

Aston Transitional Care Limited

Ash House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	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

Ash House is registered to provide personal care and accommodation to a maximum of six people. People who live there may have a learning disability and/or autism. At the time of the inspection six people lived at the home.

The service applied the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people who used the service live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives. People using the service received planned and coordinated person-centred support that was appropriate and inclusive for them. They lived in a domestic size house that had no external visible features of it being a care home.

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

Risks relating to the premises had not always been identified and/or managed promptly which potentially placed people at risk of accidents and injury. Quality monitoring had not identified all issues that had potential to place people at risk of injury. People received their medicines as they had been prescribed, however, medicines were not stored in accordance with the manufacturers required temperature guidance. Infection prevention processes required some improvement. People were safeguarded from the risk of abuse and safe recruitment processes were in place. Overall, relatives and staff felt enough staff were provided.

Relatives told us that the support provided within the service was good. The registered manager was visible within the service and people were aware of who they were. The registered manager understood that they were required to provide us (CQC) with notifications about important events and incidents that occurred whilst the service was delivering care.

People were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service achieve the best possible outcomes, including independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Newly recruited staff received induction training to introduce them to their role and the people they were to support. Training had been received by staff and was generally refreshed in line with the provider's timeframes. People were supported by staff who knew them and their needs well. People were encouraged, where possible, to make decisions about their care. People were supported by staff who understood the

principles of the Mental Capacity Act 2005. People's nutritional needs had been assessed and guidance was provided for staff about how to encourage people to maintain a healthy diet. Referrals were made to healthcare professionals where required to ensure people's health needs were met.

Relatives felt staff were caring and treated people with dignity and respect. People were encouraged to develop and maintain their independence skills. Visitors were made to feel welcome. People were supported by staff to maintain contact with their families.

Assessment and reviews of people's care and support needs were undertaken regularly or as required. People and their relatives were included in these processes to ensure all needs were determined and addressed. Relatives felt confident and comfortable to raise any complaints they had with the staff or registered manager. Relatives confirmed they were kept up to date with important information relating to their family member.

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

Rating at last inspection

The last rating for this service was good (published 08 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to regulation 12 safe care and treatment and regulation 17 good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any information concerning information we may return sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was 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 ●

Ash House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Ash House is a 'care home'. People in care homes receive accommodation and nursing or personal care. The 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 who was registered with the CQC. The registered manager and the provider are legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

Before the inspection,

The provider had been asked to complete a new 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 reviewed information we had received about the service since the last inspection. We attempted to secure feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experience of people who have some limitations to their communication skills. We met and spent time with all six people who used the service and spoke with two relatives about their experience of the care provided. We spoke with two staff, the registered manager, the deputy manager and one external social care professional. We reviewed a range of records. This included, health action plans and medication records. We looked at one staff file in relation to recruitment and a variety of records about the management of the service including policies and procedures. We looked at the premises which included people's bedrooms, the kitchen, the laundry, the main lounge and dining room.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question had deteriorated to requires improvement. This meant that systems in place did not fully keep people safe or protect them from avoidable harm.

Assessing risk, safety monitoring and management

The provider had not managed known risks relating to the premises

- We saw that some water fire extinguishers had expired, some bedroom doors were not closing correctly and/or lacked an intumescent strip.
- The provider had secured an external health and safety consultant to undertake a full audit of the service. The audit was undertaken in January 2020. The report also highlighted the issues with the bedroom doors not closing correctly and/or lacked an intumescent strip and that action had not been taken relating to water fire extinguishers that had been deemed by an engineer in September 2019 as having expired. The consultant highlighted that both issues should be addressed immediately. The provider told us they had received a copy of the consultant's report on 16 January 2020. However, we found that the issues had not been addressed. This meant that there were on-going risks to people's safety. Following our inspection we continued to have contact with the provider and the registered manager to ensure corrective action was taken to minimise the risks.
- During the inspection we saw that a white metal heated towel rail in an en-suite bedroom was extremely hot when touched. This presented a burn risk to people. The registered manager was not aware of this risk prior to us highlighting it to them. The day after our inspection the towel rail was made safe.
- We saw that two radiators were not guarded to prevent burns. The registered manager told us that the radiators were to be guarded within the next two weeks. We also saw that the sill to the front door was damaged. The registered manager confirmed that the sill was split and this could present a hazard. The registered manager told us this was in hand to be replaced.
- The registered manager and area manager confirmed that they had concerns relating to the driveway from the road to the home. We saw the drive was damaged and uneven in some places so it presented a potential trip hazard. The registered manager and area manager told us they were in the process of confirming plans to make the drive safe.
- Some medicines had been stored at temperatures higher than the manufacturers guidelines for over a month. On these days staff had written, 'corrective action: put the fans on'. However, we found that the fans were not switched on and the room where the medicines were stored exceeded the manufacturers guidance. There is a risk that some medicines could be affected and may not work correctly if stored at a higher temperature than the manufacturer's guidance. The registered manager told us there were plans for a different room to be used for storing the medicines that was cooler. However, in the interim the medicines

were still stored incorrectly.

Preventing and controlling infection

- We saw that some wood surrounding bathroom and toilet fittings were warped from water damage. A health and safety consultant had also highlighted that some wood in bathrooms and toilets had become damaged as a result of moisture and that there was a risk of bacteria growth in those areas. The registered manager told us they were in the process of getting quotes for this work to be completed.
 - We saw that the material back of a shower chair was dirty and had mould growth. The registered manager told us that this was not acceptable and that they had ordered a replacement.
 - We saw that there was a build up of dust in the mechanical ventilation system in the ground floor toilet. This meant there was a risk that when activated the dust could be carried in the air and transmit spores. The registered manager told us although cleaning was undertaken by staff this was not always monitored.
 - One bedroom had a strong odour. The registered manager told us they had replaced the bed mattress to one that could be effectively cleaned. The registered manager confirmed the odour was due to urine on a bed quilt. This was replaced as soon as we had made the registered manager aware of the issue.
- Failing to ensure that risks to people were effectively managed is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- A staff member told us, "I received medicine management training." Records confirmed staff had received medicine training and their competence was assessed to ensure medicine safety.
- After people accepted their medicines staff signed the Electronic Medicine Administration Record [EMAR] to confirm people had taken their tablets.
- We counted some tablets against totals on the EMARs and found they balanced correctly.
- Short life medicines had been date labelled when opened so staff would know the date they should discard them.
- Protocols had been produced for each person to direct staff in what circumstances 'when required' medicines should be administered.

Systems and processes to safeguard people from the risk of abuse

- A relative told us, "I know about safeguarding. There are no safeguarding concerns regarding [person's name]." Another relative told us that their family member was kept safe by the staff.
- A staff member said, "No worries at present previously if any issues they have been reported and dealt with."
- Staff told us they had received safeguarding training. The registered manager had previously notified us and the local authority safeguarding team when safeguarding concerns were apparent as is required by law.

Learning lessons when things go wrong

- Staff told us of the actions they took to report accidents and incidents. A staff member said, "Every incident, accident and behaviour that could challenge the service is reported to management and a record made."
- Processes and systems were used to identify patterns or trends regarding accidents and/or incidents to minimise future occurrences.

Staffing and recruitment

- A relative said, "I think there are enough staff." Staff confirmed there were enough staff to look after people and to keep them safe.

- The registered manager told us of the contingency plans they had in place to cover staff sickness and leave. These included staff working overtime and the use of agency staff. The registered manager told us, "The same agency staff are used so they are familiar with people and their needs." This was confirmed by the staff we spoke with.
- The Provider Information Return highlighted, 'Staff are required to complete an application form, they then are invited to an interview if successful from interview they will be offered a conditional job pending reference and checks.' Staff confirmed pre- employment checks on staff were undertaken. One staff member told us, "Because of safety new staff cannot start work until their checks are completed." The registered manager and records confirmed an enhanced Disclosure and Barring Service check [DBS] had been carried out for all staff. Application forms included employment history. Recruitment checks on staff minimises the chance of unsafe staff being employed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good.

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

- Staff told us that people's needs were assessed before moving into the home and for a time after to ensure all their [people's] needs were known. Following this care plans were produced using the information gained from the assessments. This was confirmed by records we saw. A relative said, "Their [person's name] needs were thoroughly assessed over a few weeks. Their needs are very well met."
- Staff we spoke with and records that we saw confirmed the assessment of need focussed on people's mobility, health and social needs, activity preferences, behaviours, religious and cultural needs. A relative said, "I think they [family member's] needs are known and always met promptly to a good standard by the staff."

Staff support: induction, training, skills and experience

- Staff felt supported through induction and training processes to gain the skills they required. A relative told us, "The staff do a good job. They know what they need to do."
- A staff member said, "My induction training was good. I shadowed [worked alongside] staff who had worked at the home and knew the job role and the people."
- The registered manager told us that the care certificate was available for new staff who had no previous qualifications in care. This was confirmed by records. The care certificate is a nationally recognised set of standards that define the knowledge, skills and behaviours of specific job roles in the health and care sectors.
- Staff told us they had received the training the provider deemed as mandatory. A staff member said, "All my training is up to date."
- The registered manager and training records confirmed some specialist training had been delivered to meet the individual needs of people who lived at the home. This included, autism awareness, epilepsy awareness and issues around the Equality Act.
- We observed staff interacting with people and being attentive to their needs. A staff member said, "I feel confident to do my work as the training has given me the knowledge I need."
- Staff told us they received regular supervision from a manager. Supervision records highlighted that staff had opportunities to discuss their training needs and professional development during supervision. Staff also told us they had an annual appraisal where their work over the last year was discussed.

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

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

decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There were systems in place to ensure people were supported with decisions when needed in line with the MCA.
- The registered manager informed us that all six people had a DoLS authorisation.
- A relative told us, "The staff ask them [person's name] permission before providing care or support."
- We observed that staff asked people's consent before giving them support. For example, one staff member asked one person to get ready to go out. The person refused and stayed seated. The staff member waited for five minutes and asked the person again if they wished to get ready to go out. This time the person stood up, smiled and nodded and followed the staff member out of the door.

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

- A relative told us, "They [person's name] enjoy the food. They have never lost or gained too much weight."
- People were supported to eat and drink sufficiently and take a varied balanced diet. Information was available to staff about providing a healthy diet for people and encouraging enough fluid intake. Food stocks were satisfactory with a range of food and drinks that included fresh fruit and vegetables.
- At breakfast time staff showed people the different cereal boxes they could choose from. Staff also showed people different drinks so they could make a choice. Pictures of meals were available and staff encouraged people to point to the picture of the meal they wanted. A staff member said, "We [staff] know what people like to eat and drink. We still give choices in case people fancy a change."
- Staff told us that where required referrals had been made to healthcare professionals to promote healthy, safe, eating and drinking. For issues such as ensuring people were not at risk of choking.
- A staff member told us, "Some people cannot eat pork due to their religion. All staff know this so we avoid offering those people pork." Another staff member said, "If people want to have a pie staff ensure no pork is present in the pie at all."

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

- People had access to a range of healthcare services to promote their good health and well-being. Relatives informed us that their family members attended all the healthcare appointments needed to keep them healthy. A relative said, "They [person] see their doctor, hospital consultant, chiropodist and dentist."
- Staff told us they worked with a wide range of external healthcare professionals to improve outcomes for people. One staff member said, "People had an annual health care check to monitor their health and also a medicine review." This was confirmed by records.
- Health action plans were available to tell people/staff what they needed to do to keep people healthy and advise what services and support they needed to live a healthier life. Those documents were also used for people's health monitoring and to inform hospital staff about people's needs and risks.
- Staff told us, and records confirmed that each person had a check-up with a dentist on a regular basis. This was confirmed by records. A staff member told us, "They [person's name] used to be prescribed special toothpaste. They don't any more as the dentist said we [staff] give them enough support to clean their teeth adequately."

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

- The home was a domestic style house situated in a residential area that was 'home' to the people who lived there. A relative said, "The atmosphere of the home is nice. Their [person] bedroom is as they want it."
- Staff did not wear uniforms to prevent a clinical atmosphere.
- Some pictorial signage was available within the premises to show where bathrooms and toilets were located. Bedroom doors had meaningful pictures to help people recognise which bedroom was theirs.
- The provision of baths and showers gave people the choice of how they wished their personal hygiene needs to be met.
- Communal areas were homely, warm, bright and had domestic style furniture and fittings.
- Enclosed garden space was available. Access to this could be gained from the rear of the home.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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, diversity and human rights

- People were supported adequately and staff respected diversity. A relative told us, "It is a very good home. They [person] are treated fairly and to a good standard."
- A staff member told us, "This home is good as the makeup of staff reflect people's ethnicity. Staff were aware of people's cultural needs." Another staff member said, "We [people and staff] acknowledge all personal and cultural celebrations such as birthdays, Christmas, Easter and Eid." Photos were on display to confirm this.
- Positive interactions between people and staff were observed. People were spoken with kindly and respectfully by staff and were listened to. Staff spoke about people in an affectionate and caring manner.
- Staff told us personalised care and support, being respectful of people's wants and preferences, and providing opportunities for people was promoted. A relative said, "People are all treated as individuals. The staff know people well what they like and don't like."
- Most people had regular contact with family and friends. Staff enabled people to visit their families. A relative told us, "It was lovely the other week. The staff supported [person's name] to visit us. They person's name likes to visit us. They were very calm when they came to visit."
- Relatives told us the staff made them feel welcome when they visited.

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

- Staff tried wherever possible to involve people in decisions about their care. Relatives confirmed this. A relative said, "The staff encourage wherever possible for them [person's name] to make decisions. We as a family are also encouraged to make decisions for them."
- Information was available giving contact details for external, independent advocacy services. Staff told us they knew how to access advocacy services to support people when making decisions around their care. Records highlighted that people used an advocate and this was confirmed by staff we spoke with.

Respecting and promoting people's privacy, dignity and independence,

- Staff addressed people by their preferred names
- People had their own bedroom which enabled private personal space. Staff told us that wherever possible they encouraged people to attend to their own personal hygiene to enhance their privacy and dignity.
- A staff member said, "This morning [person's name] went to their wardrobe and looked at all of the clothes hanging up. They took the clothes off the hangers they wanted to wear." People were dressed in clothing to reflect their individuality and the weather. When people went out staff encouraged them to wear warm clothing and a coat.

- People were supported to maintain their independence. Staff encouraged people to eat independently and to take their breakfast dish into the kitchen. Some people enjoyed vacuuming whilst other people helped staff to mop the floors.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

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

- A relative told us their family member's needs were assessed before they moved into the home. The relative said, "The staff are aware of their [person's name] needs and wishes."
- The registered manager told us that new people are offered introductory visits to the home prior to them being offered a placement. This was so that staff would be sure they could meet those people's needs and that they could live successfully with the people already in the home.
- A relative confirmed they were involved in the review meetings of their family member. They said, "The staff listen to me and invite me to all meetings."
- Records highlighted people's likes and dislikes and important information relating to their individual needs and preferences. We saw staff meet individual needs in accordance with people's recorded preferences. For example, one person liked to eat their breakfast at a particular table by the patio doors and staff made sure that this happened.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- A relative told us staff enabled effective communication with their family member.
- Communication care plans were in place for each person. These highlighted how each person best communicated. One person's care plan stated, 'use caring gestures'. At breakfast time a staff member encouraged a person to go to the kitchen. They gently placed their hand on the person's arm to gain their attention and pointed to the kitchen. The person went with the staff member into the kitchen. Another person's communication plan highlighted the behaviours they may display if they were in pain. These included crying and showing agitation. Staff knew what these behaviours may signal.
- Pictures and objects were used as effective communication aids. For example, menus had been produced in picture form. Other objects of reference were also used, for example, a plastic car was used to inform a person that they could go out in the car if they wanted 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 maintain relationships, follow their interests and take part in activities to meet their specific preferences. A relative said, "They [person's name] are out and about all of the time. They love going for a ride in the car and do this every day."

- The home was located in a residential street near community facilities including shops and a park. People were supported regularly to take advantage of local amenities. A staff member told us, "People would get bored in the home. We [staff] know what they like to do. Everyone goes out nearly every day walking is a favourite of many people."
- Relatives and staff told us about the day trips people had been supported to go on including, London, Blackpool, Wales and several well-known theme parks.
- People had in-house activities they enjoyed. These included watching the television, occupying with plastic model cars, board activities and cooking. Some people liked to listen to religious verses on their technology tablet. These were confirmed by records, staff and observations.

Improving care quality in response to complaints or concern

- A complaints procedure including, an easy read version, was available. Easy read is where extracts of key text information is made visual through the use of pictures and/or symbols aimed to give greater understanding.
- A relative said, "I know how to make a complaint. If I had a concern I would not be backwards in going forward to raise it with the manager and staff. In the past little issues have been addressed quickly."
- The registered manager informed us the last complaint was received in 2017 before they were in post. They however, told us stages they would work through if a complaint were received. This included documentation, investigation, feedback to the complainant and appropriate action taking.

End of life care and support

- The service did not currently support any people who were receiving end of life care.
- Staff told us if there was a need input would be secured from external social and health care professionals including, the GP and the district nurse team.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, safe care.

- At our previous inspection of 09 June 2017 we identified that improvement was required in respect of the home's understanding of and adherence to the MCA Code of Practice including approaches to the use of CCTV. Best interest meetings had not been correctly implemented into practice nor considered as necessary in respect of the recent decision to use CCTV at the home. Sufficient learning and improvement in this area had not been taken following the findings of our last inspection, nor applied to these ongoing developments at the home by the registered provider and registered manager.

- During this, our most recent inspection we found that the issue of CCTV had been addressed. For example, information giving and consultation with relatives had taken place.
- We found that relatives were now assured that any CCTV footage would be kept secure and would only be accessible to be viewed by the registered manager and the provider.
- Relatives had subsequently all provided their written agreement to the deployment of CCTV cameras in communal areas. This was confirmed by relatives we spoke with and documents we viewed.
- The area manager told us that new people and their relatives would be fully informed that CCTV was used. This was so people could decide if they still wished to live at the home with CCTV in use.

Continuous learning, improving care and understanding quality performance

- The provider and registered manager had not taken enough action to improve care and did not always understand how to ensure quality.
- The provider had taken positive steps to ensure the premises were safe by securing an external health and safety consultant to undertake a full audit. However, they had not taken corrective actions on the areas that the consultant highlighted as requiring immediate action. These related to the water fire extinguishers an engineer had deemed as expired in September 2019 and remedial action in relation to fire doors that were not functioning correctly.
- The Provider information Return [PIR] highlighted, 'Ensuring our service is compliant with CQC regulations and legislation I ensure monthly environment checks are completed, weekly medication audit, weekly fire audit.' Written evidence confirmed these checks had been carried out however, the audits had not identified failing fire doors or that the water fire extinguishers were still in need of replacement. Where issues had been identified such as medicines being stored at temperatures higher than the manufacturers guidance this had continued for over a month. For these issues timely corrective actions had not been taken to promote the safety of people.
- Audits failed to identify the infection prevention issues relating to the mouldy back of the shower chair, the dust on the mechanical ventilation system, and the dirty water in the bubble tube in one person's bedroom.

- Audits also failed to identify that an unguarded towel rail in one person's en-suite bathroom was extremely hot to touch and presented as a burn risk, and also that several dry food packets were open in the food cupboard and the contents exposed to the air posing as a food hygiene risk. One of these packets was also marked with a manufacturer's 'best before' date of October 2019.
- One person's support plan stated, 'Our aim is for [the person] to have one litre of fluid a day.' Staff had made a record of the person's fluid intake. The registered manager's monitoring to ensure people were offered sufficient fluid to stay healthy was ineffective. For two of the three days the fluid intake fell short according to records. We raised this with the registered manager who told us they were not aware of this and a system to audit fluid balance charts was required. The registered manager agreed that the records were not adequate and needed improved monitoring.

Failing to have effective systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of people is a breach of regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014.

- The area manager told us a new quality audit manager had been employed and was due to start work the week following our inspection. They said, "This person will do regular audits across our homes and do work with staff to ensure improvements are made where they are required."
- We identified that the rating we gave following our previous inspection was not displayed on the provider's website as is required by law. The registered manager and area manager told us they were unaware of this requirement and therefore their audit system did not include this issue. However, this was addressed the following day.
- The PIR was returned to us by the timescale we set. Although it was completed to a satisfactory standard some elements did not fully reflect our findings. For example, the PIR gave assurance that the weekly and monthly checks carried out ensured compliance with legislation. However, the checks had not identified a number of health and safety issues that were apparent during the inspection.

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

- The registered manager had notified us of any accidents and incidents, safeguarding concerns and Deprivation of Liberty Safeguard [DoLS] authorisations as they were required to by law.
- Staff knew of the provider's whistleblowing procedures. A staff member said, "I would whistle blow if I felt things were not right." Whistleblowing is a process whereby staff should feel confident to report any bad practice without fear of repercussions.

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

- A new registered manager had been employed since our previous inspection carried out in June 2017. Relatives and staff were complimentary about the new manager. A relative said, "The new manager is really good. They have made many improvements." Another relative told us, "The new manager is friendly and helpful." A staff member said, "The people who live here are priority to the manager. They [registered manager] has made improvements in terms of the service being more personalised to the people who live here."
- The registered manager who had been in post for nearly two years told us it was some time since provider feedback forms had been sent to relatives. When provider feedback forms had been sent out in 'summer' 2019 only one had been returned. This meant the registered manager had little current information about people's views of the care they received to enable them to continuously improve the service. The registered manager said, "To address this I am planning to send them all out soon." However, provider feedback forms had been sent to staff in January 2020.
- The registered manager was visible within the service. People smiled and were calm when they saw and

engaged with the registered manager, showing they were familiar with them.

- Relatives were complimentary about the overall service provided. A relative told us, "The staff really involve us [family] regarding their support needs. We are very much included in everything."
- We found that good team work was apparent. The staff told us there was effective communication between them and management. This was observed during the day.

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

- A staff member told us, "I am valued and trusted to support people well."
- Staff told us they felt listened to and included in decisions by the registered manager. A staff member said, "If we [staff] ask for any equipment it is purchased."

How the provider understands and acts on the duty of candour

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received.

- The registered manager and staff were open in their approach with us during the inspection.
- The PIR highlighted, 'We [managers] work with staff and families to build relationships where staff and families can be open and discuss any issues.' A relative told us, "The new manager is very good. They are open and approachable."
- The registered manager told us if there were issues meetings with people and/or relatives would be arranged to discuss these. Where required the provider told us people would be apologised to.

Working in partnership with others

- The registered manager and staff worked in partnership with a range of external health and social care professionals. Comments made included, "The staff assist us when we need to undertake an assessment. "
- Staff had developed links in the community with staff in shops, pubs and other local facilities for the benefit of people who lived in the home so that they had a wide and varied range of positive life experiences.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
	Systems in place were not always robust enough to demonstrate risks to people were effectively managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
	Regulation 17 HSCA RA Regulations 2014 Good governance
	The provider's systems in place to review quality were not always effective.