

# Quest Haven Limited

# The Ranch

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

The Ranch is a 'care home' which provides residential care for up to three people with needs such as learning disabilities and mental health conditions. The service is provided in a bungalow. Each person has their own bedroom and share communal areas such as the living room and kitchen. During our inspection, one person was in the process of moving to their own accommodation. Therefore, at the time of publication of this report, there are two people living at the service.

### People's experience of using this service

At our previous inspection in January 2019 we identified six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. We found that the provider had made some improvements to the issues identified in areas but further work was required to fully embed new recording practices.

The registered manager was not always aware of the support staff required and relatives did not always find them approachable. The registered manager had been reluctant to implement the improvements identified at our last inspection, and there had been no internal audits to ensure improvements had been made. However, the deputy manager had worked hard to make some the improvements required, and further time was needed to fully embed new processes. Since our inspection, the registered manager has left the service and a new manager has been recruited. Feedback from people and relatives was sought on a regular basis. However, there had only been one staff meeting since our last inspection.

Risks were not always recorded and those that were recorded were not always done so in a dignified manner. Medicine competency checks were not being completed to ensure staff were safe administering and recording medicines. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Safe infection control practices were not always followed as areas of the service were dirty and unhygienic. End of life care plans were not always detailed and care plans did not reflect the person-centred care people received, but the impact to people from this was low as staff knew people well. Although there were enough staff to meet people's basic needs, staff numbers did not always allow for personalised care. Staff were not up to date with their mandatory training and fed back to us that they would find some face to face training would be beneficial rather than just receiving e-learning. Referrals to healthcare professionals were not always made where required, but relatives and staff felt the communication within the service was effective.

Accident and incidents were recorded and actions were being taken to prevent reoccurrence. People's nutritional and hydration needs were met through a varied and nutritious diet. The service was homely, and people had been able to personalise their rooms to match their decorative preferences.

People and relatives informed us that staff were kind and caring towards them. Staff respected people's dignity and encouraged them to be as independent as individually possible. This had led to supporting one person to prepare to move in to their own accommodation. People and relatives told us they were involved in reviews around people's care needs.

People were supported to participate in holidays and activities that were meaningful to them. This included maintaining relationships with their families. Although the service had not received any complaints since our last inspection, people and relatives informed us they felt able to raise any concerns if required. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

At our last inspection we rated this service Requires Improvement (report published on 18 April 2019).

#### Why we inspected

We inspected this service in line with our inspection scheduling based on the service's previous rating.

#### Enforcement

We identified four breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

#### Follow up

We will follow up on any breaches and recommendations made in this report. We will continue to monitor all information received about the service to ensure the next planned inspection is scheduled accordingly.

## 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** ●

# The Ranch

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type:

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

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

#### Notice of inspection

There was an unannounced inspection on 2 October 2019.

#### What we did before the inspection

We reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at our inspection.

#### During the inspection

We spoke with two people who lived at the service and two staff members including the registered manager who is also the provider of the service. We reviewed a range of documents including two care plans, medicine administration records, accident and incidents records, policies and procedures and internal

audits that had been completed.

After the inspection

We spoke with two relatives and two staff members by telephone.

# 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 Requires Improvement. At this inspection this key question has remained the same.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In our inspection, we found some improvement had been made in this area but further work was required to meet the breach of regulation.

- Risks to people were not appropriately recorded. One person's risk assessment stated they had a mental health condition which was being managed but was at risk of relapsing. There was no information for staff as to how a relapse would present itself and what action should be taken in this event. Another person's risk assessment said that they were at high risk of aggression towards other people and staff. This was not an accurate reflection of the risk as there were no incidents to support this risk rating. In the event of the person being aggressive, the strategies to minimise the risk listed were not clear.
- Other risk assessments were recorded in a way that were undignified. One person's risk assessment said that they were at risk of sleeping with strangers as they were vulnerable. We asked the registered manager to remove this risk assessment immediately as the person had been found to have full capacity and had not presented any behaviour like this.
- People's safety could not be assured in an emergency. Personal emergency evacuation plans (PEEPs) were in place but were not always accurate. For example, one person's PEEP said that they were at medium risk in an emergency situation. However, this was not accurate as the person would be able to evacuate independently, would understand why this was important and was not at risk of wandering. Missing person's profiles were also not accurate. One person's missing person's profile did not accurately reflect their appearance. This meant emergency services would not have the correct description to identify the person if they were missing.

The service failed to ensure safe care and treatment to people through appropriate risk management, ensuring staff were competent to administer medicines and following guidance from healthcare professionals. This was a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- Some staff members had not received medicine competency checks. However, the deputy manager told

us, "We've got a medicines competency checklist which we're going to start using alongside the new supervision." This would ensure that staff were safe in their practice of administering, storing and recording medicines.

- Despite staff not receiving medicine competency checks, medicine administration and recording practices were, on the whole, safe. Medicine administration charts were completed with no gaps. However, one person who attended a day centre throughout the week required a medicine to be administered at lunchtime. The service was not receiving any confirmation from the day centre this was being administered. We asked the deputy manager to rectify this and have received evidence that this is now being confirmed daily in the person's communication book.

- People's medicines were stored safely. Guidance was in place for 'as and when required' (PRN) medicine. This informed staff the maximum dosage within 24 hours and what symptoms indicated the person required it. Staff completed daily stock counts of medicines to confirm there were no discrepancies, which we found to be correct on the day of the inspection.

- Medicine audits had recently been introduced to the service to identify and resolve any issues. The deputy manager told us, "We do a medicine audit when the new meds come in each month." Medicine audits were on the whole thorough but did not include a stock check to ensure that there were no discrepancies in medicine recording. The registered manager and deputy manager confirmed they would implement this in their next medicine audit.

We recommend the provider ensures all staff administering medicines have been competency checked and ensures stock counts of medicines are added to their monthly audits. This is to ensure that medicine administration and recording is safe.

#### Learning lessons when things go wrong

- The only accidents and incidents that had arisen since our last inspection were in relation to one person displaying behaviours that could challenge. The community psychiatric nurse (CPN) had suggested that the service start to record what triggered the behaviour, how this was managed, and the person's emotions afterwards so that a pattern may be identified and the behaviour prevented in future. The service had started to complete this information.

#### Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 13 (Protecting people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In our inspection, we found improvement had been made in this area and the service was no longer in breach of this regulation.

- Staff were now aware of their responsibility to protect people from the risk of abuse. One staff member told us, "I'd speak to my manager or senior staff with any concerns. I know I can whistle-blow to CQC or to social services too." Another staff member told us, "We have to fill in forms and we notify CQC and the police if needed. We also tell the local authority too."

- Relatives told us they felt their family members were safe at The Ranch. One relative said, "I feel [my family member] is safe there. She's been there for years now." Another relative told us, "I feel [my family member] is safe. The staff have a good understanding of her needs. Her behaviour can be challenging and they can manage that and deescalate it."

- The service had not had any safeguarding concerns since our last inspection.

#### Staffing and recruitment



At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In our inspection, we found improvement had been made in this area and the service was no longer in breach of this regulation.

- Whilst there were enough staff to safely meet people's needs, staff numbers did not always allow for personalised care. A staff member told us, "At the moment yes, there are enough staff. Before there was not. I'm a mum, so when people called in sick I was stuck there and couldn't pick my children. Luckily, the manager now utilises agency staff." The deputy manager told us, "Staffing is never good. We've lost three staff members recently. They were part time but it still affects us. We have to take [a person from the provider's other service] to the day centre every day. Truthfully, they (the people at The Ranch) have to come with us and don't have a choice in this due to their being no staff to stay with them here, but they like to come for the drive." The registered manager had not identified this issue and told us, "So far so good" when we asked them about staffing levels.
- However, people and relatives were happy with staffing levels and consistency. One person said, "We usually have the same staff members, not any agency." Relatives told us they felt there were sufficient staffing levels at the service. One relative told us, "There's usually one staff member there which seems ok."
- Recruitment files evidenced staff had been recruited safely. Staff's files included a full employment history, references from previous employers and a Disclosure Barring Service (DBS) check. This ensures that people are safe to work with vulnerable people. People at the service were involved in interviewing potential new staff members.

#### Preventing and controlling infection

- We observed some areas of the service were unclean and unhygienic. For example, some areas of the bathroom floor were dirty and required cleaning. Leather sofas in the living room were also worn and ripped. We raised this with the registered manager who informed us that new sofas were being delivered on the week of the inspection. The deputy manager provided proof of the new sofas in place following the inspection.
- However, staff adhered to policies regarding personal protective equipment (PPE) to minimise the risk of spreading infection. One relative told us, "Whenever I have visited during a time when they're providing personal care they wear aprons and gloves." A staff member told us, "[Protective equipment] is always available, we never run out of stock." The deputy manager said, "Staff always wear gloves and aprons, they're always available for them."

# 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 Requires Improvement. At this inspection this key question has remained the same, but improvements have been made in some areas.

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.

At our last inspection the provider had failed to work within the principles of MCA 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In our inspection, we found not enough improvement had been made in this area and the service was still in breach of the regulation.

- People's legal rights were still not protected as their mental capacity had still not been correctly assessed and documented. Information on people's mental capacity was contradictory. For example, one person's care plan stated that they had capacity for decisions around their accommodation and finances. However, mental capacity assessments had been completed for accommodation and finances which stated the person lacked capacity for these decisions. This was despite the person being supported to move in to supported living accommodation as they could live independently.
- One of the MCA principles states that individuals should be supported to make their own decisions where possible. However, a person's care plan stated they lacked capacity to make "a particular decision when [I] need to", which did not work within this principle. The person's care plan went on to state they had capacity

around personal care, medicines, and health and lifestyle choices which contradicted the information already given.

- Best interest decisions had not been completed correctly to ensure that people involved in a person's care were consulted when they were found to lack capacity. One person's mental capacity assessment stated they lacked capacity to agree to live at the service. Despite being found to lack capacity, their best interest decision around this stated, "[The person] believes that her care should be managed by staff in her best interest". The person's next of kin was not involved in this decision-making process to ensure the decision made was least restrictive.
- DoLS applications had been completed for people who did not have any restrictions on them. One person was able to safely leave the service unaccompanied, and frequently went in to the local town without support from staff. However, the registered manager had completed an urgent DoLS application to restrict their liberty to leave the service unaccompanied. Therefore, the registered manager had unlawfully applied to restrict someone's liberty.
- Staff were unaware that people with mental capacity had the right to make unwise decisions. One person had a risk assessment around not returning home to the service after visiting their family. However, they had capacity to understand, retain and weigh up information to make this decision. Their risk assessment stated that the police should be called in the event of them not leaving their family's home to return to the service.

The failure to follow the principles of the Mental Capacity Act 2005 meant that people's rights were still not protected. This was a continued breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- However, staff had some knowledge of the principles of MCA. A staff member told us, "It's about allowing people to be independent and assuming they have capacity until it's proven otherwise." The deputy manager told us, "Staff knowledge is better on this. [The owner] has done training on this." However, documentation and our findings in relation to mental capacity evidenced the training had not always been effective.

#### Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received appropriate support, training, professional development, supervision and appraisals. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- There was mixed feedback from staff on the effectiveness of the training at the service. One staff member said, "For me, some training sessions are good. The online training is okay but I forget things. I would prefer if we had practical training so it would stick in my head rather than just reading information. It's important to practice first aid. We've read about giving CPR but without practice I'd be panicking. That way I can see how the trainer does it." Another staff member told us, "The training is fine. We have e-learning. We did some recently on dignity and communication." On the day of the inspection only the deputy manager was on shift delivering care to people. We observed no concerns with her competence.
- Staff were not up to date with training. The service's training records showed only six staff members out of 14 had completed training in dignity and respect, and only four out of 14 staff members had completed training in recording information. The deputy manager told us, "Staff are on and booked for it through care skills academy. Hopefully they should all be done by the middle of this month."
- Training was completed through e-learning courses. This included a first aid course, meaning that staff

had not received practical skill training and checks in this area.

- Staff were not receiving regular supervision. The service's supervision matrix showed that staff were receiving supervision every four months and not receiving annual appraisals. One staff member told us, "I have only had one supervision this year." Supervision records were still being handwritten and were often illegible. We raised this with the new manager who will ensure future supervisions are in a typed format.

The service was still failing to provide effective training, supervisions and appraisals. This was a continued breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were supported to maintain a healthy diet. People were able to prepare nutritious food as the kitchen fridge was full of fresh food and ingredients. Fresh fruit was also available for people to have as a snack if they wished. A relative told us, "[My family member] gets a varied and nutritious diet."
- People's nutritional preferences were recorded in their care plans, noting the foods they liked and disliked. This allowed agency staff who did not know people well to be aware of people's preferences.
- People were involved in creating weekly menu plans and shopping for the meals chosen. The deputy manager told us, "We have a Thursday night meeting with picture menus. We ask what they want out of a choice and then we buy it. They go and buy top up stuff, too." People we spoke to told us they enjoyed getting involved with cooking dinners at the service.

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

- Referrals to healthcare professionals were not always completed where necessary. One person's care plan stated, "When I attend my next health check up I need the staff to get the nurse to refer me to the dietician." We asked the registered manager why this referral had to wait for the next healthcare check up and suggested that they should make this referral now if it was required. The registered manager said they would complete the referral immediately.
- However other people's care plans showed that health professionals had been involved in their care. These included records showing when people had last seen the GP, optician and dentist, which were all within the last year. One person told us, "The optician comes here to check my eyes." The deputy manager said, "The nurse and optician come here and they go to the dentist."
- Relatives and staff felt communication within the service was effective. One relative told us, "They always let me know if [my family member] is unwell or if there is something I need to know." A staff member said, "The communication book is very effective. Everything we need to know is in there." A visiting social worker said, "The communication with us has been good." The deputy manager told us, "Generally we have a good chat about what's gone on. They will call me at home if needed."

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

- People did not always receive care in line with national guidance or the law. Care plans did not include nationally recognised assessment tools, such as the malnutrition universal screening tool (MUST) which identifies adults who are malnourished, at risk of malnutrition or obese. However, we had no concerns around people's nutritional needs, so the impact to people was low.
- The service was delivering care in line with Registering the Right Support (RRS). RRS guidance stipulates that people with a learning disability are as entitled to live an 'ordinary' life as any other citizen. People were supported to do this by staff in ways such as supporting them to complete college courses and go on holidays.
- No new people had moved in to the service since our last inspection, so we did not review pre-admission assessment documentation

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

- The service was decorated in a homely manner, including seasonal decoration boards filled with art work the people living at the service had completed.
- People had been able to decorate their rooms in ways that were personal to them. This included photographs of people who were important to them, and personalised signs on their bedroom doors.

# 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 has 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 and diversity

- People told us staff were kind towards them. One person told us, "They care about me. The staff are really kind to me." Relatives also fed back that staff were kind. One relative told us, "Staff seem really nice." Another relative said, "They're definitely kind and caring."
- A visiting social worker spoke highly of how the service had supported one particular person. They told us, "The support [the person] has received has been brilliant. She loves it. She always said that ultimately, she wants to go back to [her home town] as that's where her family are but she would say, 'Not now, I'm not ready', and in that way we know she is happy. She is much more stable now."
- We observed kind interactions between people and staff throughout our inspection. One person started persistently coughing. The deputy manager ran over to her to check that she was ok. We also observed the registered manager stroking one person on the back to offer reassurance to them.

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

- Review documents from people's funding authority confirmed they had been involved in reviews of their care. However, information from these was not always used to update the person's care plan. For example, one person's social worker established they had capacity around their finances. This was not reflected in their care plan.
- People and their relatives further confirmed their involvement in reviews of their care. One person told us, "They involve me in everything." A relative said, "We attend an annual review and they'll ask for [my family member's] input." A staff member said, "We involve them in decisions about day to day things like what they like to wear, eat etc." The deputy manager said, "[The person moving into supported living] is going to be involved in a review today. She's been involved in the whole process. The other two people are always involved too – [one person] practically runs her reviews."
- We observed that the person moving into a supported living setting was included in the conversation about the arrangements for moving in and was able to ask questions and give their opinion freely. Their social worker told us, "They have supported her to go there and see the place and talked to her about how she feels."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. A staff member said, "When they are having a bath, we check the water temperature and then we leave them to it." Another staff member said, "They bath by themselves."

I always knock in their doors before entering." The deputy manager told us, "Staff knock on people's doors, and hold a towel up while they are bathing to respect their dignity."

- People were encouraged to be independent where possible. This included making their own hot drink, doing their own laundry and cleaning their own bedrooms. One person told us, "I get to join in with the cooking. I chop the vegetables." A relative told us, "If [my family member] was in supported living she wouldn't cope. Here, they let her be as independent as she can be but also keep her safe by doing things she can't do by herself." A staff member said, "[One person] only needs help with washing her hair and back, but she can do the rest. Before she showers we ask if she wants any help from us."

- One person had been upskilled to allow them to move to a supported living service. We spoke with their social worker who was visiting the service on the day of our inspection. They told us, "The support [person] has received has been brilliant. She is much more stable. She has had a lot of support in terms of pursuing what she wanted. She is able to go computer courses, she has freedom to go out on her own. She has learned budgeting skills and managed to save some money." Therefore, they had been given the necessary skills to be able to live in the community independently.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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; 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 take part in activities and educational courses that were meaningful to them. For example, one person was supported to complete a computing course at college. The person told us, "I've really enjoyed doing the course, I want to do some volunteering next." Their social worker said, "She has had a lot of support in terms of pursuing what she wanted. She is able to go computer courses, she has freedom to go out on her own. She has learned budgeting skills and managed to save some money."
- People were supported to maintain relationships with their families. One person told us, "It was my birthday yesterday, so my dad came and we had Chinese." The person had also been supported to attend the day centre a family member attended so they could spend time together for the family member's birthday. The social worker of another person said, "They have supported her to keep in touch with her children." Records showed that people were regularly supported to call and visit their friends and families.

### End of life care and support

- There was a varied approach in gathering people's end of life wishes. The registered manager had contacted relatives asking for them to provide details on how the person would like their end of life care to be delivered. One person's end of life care plan was not completed due to the registered manager waiting for a reply from their relatives. The registered manager had not approached this subject with the person directly to gather this information.
- However, another person had been directly involved in discussions around their preferences. Their end of life care plan included detailed information such as it being important to them that staff wash her hair and rub her back for comfort if she were to receive end of life care at the service.

We recommend people and those close to them are involved in completing their end of life care plans.

### 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.

- Communication care plans were in place to guide staff on how to best communicate with people. For example, one person's communication care plan stated they enjoyed humour and would ignore staff if they



did not understand a question so staff would have to repeat the question again.

- However, information for people was not always presented in a format suitable to their needs. For example, the service had a complaints policy in place for people who used the service. However, this required updating as the information in it was not in a format that was easily accessible for people that used the service.

Improving care quality in response to complaints or concerns

- People felt that they could approach staff with any concerns. One person told us, "I can talk to [the registered manager or deputy manager] if I'm worried at all." A visiting social worker told us, "[The person] has never raised any concerns about being here to me." One relative told us, "I've never had to complain."
- A complaints book was in place but the service had not received any complaints since our last inspection.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure staff received appropriate support, training, professional development, supervision and appraisals. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst some improvements had been made the provider was still in breach of regulation 17.

- The registered manager had not always been responsive to concerns raised at the previous inspection. However, the deputy manager had day to day management oversight of The Ranch and was receptive to our feedback. The deputy manager said, "I completely get everything you guys have said and where you're coming from. [The registered manager] is more focussed now. He's had to pull his socks up. It was frustrating but it's getting there now."
- Quality audit records had not been completed since our last inspection. The deputy manager told us, "I'm not sure how often [the owner of the service] documents audits but he's here all time." There were no documents to confirm that the owner of the service had been visiting to complete audit checks. Therefore, we could not evidence that the owner had identified the issues that we had on our inspection and therefore had plans in place to resolve the issues.
- An external consultant had been employed to complete an audit of the service. The deputy manager hoped they would complete this in the month following the inspection and was keen to act on any recommendations from it. We requested the external consultant's audit to be sent to us once they had completed their visit.
- People's records did not reflect the person-centred care they received. Care plans contained very limited information about people's backgrounds and did not always contain up to date information. For example, one person's care plan stated they required assistance with their personal care. However, the deputy manager and the person informed us this was incorrect and they never required assistance with this. This meant that agency staff who had not worked at the service before may not have the correct information about people's needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager was unaware of the support staff required. In a meeting with a CPN, the registered manager said the challenging behaviour of a person did not cause him any stress. However, staff members raised they found the situation highly stressful, especially if they were working alone. Therefore, staff were not being fully supported as the registered manager had not considered the impact of this on staff.,
- Staff did not always feel supported by the registered manager. One staff member told us, "He's good but from my personal experience he used to insult me over my personal circumstances because it meant that I couldn't always cover shifts. However, now that he uses agency staff this seems to have stopped." Another staff member said, "He's ok. I barely interact with him. If he wants me to do anything he leaves it in the communication book." However, feedback about the deputy manager was positive. One staff member said, "[The deputy manager] is very good. She is very approachable." Another staff member said, "[The deputy manager] is lovely to work with."
- People who lived at the service felt supported by the management team. One person told us. "[The registered manager] is good, he looks after me, and [the deputy manager] too." However, relatives gave us mixed feedback on the approachability of the manager. One relative said, "My concern is [the person] is my sister and we should be able to ask if she's getting the right benefits, but we're made to feel it's the wrong question. The (registered manager) makes us feel like that. [The deputy manager] is very approachable though." However, another relative said, "I think [the registered manager] is a good guy, he has good intentions. I've always got on really well with [the deputy manager]. I think she's really caring."
- Following our inspection, the registered manager resigned, and a new manager is in post.

The service failed to ensure systems were in place to assess, monitor and improve the quality and safety of the services provided. This was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The deputy manager actively sought feedback from people. She told us, "We have service user meetings around every three months" and records of meeting minutes confirmed this, although were brief. Actions from residents' meetings had been actioned. For example, in a meeting held in March 2019, it was agreed that an art board would be installed. This had been completed by the next meeting in July 2019.
- Relatives told us they were asked for their feedback on an annual basis. A relative told us, "I get sent a questionnaire annually to complete." The registered manager told us, "We also talk to relatives as they come and go as they want and it's easier."
- There had only been one staff meeting since our last inspection in April 2019. Minutes from the meeting showed only two staff members attended as well as the management team. This meant that the majority of staff had not been included or updated on the discussions had in the meeting, which included the plans to improve the service.

Continuous learning and improving care; Working in partnership with others

- There were plans in place to continue with improvements made to the service. During our last inspection, we identified that care files included a lot of out of date information. During this inspection, the deputy manager told us, "People have had support plans done, but we're looking at them again as they need more work. All the old information from them has been archived now though."
- Continuous learning to improve the service was aided by working in partnership with other organisations. The deputy manager told us. "I go to the registered managers' meetings, they really are useful. I've picked up some points from them." These were meetings where knowledge and best practice information could be discussed with other services.

- The service worked closely with local day care centres. These provided activities and education to people using the service, such as cooking lessons.

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  The service failed to ensure people's rights were protected in line with the Mental Capacity Act 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The service failed to ensure people received safe care and treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The service failed to ensure there was sufficient management oversight and good governance.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The service failed to ensure staff received appropriate training, supervision and competency checks.