they are trained enough" and "Yes, I do [feel safe here], I can't fault staff here whatsoever".
- Relatives agreed their family members were safe with staff and liked the staff who supported them. They said, "Yes, definitely [safe]. I think there is good security, everything is in place that is important", "Yes, [the person] is safe, happy. I would know from [the person's] actions, I see [the person] weekly and would pick up on any issues" and "Of course, [the person is] very safe".
- Staff explained how to recognise abuse and protect people from the risk of abuse.
- Staff knew how to report concerns and were confident the registered manager would act on any concerns reported to ensure people's safety.

Learning lessons when things go wrong

- There was a system in place for recording accidents and incidents and the registered manager explained how these were managed.
- The events would then be discussed within the team, ways to prevent it recurring would be identified and implemented.
- The registered manager completed a monthly review of all accidents, incidents and reviews which was quality assured by the provider.

- We noted to the registered manager that some follow-up actions were not always recorded. The registered manager was able to provide information that these were completed but just not recorded.
- Staff explained how they reported incidents and accidents and action taken to ensure people's safety. Staff said they also discussed these events and any action plans required.
- Relatives agreed they were kept informed if any incidents or accidents happened to their family member in the service.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- There were no restrictions on visiting people, and this was in line with government guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- We reviewed the training matrix provided to us which recorded training the provider had determined was mandatory, as well as role dependant training to meet people's needs and ensure their safety. For example, fire safety, safeguarding adults, dignity, keeping records and communication, infection control, epilepsy, medicine and equality and diversity.
- When new staff started at the service, they had an induction and a period of shadowing experienced staff. Staff completed the Care Certificate as part of their role. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff felt supported by the registered manager and each other. They had support and supervision meetings to discuss their professional development needs. Staff felt they could approach the registered manager for help and advice.

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

- Care plans contained information covering people's routines, including how they liked different aspects of their care to be carried out and relevant assessments of their diverse needs.
- We advised the registered manager and their line manager to review and clarify part of the care plan when staff needed to use any physical interventions to support people, so staff had clear guidance for it. This should be clear and specific to each person to ensure staff were managing the situation in a positive and safe way but also protecting people's dignity and rights.
- People's care plans were reviewed depending on the needs of the person. This ensured they were accurate, up to date and reflected the current needs and preferences of people. People, those important to them and staff were involved in reviews of their plans of care and support.
- The registered manager ensured staff were aware of any changes to plans of care by using a separate folder for staff to read and sign when they familiarised themselves with the updates.
- Relatives and people spoke positively about staff and told us they were skilled and able to meet people's needs.

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

- People received support where needed with meals and drinks to maintain a balanced diet.
- People were involved in choosing their food, shopping, and planning their meals as much as possible. Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- Information about people's dietary needs, including any special dietary requirements had been recorded in their care files.

- People could have a drink or snack at any time, and they were given guidance from staff about healthy eating. Mealtimes were flexible to meet people's needs and to avoid them rushing meals.
- Relatives said, "The food there is absolutely gorgeous...[Staff] always invite us to eat if we visit at lunch time", "Yes, [the staff] have accommodated all my comments of what [the person] likes and dislikes and made changes to the menu" and "[The person] is always telling us about the food, it's the nicest food... When we visit at lunch, staff help them to cook their own meals."
- Where needed, staff would monitor people's food or fluid intake and advice would be sought from a health professional if necessary.

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

- People had regular health reviews and hospital assessments that supported their health and social care to ensure people received support in the way they needed and wanted.
- People played an active role in maintaining their own health and wellbeing.
- People were supported to attend annual health checks, screening and primary care services.
- Multi-disciplinary team professionals were involved in and made aware of care plans to improve people's care when needed.
- Staff worked well with other services and professionals. People were referred in a timely way to health and care professionals to support their wellbeing and help them to live healthy lives.
- Relatives agreed that they were kept informed about any updates or changes with people's health and wellbeing. One relative added, "[The person] is in a good service and is well looked after".
- People told us staff helped them with managing their health and appointments when they needed that support.
- A professional added, "I was very impressed with Edwina Place's own review document, in which they demonstrate clear documentation and chronology of health concerns, actions taken, and outcomes. They clearly have a focus on ensuring health needs are being met and clients are being supported to access the necessary health care services. They are able to identify issues... and work with the person to ensure they get the care they need".

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- People were able to move around the home easily without any restrictions.
- People were able to personalise their rooms and decorate it how they liked and with items important to them.
- The service had a big garden and other areas for people to spend some time on their own if they wanted to. For example, we observed people used the outside areas during the day.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We observed staff were polite and respectful towards people and their decisions. People's rights to make their own decisions, where possible, were protected.
- Care plans documented people's capacity and support they required with making decisions. Staff were encouraged to support people respectfully and with consideration to their emotions and health.
- People agreed staff asked them before providing any care or support. They said, "Yes, staff do ask for consent, and they respect my decisions", "Yes, I ask the staff to help me, and they do that" and "Yes, staff do ask for consent, they are a very good team".
- Relatives felt the staff were respectful towards people and sought consent. They said, "Staff understand [the person] and respect the person as [they are]. They know [the person] very well" and "Yes, we've had many calls about different decisions they need to make so they look at getting a best interest decision. [Staff] make sure that they get the family input".
- The provider had made DoLS referrals, where appropriate for people living in the service.
- If people had DoLS in place, they were still supported to go out when they needed to. Other people were able to leave the service as and when they needed. We did not observe any restrictive practices used at this inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The service ensured people were treated with kindness and respect. People told us they felt staff were caring and kind when supporting them. They said, "Yes, they are. I class them as family – this house is a great big family", "Yes, they are caring. If I have a problem, I have staff to talk to" and "Yes, they are [caring and kind] very much so". Relatives added, "All [staff] have been [caring] as far as we have seen" and "The staff understand [the person] and respect [the person] as [the person] is".
- Staff addressed people by their preferred name. The staff knew people well, communicated with them appropriately and joked with them.
- Staff provided support to meet the diverse needs of people using the service. They were supported to have their own choices, their wishes listened to and treated with respect and dignity.
- Staff had positive interactions with people, such as including them in discussions about what they would like to do.
- Staff members were talking with people, asking questions and communicating at their level and it showed they knew them well. Staff provided support to meet the diverse needs of people, related to disability, faith and gender so they would feel they were treated as individuals.
- Relatives felt welcomed whenever they could visit the service. A relative said, "We get a good reception, [the staff] always make us welcome and make us a cup of tea".

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

- People and those important to them were encouraged and involved in making sure people received the care and support they wanted.
- People's and relatives' views were sought through regular communication, meetings, and verbal and written feedback. The registered manager and staff also respected people's wishes about the support and contact they wanted to have with others.
- Relatives agreed they were involved in the management of care and support for their family member.
- People agreed the staff knew how they liked things done. One person added, "They are very intuitive. [The staff] don't treat us the same – we have individual needs and staff are very flexible".
- Staff were allocated as dedicated key workers to people to ensure individuals had opportunity to express their views. This also ensured staff could offer continuous support in the service and keep up to date with people's changing needs, support or wishes. People's wishes were respected if they did not want to get involved, but staff offered support when needed.
- Staff respected people's choices about how and where they wanted to spend their time and supported them to do it when needed.

- Relatives added, "Yes, [the staff] are always respectful. I can also tell because [the person] never complains about them. I can see how they treat the other residents as well" and "All [staff] have been [caring and kind] as far as we have seen".
- Community professionals thought the service was successful in developing positive caring relationships.

Respecting and promoting people's privacy, dignity and independence

- People agreed staff protected people's dignity and privacy. People added, "[Staff] never overstep the line, thinking they can just come in" and "Yes, staff knock [on my door] and generally respect [me]."
- Staff understood being independent was important to people. They supported people to do as much for themselves as possible to enable them to retain their independence. Staff helped people make choices, working together and involving them in day-to-day tasks.
- Relatives agreed staff supported people to look after themselves and help when needed. Relatives also said, "[The person] is quiet at the moment but does like the staff. [The person] has a good relationship with all the staff. There are a couple of different lounges that we can meet [the person] in so we are on our own" and "[The person] seems to be happy and told me [the person] has done stuff that hasn't done before like ice skating".
- Staff understood the importance of treating people with dignity and compassion, and of respecting their privacy such as observing their wishes and preserving their dignity during personal care. A staff member said, "I always try to work with people and treat them like I would want to be treated", "I always think we should treat the service users as we would want to be treated. After all, it could be me one day" and "Yes, I suppose it's like the consent thing. We let people make their own decisions and respect them. I think we're good at working with the service users".
- People's right to confidentiality was protected. All personal records were either stored on the password protected computer system or kept locked away in the lockable office.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care records contained detailed descriptions of people's life histories and preferences. Understanding people's history, helped staff develop meaningful relationships with them and ensured people felt they mattered to the service.
- Care plans included specific information about the people's needs and what staff could do to provide the right care including their needs related to protected characteristics. The records showed staff had to respect people's wishes, opinions and right to refuse support. Staff were guided to support people without judgement but providing encouragement and reassurance that would have a positive impact on people's lives.
- Staff completed daily notes to confirm the care and support they provided, and help with any decisions and choices.
- People's needs, and care plans were reviewed on a regular basis for any changes in care and support or more often if their needs changed.
- Changes to care plans were communicated between staff during team meetings and at shift handovers.
- A professional added, "The care plan for my client is highly personalised and focuses on [the person's] strengths and priorities. [The person] has made significant progress since moving in within the limitations of their needs".

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service identified people's information and communication needs by assessing them and recording this in their care plans. This helped staff be aware of how to support people in the most appropriate way including the approach to use for different situations.
- We observed staff had skills and understanding of individual communication needs. They knew how to facilitate conversations with people to discuss various matters during the day.
- People agreed staff provided information in the way they could understand. People added, "Yes, I ask [staff] to help me and they do" and "If I have problems, I have staff to talk to".

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests and were supported to try new things or develop their skills if they wished to. We observed people going out during our inspection according to their choices.
- A few people told us they would like to have more in-house activities to get everyone together as it was not that often. We also noted to the registered manager and their line manager people's daily notes could include more details about activities offered to people throughout the day and completed as per care plans. If they refused, record any other options explored and offered.
- Relatives said, "The staff always try to encourage [the person] but [the person] chooses not to", "[The staff] maybe could do more activities, [the person] never tells me that they have done things, and when I visit, most people seem to be in their rooms. I think I would like an activity programme so I could see what is on offer for [the person]" and "[Staff] are very good and manage to encourage [the person] to get out once a week".
- People were able to stay in regular contact with friends and family. Staff helped people to have freedom of choice and control over what they did and supported people to plan their day when needed.
- The service also encouraged people to maintain hobbies and interests. For example, staff supported a person to get back into driving their car which also improved their independence and confidence. Another person was employed by the provider to carry out checks in other services of the provider. They told us they enjoyed doing this job and contribute to the management of the services.
- The care plans clearly described people's abilities, likes, dislikes and support needed. This provided staff with information and guidance on each person, so they could continue to meet their specific needs.

Improving care quality in response to complaints or concerns

- The registered manager took complaints and concerns seriously. They recorded and responded to complaints in a timely way.
- The registered manager reviewed complaints on a monthly basis to ensure all necessary actions were taken and documented.
- People told us they would talk to the registered manager or other staff if they had any issues. Those who raised a complaint, were supported to review and address it.
- Staff felt confident the registered manager would address any issues should anyone raise a concern with them.
- Relatives agreed they would be able to contact the registered manager or the service if they needed to make a complaint or raise any issues with them. Relatives said, "Yes, any issues, I phone up [staff] and they get dealt with" and "I have got the manager's email and I also have a good relationship with [person's] social worker".

End of life care and support

- At the time of inspection, no one was receiving end of life care support. The registered manager explained the topic would be approached sensitively and at the right time for people.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider had established governance systems within the service. However, we found these were not always used to ensure there was a consistent and comprehensive overview of the service, to ensure people received high quality care and support.
- The registered manager did not always ensure all of the issues we found on the inspection that are described throughout the report, were identified through their own quality monitoring systems.
- Where record keeping was delegated to staff members, it was not always clear if the registered manager checked and reviewed these were done correctly and accurately at all times. Therefore, staff did not always have accurate information about people, their support and risks, and the delivery of the service.
- Senior management did not always ensure they could demonstrate full compliance with regulatory and legislative requirements.
- The registered manager understood people's needs and the management of the staff team. However, the issues we found, indicated the registered manager did not always have clear oversight of issues which could impact on the quality of the service and the effective management of risks.

The registered person had not operated an effective system consistently to enable them to assess, monitor and improve the quality and safety of the service provided. They had not used an effective system to enable them to ensure compliance with their legal obligations and the regulations. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider gathered feedback from people, relatives, staff and other stakeholders about the quality of care provided. The feedback was used to create a development plan to work on and help review the service, quality and drive improvements.
- Services registered with the CQC are required to notify us of significant events and other incidents that happen in the service, without delay.
- The registered manager ensured CQC was notified of reportable events without delay.

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

- We discussed with the registered manager the regulation and requirements to follow when notifiable safety incidents happened.

- There was one incident where the duty of candour applied. The person was supported to receive the required treatment and appropriate care was provided.
- The person was supported to go to hospital to treat the injuries, ensure aftercare was provided and records updated where necessary in relation to their care. Whilst the registered manager ensured that the person and family were kept informed and updated, the specific steps taken to meet the duty of candour requirements were not always recorded.

We recommend the provider seeks advice and guidance from a reputable source about Regulation 20: Duty of Candour to ensure requirements are met at all times, including clear record keeping.

- After the inspection, the registered manager provided information how they would record steps taken to ensure the provider acted in an open and transparent way with relevant persons in relation to the incidents.
- Provider also told us they sought further legal advice to review their procedures to ensure it was in line with the regulation and its requirements.

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

- The registered manager and staff worked together to promote people's wellbeing, safety, and security and we observed a supportive staff culture. It was clear people who use the service were important to the whole staff team.
- The staff used shift handovers to discuss any tasks to complete or what was going on in the service. The registered manager worked alongside staff in the service. This way they were able to monitor practice regularly during the day and ensure appropriate action was taken to address any issues.
- Staff felt listened to, supported and the registered manager was approachable. Staff said, "[I feel] very supported. I can contact the manager if I have an issue and I will be treated seriously" and "Yes, very much [supported]. I don't have any complaints there. I can speak to management if I need to".
- The registered manager and staff worked positively with people to improve their skills, maintain their health or wellbeing so people could feel they could lead their life as they wished.
- The registered manager shared their success stories that showed people experienced positive outcomes they achieved together that had positive impact on people's life.
- The registered manager praised the staff team saying, "[The staff team] are lovely... They are supportive to me, and it goes both ways, they know they can come to me, and I know I can ask them to do things. We are a team, and we support each other. They can trust me, and I can trust them. [Staff] get on with each other well. Very good team work here and I'm really happy to have such a nice team".
- The registered manager added she felt supported by the provider's senior management team and line manager. They said, "Yes, it is all fine. They all support me. I really enjoy having [line manager] as a manager. [Line manager] is very supportive, always there at the end of the phone, and if I'm struggling, need to support, [the line manager] would call and help me to go through things. [My line manager] always have time for me".
- Community professional said, "Yes – [the service] always responsive and knowledgeable on their clients. I regularly recommend this service to colleagues" and "Yes, [the service] responds quickly needs of residents and handle the issues and concerns".
- Relatives said, "I think it's a lovely place. It's very comfortable and accommodating. [The person] is not restricted and everyone is friendly. [The person] and us couldn't be more happy" and "I'm really happy and reassured that [the person] is ok. [The person] has got better care... It seems [the person] has got a life. They understand mental health much better".

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

characteristics

- The registered manager promoted a positive, caring, transparent and inclusive culture within the service. The staff team were motivated to provide care and support to people as their needs and health were changing.
- People and the staff team had good relationships with each other. We also observed staff and the registered manager were respectful and kind towards people and each other.
- The registered manager held staff meetings to ensure any verbal or written feedback were shared with the staff team. The meetings were useful and helped staff keep up to date with what was going on in the service.
- The registered manager held meetings for people to gather their views and discuss any matters relating to the service provided and if any changes were needed. People told us they would seek support from the registered manager or staff if they needed help. One person added, "I am really happy here...First place where I've got better and I am really grateful for that".
- The relatives said, "If I had an issue, I would contact the manager" and "Yes usually contact the manager who always addresses any concerns. Nothing seems to be too much trouble".

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with different professionals to ensure people were looked after well. Where necessary, external health and social care professionals had been consulted or kept up to date with developments.
- People's records contained information of visits or consultations with external professionals. Those seen included GPs, hospital consultants, chiropodists and members of the community mental health team. People could also maintain links with the local community when possible.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with all the fundamental standards (Regulations 8 to 20A).</p> <p>Regulation 17 (1)(2)</p>