

Achieve Together Limited

Smitham Downs Road

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Smitham Downs Road is a residential care home providing personal care to seven people at the time of the inspection. The service can support up to nine people with learning disabilities and/or autistic people.

The service was previously known as Care Management Group - Smitham Downs Road. The current provider took over the management and operation of the service from the previous care provider in December 2020.

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

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.

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

Right Support

Staff did not always support people with their medicines to achieve the best possible health outcome. Information about people's 'as required' medicines (PRNs) was inaccurate, out of date or incomplete which increased the risk of people not taking these in a timely or appropriate way. Staff did not always follow systems and processes to make sure all medicines were managed and administered safely. However, people received their regular prescribed medicines at the right time. Some people were being unlawfully deprived of their liberty at the service as the provider had not obtained the proper legal authorisation to do this. This meant people were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service at the time of this inspection did not support this practice.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. Staff enabled 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 wellbeing.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood how to protect people from poor care and abuse. They had training on how to recognise and report abuse and they knew how to apply it. Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. The service had

enough staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Right Culture

People's quality of life was not always enhanced by the provider's governance processes. These had not always been effective in taking action to keep people safe, protect people's rights and provide good quality care and support.

People were supported by trained staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff turnover at the service had improved which supported people to receive consistent care from staff who knew them well. People and those important to them, were involved in planning their care. Staff evaluated the support provided to people, involving the person, their families and other professionals as appropriate. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

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

Rating

This service was registered with us on 1 December 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 17 April 2019.

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.

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

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

Enforcement

We have identified breaches in relation to need for consent, safe care and treatment and good governance at this inspection.

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Smitham Downs Road

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

Two Inspectors and a member of the CQC medicines team carried out the inspection.

Service and service type

Smitham Downs Road 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. Smitham Downs Road 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. A new manager had been appointed by the provider and was due to start in their role in May 2022.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five members of staff including the deputy manager and regional manager. We observed interactions between people and staff to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included two people's care records and five people's medicines records. We looked at staff files in relation to staff recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection we continued to seek clarification from the provider to validate evidence found. We looked at information about people's care and support, supervision and training data for staff, complaints and records relating to the management of the service including quality assurance records. We spoke with four relatives and received feedback from them about their experiences of 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 for this 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.

Using medicines safely

- Staff did not always follow systems and processes to make sure people received the right medicine, at the right dose and at the right time. For one person, staff were 'secondary dispensing' their medicines into an unlabelled dispensing tool. Secondary dispensing occurs when medicines are removed from the container in which it was received from the dispensing Pharmacy and put into a different one prior to administration. This is not good practice as it increased the risk of a mistake being made. The service was also not following the provider's medicines policy which stated that 'medicines should be provided in their original packaging'.
- For another person, staff were transcribing information about their medicines on to a hand written medicines administration record (MAR) which was not good practice because this also increased the risk of a mistake being made. The service was also not following the provider's medicines policy which stated this should only be done in 'exceptional circumstances'. We found an oral medicine prescribed to the person, incorrectly labelled as to when this should be discarded after opening. There was a risk that the efficacy of this medicine could be reduced if used after this date. The person was prescribed a patch but staff were not following the provider's medicines policy to ensure a clear record was maintained about how, where and when the patch was applied.
- Guidance for staff on three people's records about their 'as required' medicines (PRNs) was either incorrect, out of date or incomplete. This increased the risk for these people of not receiving these medicines in a timely and appropriate way. The service was also not following the provider's medicines policy to ensure all PRN guidance was reviewed every six months.

We found no evidence that people had been harmed from the issues we found. However, the provider could not be assured that all medicines were properly and safely managed at the service. This was a breach of Regulation 12 (Safe care and treatment) of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. The provider confirmed a full medicines audit was undertaken after our inspection to assess and review systems, processes and staff practice at the service. They told us they had used the findings from this audit to improve medicines management arrangements at the service. They had also shared their findings and learning with managers from the provider's other services to make sure good practice in relation to medicines management was followed and embedded at all services.

- Notwithstanding the issues we found above, people were supported by staff who followed systems and

processes to administer, record, store and dispose of people's regular prescribed medicines safely.

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles
- People could take their medicines in private when appropriate and safe.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. A relative said, "I feel like they are keeping [family member] safe and the staff treat him well." Another relative told us "[Family member's] not neglected from my view."
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern. A relative told us about their experience of raising a concern. They said, "Safeguarding was dealt with, so I am happy with that."

Assessing risk, safety monitoring and management

- Staff managed the safety of the living environment and equipment in it through checks and action to minimise risk. We noted annual servicing and checks of the fire safety and emergency lighting systems at the service were overdue at the time of our inspection. However, staff were already aware of this, explained the delay and showed us a visit had already been booked for an external contractor to do this work immediately after our inspection.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. A relative told us, "I feel the staff understand [family member's] risks and manage them well."
- The service helped keep people safe through formal and informal sharing of information about risks.
- Staff assessed people's sensory needs and did their best to meet them. The service had a designated sensory room which was used by people when they became anxious or agitated to help reduce the risk of this impacting on their safety and wellbeing.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. The provider had actively recruited new staff to work at the service in the last six months to improve the consistency of support people received from staff.
- The numbers and skills of staff matched the needs of people using the service.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff took into account people's individual needs, wishes and goals.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping the premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- The service admitted people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to

alert other agencies to concerns affecting people's health and wellbeing.

- The service's infection prevention and control policy was up to date.
- The service supported visits for people living in the home in line with current guidance.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.

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 service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found two people using the service lacked mental capacity to take particular decisions and needed close supervision when being supported by staff. However, the provider had not submitted the necessary applications through the DoLS procedures to request the authorisation to do this, which was against the law. We discussed this with the provider after the inspection who confirmed this had been an oversight due to a change in management at the service.

This issue meant these two people were being unlawfully deprived of their liberty which was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. They made sure the necessary applications were submitted to the appropriate body to ensure the proper legal authorisation was obtained for these two people. They also confirmed they had shared their findings and learning with managers from the provider's other services to make sure legal requirements under the Mental Capacity Act were being met at all services.

- Where applications had been made to deprive other people using the service of their liberty, these had been authorised by the appropriate body and the provider was complying with the conditions applied to the DoLS authorisations.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.

Staff support: induction, training, skills and experience

- People were supported by staff who received relevant training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support and human rights. A relative told us staff knew how to care for their family member and said about staff, "They are very qualified."
- Staff were expected to update their training and attend refresher courses to help them continuously apply best practice. Some staff had not yet completed all their required formal training to bring them up to date, at the time of this inspection. The provider was responding to this and had a plan in place to reduce risk to people. Coaching and support for staff on the job had increased and staff were given dedicated time to complete their required training without interruption.
- Staff received support in the form of supervision and appraisal and recognition of good practice. A staff member told us they could state their views at these meetings and managers listened and took these on board.

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

- Staff completed a comprehensive assessment of each person's physical and mental health prior to them moving into the service.
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- People, those important to them and staff reviewed plans together. Relatives told us they participated in meetings about their family member's care and support needs. People met with their designated keyworker once a month and with their help reviewed their progress in achieving their aspirations in relation to their care and support needs and for new ways staff could help them achieve better quality outcomes.

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

- People received support to eat and drink enough to maintain a balanced diet. A relative told us they were working with the service to help their family member achieve a healthy diet and weight. They said, "[Family member] has put on weight...I have raised this with the service and they have been working with me on an action plan. [The deputy manager] believes in healthy eating and I have a lot of confidence and assured by her that she will support [family member] to lose weight and get healthy."
- People were involved in choosing their food, shopping, and planning their meals. People's choices reflected the meals they ate. For example one person liked a particular meal for breakfast every day and staff made sure they could have this.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals. We saw people could eat their meals at times that suited them.

Supporting people to live healthier lives, access healthcare services and support

- People had health actions plans and health passports which were used by health and social care professionals to support them in the way they needed.
- People were supported to attend annual health checks, screening and primary care services. A relative told us, "We recently had a hospital appointment to look at [family member's] teeth and [deputy manager] was brilliant. Arranged it all and was very supportive." Reasonable adjustments were made to make sure people could attend appointments when necessary. For example where people needed to be supported by two

staff to attend an appointment this was arranged in advance. One person became distressed when needing support to attend a specific healthcare appointment. The service sought and followed advice from the GP about how to support the person and help reduce the level of distress they might feel about this.

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. We saw one person had recently been referred to access specialist support to help reduce their anxiety.

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 personalised their rooms and were included in decisions relating to the interior decoration and design of their home. A relative told us they had been involved in decorating their family member's room to make this homely, fun and stimulating for them.

- The provider had plans to redecorate and refurbish the service as and when required. They also had plans to improve the service further based on people's needs. For example, in the coming year the provider intended to enhance and improve the gardens to support people to undertake activities of their choice, for example, gardening, trampolining and cycling.

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 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

- People were well matched with their designated support worker and we observed people were at ease and engaged with staff. We saw one person being supported to get ready to go out for the morning, and the staff member supporting them made this a fun activity for the person, which the person and staff member enjoyed together. A staff member told us they knew people well and had built a good relationship with them.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. A relative told us, "I think they look after [family member] really well and he's really happy." Another relative said, "[Family member] is happy, which is the main thing." We saw staff spoke to people with genuine warmth and respect. Staff offered people choice and gave them time and space to make a decision. People were not hurried and could do things in their own time and at their own pace.
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities. We saw one person became anxious and overwhelmed by our presence during the inspection. Staff were quick to notice this and moved us away from the person which helped the person become calm and relaxed.
- Staff ensured people were protected from exposure to any environmental factors they would find stressful. We saw people's individual rooms and communal areas were set out in a way to limit these factors and reduce stress for people where possible.

Supporting people to express their views and be involved in making decisions about their care; respecting equality and diversity

- Staff supported people to express their views using their preferred method of communication. They took the time to understand people's individual communication styles and develop a rapport with them.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences. A relative told us they had been able to celebrate a key religious event with their family member via a video call which they had appreciated as it was important to have their family member included in wider family celebrations. We saw another person was supported to watch films that reflected their cultural heritage.
- Staff supported people to maintain links with those that are important to them. Staff made sure people remained in contact with family and friends through visits to the service, visits home and through phone and video calls.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence.
- Each person had identified target goals and aspirations and staff helped them to achieve greater confidence and independence. A relative told us about their family member, "He gets a haircut and he gets a shave. They help him with his personal care and help him get dressed and build his self-respect and confidence...his mobility has improved as well because they make sure he gets up and about and go for walks. I'm glad he's being taken care of."
- Staff knew when people needed their space and privacy and respected this. We saw staff were quick to pick up on verbal and physical cues from people that they wanted to be left alone and made sure others around them were also aware so the person could have the space they needed.

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 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

- Staff supported people through recognised models of care and support for people with a learning disability or autistic people.
- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. Staff were able to explain their role in respect of individual people without having to refer to documentation
- People learnt everyday living skills by following an individualised activity plan with staff, who knew them well. During our inspection one person was being supported by staff to tidy and organise their room and to go shopping to learn how to handle money.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs. A staff member told us when new people started using the service they read their care plans before supporting them to get to know people and their needs and how they could support them with these.

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.

- Staff ensured people had access to information in formats they could understand. For example, we saw important information was displayed at the service in an easy to read format about how people could raise a safeguarding concern and how this would be dealt with.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff understood people's individual communication needs and knew how to facilitate communication and when people were trying to tell them something.

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 on a regular basis. We saw people were encouraged to undertake activities they enjoyed, for example, arts and crafts, music sessions, baking, cycling, walking and going out for meals, bowling and visiting the shops.
- People who were living away from their local area were able to stay in regular contact with friends and family via phone and video calls. A relative said, "I come and visit once a month but stay in touch on the

phone at other times." Another relative said they had video calls arranged twice a week with their family member as they lived too far away to visit regularly.

- Staff helped people to have freedom of choice and control over what they did. People had individualised weekly activity plans that were planned in advance with people based on their interests. However, people were able to change their mind at any time and do something different to what was planned.
- Staff were committed to encouraging people to undertake courses in line with their wishes and to explore new social, leisure and recreational interests. We saw for one person, the service had secured funding to support them to participate in a national initiative aimed at developing their interest and skills in gardening.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. Information about how to raise a concern or complaint was displayed for people to see at the service, in an easy to read format.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service. A relative told us they had been able to attend a recent staff team meeting to talk about the care and support provided to their family member. They had been encouraged to talk through their concerns with the staff team to help them improve their understanding of how their family member should be supported.

End of life care and support

- None of the people using the service at the time of this inspection were in receipt of end of life care and support.
- The service had a system in place to obtain and record people's wishes for the support they wanted to receive at the end of their life. This would help ensure staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.

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 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 not identified that management oversight of the quality and safety of the care and support provided to people, had deteriorated. This was due to changes in the leadership team at the service. This increased the risk of people receiving unsafe and/or inappropriate care.
- The registered manager for the service left in December 2021. An interim manager was appointed shortly after but left in March 2022. A new manager had now been appointed and due to start at the service in May 2022. In the meantime, the deputy manager was managing the service with support from senior managers at provider level.
- Relatives told us the management changes had led to a deterioration in the quality of communication from the service. They said as a result they could not be fully certain their family members were well cared for by staff as they did not always get the information to reassure themselves of this, in a timely way. One relative said, "Communication needs to improve. And they need to realise how important this is for me." Another relative said, "It has been a little frustrating with the changes in managers as I get confused as to who to speak to. I don't think the handover between managers was any good because of the problem I have had."
- Staff told us changes in the leadership team had been unsettling and had affected staff morale.
- The changes at the service and lack of oversight meant the provider's audits and checks of the service during this period had not always been effective. They had not picked up and fully addressed issues we found at this inspection relating to medicines management and to applications made to obtain legal authorisation to deprive people of their liberty. We saw weekly checks made by staff had identified a reoccurring issue with a missing fire extinguisher since January 2022. However, no action had been taken by the service to address this, as this was still outstanding at the time of this inspection.
- Some records maintained by the service were inaccurate or out of date and current information not easily accessible. In addition to issues we found around medicines records, we also found a hospital passport for one person was incorrect as it stated the wrong dose of one of their prescribed medicines. Records maintained about servicing and maintenance of systems and equipment did not contain current information to give an accurate picture of the action taken by the provider to manage safety risks. This information was eventually located by staff during our inspection.
- Some of the records relating to planned improvements at the service were not dated and timescales for action were not recorded. This meant there was a risk that actions required to improve the quality and safety of the service might be delayed or missed. We were satisfied that the quality of records was not having a significant impact on people at the time of this inspection but may present a risk in future.

The provider's governance processes and oversight of the service had not always been effective. This put people at risk of receiving unsafe and poor quality care which put them at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. The provider told us they had taken the concerns we found at this inspection seriously. They confirmed an improvement plan had been developed for the service based on our findings and they were taking the necessary action to make the improvements that were required. They also confirmed since our inspection they had met with relatives and had agreed plans with them about how they will work together to share feedback and work in partnership to benefit the lives of people using the service.

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

- The deputy manager was visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. A relative said, "[Deputy manager] is excellent and works really hard."
- The deputy manager worked directly with people and led by example. People knew the deputy manager and engaged with them happily. We observed the deputy manager was calm, kind and compassionate with people and the staff team.
- Staff felt respected, supported and valued by the deputy manager which supported a positive and improvement-driven culture. We observed the deputy manager encouraged, motivated and praised staff as they went about their work. A staff member said the deputy manager was 'fantastic' and listened to what they had to say.
- Staff felt able to raise concerns with the deputy manager without fear of what might happen as a result. A staff member told us the staff team were open and honest with each other and as a result the staff team worked well together.

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

- The service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- Staff encouraged people to be involved in the development of the service. People had been supported to attend meetings with the staff team, who made sure people could participate using their preferred method of communication. Minutes from the most recent meeting showed discussions had been held with people about ways in which staff could improve the quality of support they provided to help people achieve positive outcomes.
- The provider made sure family members could share their views and discuss issues with staff. Family members were invited to attend staff meetings to give feedback and their comments were listened to and actioned by the provider.

Continuous learning and improving care; working in partnership with others

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The service supported staff to continuously improve their knowledge and understanding of people's individual communication styles and had recently invited a speech therapist as a guest speaker to a staff

meeting. The speech therapist gave advice and feedback to staff about effective communication and how to maximise opportunities to interact with people for example through use of objects of reference and visual timetables.

- The service worked well in partnership with other health and social care organisations, which helped people using the service improve their wellbeing.

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 11 HSCA RA Regulations 2014 Need for consent
	Regulation 11 HSCA RA Regulations 2014 Need for consent
	The provider was not meeting the requirements of The Mental Capacity Act 2005 (MCA). They were placing restrictions on people at the service without the necessary legal authorisation to do so.
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
	The provider was not ensuring proper and safe management of medicines (12(2)(g))
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 was not assessing, monitoring and improving the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services) (17(2)(a))

The provider had not maintained securely an accurate, complete, and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided (17(2)(c))