

R G Care Ltd

# The Paddocks

## Inspection report

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Essex  
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Date of inspection visit:  
05 May 2022  
09 May 2022

Date of publication:  
29 June 2022

### 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

We expect health and social care providers to guarantee 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.

### About the service

The Paddocks is a care home registered to accommodate and support up to eight people with learning disabilities, autistic people and people with mental health needs. At the time of the inspection, six people were living at the home. The home has one floor level with adapted facilities and en-suite rooms.

### People's experience of using this service

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:

The service was one of a small cluster of care homes in a secluded area of farmland that was close to the local town. This meant the service was designed in a way that did not embed people in the community and was not in line with the current principles of Right support, Right care, Right culture. However, the provider ensured people were able to go out as much as possible and were not isolated from the local community. Some people were required to be separated from other people in the home for their own and other people's safety. Staff did not always follow protocols to report accidents and incidents in the home.

People told us they felt safe. They were supported to maintain a good quality of life, use local services and keep in touch with family and friends. People had control of how their care and support was arranged and were supported to be as independent as possible. People pursued their interests and we observed staff supporting people to go about their daily lives, such as their regular activities and routines. We saw one person watering the garden, people going with staff into town and people going to a day centre and gym, which was next to the home. One person we spoke with was planning to go on holiday with their relatives.

### Right care:

People received care and support that was personalised for their needs. People and staff had developed positive relationships with each other and staff were respectful and caring. Care plans were person-centred for people to receive care that met their needs and preferences. Staff understood how to protect people's dignity, privacy and human rights.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's sensory and behaviour support needs were understood and met. Their communication abilities were assessed so that staff could engage and interact with them appropriately.

### Right culture:

The values and attitudes of staff and managers in the home helped people to be as independent as possible and feel empowered and positive in their daily lives. However, processes for the continued oversight of incident reporting were not always effective to ensure people received safe care.

People's equality and diversity needs, such as their cultural background and sexuality were respected. The registered manager monitored the service to check people were safe and received a good standard of care but more oversight of the reporting of incidents in the home was required. Staff were assessed and trained to carry out their roles effectively. Feedback was sought from people and relatives to help make continuous improvements to the service. The home was clean, bright and well furnished.

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

This service was registered with us on 5 March 2021 and this is the first inspection. The last rating for the service under the previous provider was Good, report published on 3 August 2018.

### Why we inspected

This inspection was prompted by a review of the information we held about this service. The inspection was also prompted in part by notification of a specific incident that took place in the provider's other neighbouring 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 identified breaches in relation to safeguarding people from abuse and improper treatment and ensuring there was good governance of the service.

Please see the action we have told the provider to take at the end of this report.

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Paddocks

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was carried out by one inspector, a medicines inspector, a specialist advisor for learning disabilities and mental health and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Paddocks 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.

#### 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 a registered manager in post.

#### Notice of inspection

The inspection was unannounced on 5 May 2022. We visited the service again in the evening of 9 May 2022 and gave the registered manager a short period of notice.

## What we did before the inspection

We reviewed the information we already held about the service. This included previous inspection reports for the service and notifications. A notification is information about important events, which the provider is required to tell us about by law. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does 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.

During the inspection, we spoke with the registered manager, the deputy manager, the managing director and an area manager. We also spoke with two people who lived in the home and six support staff. We carried out observations of people's care and support. We reviewed documents and records that related to people's care and the management of the service. We reviewed three care plans, which included risk assessments. We looked at other documents such as medicine management and infection control. We spoke with five relatives for their feedback about the home by telephone.

# Is the service safe?

## Our findings

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

This is the first inspection of this registered service under the new provider. 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.

### Learning lessons when things go wrong

- Procedures for the recording of incidents and accidents were not always followed. The registered manager investigated and analysed incidents and accidents in the home to learn lessons and minimise the risk of re-occurrence. We did not see evidence that people were harmed. However, we found that some incidents involving people living in the home, were not reported as incidents on the online application staff used from their handheld devices, which updated a central system. The registered manager told us this was because staff were still learning how to use the system.
- Guidance was provided to staff on how to assess the 'agitation' levels of people when they became upset, angry or anxious on a scale of one to five, with five meaning they are at their most agitated. Notes recorded by staff indicated incidents occurred when people became angry, such as shouting, self-harm or harm coming to staff but staff did not always report these events as incidents.
- We looked at daily notes from April and May 2022 and saw that on at least five occasions, incident reports were not completed. We discussed this with the registered manager who agreed that staff did not follow procedures to ensure incidents were identified and recorded correctly. We noted that there was inconsistency with how staff described incidents. This meant that incidents were not always recorded and investigated to draw lessons and minimise re-occurrence.
- We noted from staff meeting minutes from March 2022 the registered manager had previously discussed recording incidents and behaviours on the electronic system. They had reminded staff to click a button on the form to send an alert to them so it could be reviewed by the management team.

After the inspection, the registered manager told us they would continue to review processes for staff to enable them to identify and record incidents correctly.

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

- Systems to protect people from the risk of abuse were not always used effectively. We reviewed safeguarding procedures and records. We noted that an incident a few days before our inspection, involving a person briefly absconding from staff and later causing themselves harm, was described by staff in their daily notes, as if it was a safeguarding concern. The registered manager told us it was not appropriate to raise it as a safeguarding because it was a known risk due to the person's needs.
- In view of this information, we held a discussion with the registered manager about incidents reported by the service which involved allegations of abuse. The registered manager told us they would review the incidents from April and May and discuss these with all staff involved. They would ensure there was a more consistent approach and response to the reporting of incidents and safeguarding concerns.
- People and relatives told us the home was safe. A relative said, "[Family member] is 100% safe, staff

generally care and I expect the best for [family member]."

- Staff had received training in safeguarding people from abuse. One member of staff told us what procedures they would follow should they identify people at risk. This included whistleblowing to external agencies such as the local authority or the police if they were unable to report concerns about people's safety to the management team.

We found no evidence people were harmed but systems to report incidents where people were at risk of abuse or coming to harm, were not always used effectively. This was a breach of regulation 13(2) (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- There were processes to recruit staff safely. This included carrying out criminal background checks, obtaining references, proof of identity and eligibility to work. However, we noted that some staff recruitment files did not contain all the required information.
- Audit records showed the registered manager had identified that some of this information, such as application forms and returned references were missing or incomplete. The area manager told us this was due to existing staff transferring from the previous provider. The transfer did not include some staff recruitment records. The registered manager told us they would ensure these staff would receive further supervision and training. We will follow this up at our next inspection.
- Staff supervised people due to their assessed needs and we saw the correct number of staff on duty. One person always required two staff to support them and they had their own private garden, due to their needs. However, on one occasion we observed that the two staff were not aware of what the person was doing, which could risk their dignity and safety. Another staff member had to go and check on the person and the staff.
- The home had staff present for 24 hours a day and the registered manager was on call for out of hours emergencies to make sure people remained safe.
- A staffing rota showed the shift arrangements for the week. Agency staff were used but they were regular and were familiar with the service. Staff told us there were enough staff in the home, although the registered manager told us there were plans to recruit an additional member of staff for more intensive support.

### Assessing risk, safety monitoring and management

- Risks associated with people's health and support needs were assessed so people could be supported safely.
- Risk assessments were developed for people and contained guidance for reducing their associated risks. These included risks relating to people's medicines, their health conditions, learning disabilities, nutrition, personal care and triggers that could make the person stressed, upset or angry. For example, one person was at risk of their skin breaking down and getting dry. There was guidance for staff on prompting the person to apply their creams to treat the affected areas.
- Staff told us risk assessments were detailed and helped them to support people safely.
- The provider maintained safety checks of the environment and premises. Gas, water and electrical installations had been serviced by professionals to ensure the premises was safe for people.
- Fire alarm testing was carried out weekly and each person had a personal emergency evacuation plan, in the event of a fire or other emergency. This set out how to evacuate the person safely out of the home.

### Using medicines safely

- Medicines were managed safely. They were stored securely in a locked room within the home.
- Protocols were in place for medicines prescribed on a 'when required' basis (PRN), to enable staff give



these medicines consistently.

- People's care plans contained information about the risks relating to their medicines, such as medicines for people who experienced epileptic seizures. Staff who administered medicines told us they were trained and we saw records to show their competency was assessed.
- Controlled drugs (CD's), which are known to be particularly dangerous or open to abuse, were stored safely and securely. However, we found expired medicines in the CD cupboard and the management team followed up to ensure these were disposed of safely.
- The principles of STOMP (Stopping over medication of people with a learning disability, autism or both) were applied, which meant people were not prescribed excessive medicines with the potential to control their behaviour.
- Medicines that were no longer required by the home were returned to the community pharmacy for disposal and we saw documented evidence of returned items, including CDs.
- The home used electronic medicines administration records (MARs). We reviewed MARs and saw evidence that people received their medicines as prescribed, and PRN medicines were given as needed.
- Monthly medicines audits were routinely carried out by the management team, which identified errors and missed doses. We saw that action was taken to investigate errors and ensure people were safe.

#### Preventing and controlling infection

- The provider was preventing visitors from catching and spreading infections.
- The provider was admitting people safely to the service.
- PPE (Personal protective equipment) was being used safely and effectively.
- The provider was accessing testing for people using the service and staff.
- The layout and hygiene practices of the premises was safe.
- The provider was making sure infection outbreaks could be effectively prevented or managed.
- The provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

# Is the service effective?

## Our findings

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

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

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

- Prior to moving into the home, people's needs were assessed to determine if the home was a suitable place for them to help the person achieve effective outcomes for their care .
- People's needs and choices were met in line with current standards. Pre-admission assessments contained comprehensive details of people's backgrounds, medical history, their skills and abilities, and equality needs, including their sexuality.
- Positive behaviour support plans were developed, where applicable, and there were planned outcomes to increase the person's quality of life and ability to make choices about their day to day life.

Staff support: induction, training, skills and experience

- Training was provided to staff to give them the skills to support people safely and effectively. Staff told us they completed an induction and training programme.
- Training topics included safeguarding adults, infection prevention and control, medicine administration, first aid, positive behaviour support and health and safety awareness.
- Refresher training was planned for later in the month to help staff keep their skills up to date, however it was postponed due to the CQC inspection taking place. A staff member told us, "We have had good training, which has had a positive effect. It has helped support people in a better way, especially people whose behaviour can be challenging."
- Staff were supported in their roles and had opportunities to discuss their work, their performance and any problems in supervision meetings and annual appraisals with the registered manager.
- Staff told us the registered manager was supportive and helpful. A staff member said, "[Registered manager] is excellent. Very nice and friendly."

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

- People were supported to have food and drink that they enjoyed and maintain a balanced diet.
- People helped design a weekly menu with staff and people's preferred or favourite meals were taken into account. They could also ask for a different meal, should they not wish to eat anything from the menu on any day.
- Fresh fruit and vegetables were available in the kitchen, to encourage people to eat healthily. Food was stored safely and checked to ensure they did not exceed the recommended use by dates. A relative told us, "[Person] is eating well, the food is okay. It is freshly made with healthy choices."
- People's nutritional requirements and risks were assessed and monitored. People's weights were recorded monthly to check if they had gained or lost weight, which could have a negative impact on their

health.

- If there were concerns about people's diets, they were referred to dieticians or other health professionals. For example, one person was recommended to improve their food and fluid intake. Records showed that since they moved into the home their nutritional and calories intake had improved. There were comprehensive, detailed records from staff, who had a good understanding of the person's nutritional requirements. This ensured the person achieved their nutritional goals.

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

- People were supported to maintain their health and were referred to health services such as the local GP, district nurses and dentists.
- Care plans included the contact details of health professionals or agencies involved in their care. People received annual checks of their health and their oral health.
- People's health and wellbeing was monitored to help them be in good health. Records showed people attended health care appointments. Staff told us they could identify if people were not well and knew what action to take in an emergency.

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.

- People's ability to consent to decisions made about their care was assessed.
- Staff understood the principles of the MCA, had received training and told us they asked for people's consent at all times, before providing them with support.
- The provider had ensured authorisations for DoLS were in place for people whose liberty was being deprived. Records showed specific conditions applied to people's DoLS by the local authority were being met by the service.

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

- The Paddocks is located in a quiet residential area within large acres of farmland. Within the land, there were facilities for people in the home to use such as a day centre, gym and swimming pool. This meant the configuration of the home, with two other homes within the same site that all had access to these facilities, was in a campus setting, which does not meet Right support, Right care, Right culture guidance. However, the provider mitigated against this risk and people were supported to go out, travel and pursue their interests. The local town was accessible for shops and services.
- The service was designed and decorated to help people with learning disabilities and/or mental health needs. We saw that people felt comfortable in the home and could choose where they wanted to spend their time. People were able to personalise their rooms with items of their choosing and their privacy was respected.

# Is the service caring?

## Our findings

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

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

Respecting and promoting people's privacy, dignity and independence

- People told us the staff were kind and caring. One person told us, "Yes, they are nice." A relative said, "[Family member] likes regular staff. They are kind, friendly, lovely." We observed staff speak kindly to people and for example, supported them to place their belongings and fluids in a safe place.
- People's privacy was respected and staff ensured they protected people's dignity. Staff told us they made sure doors and curtains were closed when providing people personal care. If people were using the communal bathrooms a picture of them was placed outside the door to indicate they were using the facilities and did not want to be disturbed.
- People's right to a private life was respected and people could spend time alone in their room.
- Care plans contained information about people's levels of independence and daily living skills. For example, dressing and feeding themselves. A staff member said, "I encourage people to do as much for themselves as they can."
- Staff told us they understood the home's confidentiality policy and did not put people's personal information at risk. We saw this was discussed in staff meetings with the management team.

Ensuring people are well treated and supported; equality and diversity

- People were well treated and supported. Staff told us they had got to know people and we observed staff spending time with people during the day. The registered manager was also well known to people in the home and we saw that people frequently came to see them either in their office or in the lounge. The registered manager was respectful and sensitive towards people and gently explained things to them when responding to questions.
- On the second day of our inspection, we visited the home in the evening and saw the night staff taking on their duties. They engaged with people in the home, spent time with them and respected their privacy when they wanted to sleep. We found the home to be warm, vibrant and welcoming.
- A relative said, "Staff show a lot of love and day staff will all say goodnight to [family member] and [family member] will walk them to the door. [Family member] will sit and talk to night staff around 10.30-11pm."
- Staff understood equality and diversity policies and were aware of the importance of the anti-discrimination of people. Staff told us they respected people's beliefs and cultures. A staff member said, "We must respect all people. I respect their cultures, religion and sexuality. They should live their life the way they want."
- People's equality characteristics were recorded in their care plans. Their sexuality or sexual needs were respected to allow them the time explore this area of their life. Their cultural backgrounds and religious beliefs or practices were understood and staff told us they supported people to fulfil their cultural needs. For example, some people enjoyed their favourite meals and music from their heritage and staff supported

them with this.

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

- People were supported to express their views to staff and managers and make decisions for themselves. We observed staff respecting people's wishes during our inspection.
- People and their relatives were involved in decisions about their care. Records showed people were supported to express their thoughts and provide feedback to staff.

# Is the service responsive?

## Our findings

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

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

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

- People received personalised care that gave them choice and control of how they wished to receive their care and support. The outcomes they wished to achieve were recorded, such as improved health, daily skills and nutrition. They had a keyworker who was a member of staff who worked closely with them to ensure care needs were assessed and reviewed.
- Care plans were written into a digital system that all staff could access and update. They provided detailed information about people's personal history, their specific care needs and their preferences. Care plans also contained details of people's hobbies, interests, communication needs and their personalities.
- There were sections for what was important to the person and their habits, behaviours and routines, such as things that could make sad and upset. One person's care plan said, "Staff working with [person] need to understand the triggers, how to recognise when they are anxious and how to de-escalate it." A staff member said, "The care plans are very detailed and helpful I work with [person] and know what to do when the [person] becomes angry and agitated."
- Staff communicated with each other to ensure people received the support they needed. Handover meetings took place between shifts so staff could update incoming staff of how people were and share important information.

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 pursue their interests and hobbies that were socially and culturally relevant to them. There were meaningful group and individual activities for people based on their preferences. Activities included bowling, swimming, day trips and eating out.
- People followed their own personal pastimes such as listening to their favourite music and looking at photos. One person's care plan said, "I like to go out to eat and eating traditional food (from my culture) in the community." We saw that staff supported the person with their favourite pastimes.
- A relative told us, "[Family member] has an incredible relationship with [two care staff]. Activities include trips to Southend Pier, West Beach, Parks and shopping to get shower gel. [Family member] likes walking and needs simulating at all times. Staff are proactive and have a 'let's do something' attitude." Another relative said, "[Family member] loves trains and has an annual pass to Transport for London museum in Covent Garden. Staff will take him to Mile End Station to sit and watch the trains."
- People were supported to maintain relationships with family and friends to avoid social isolation. They were able to have visitors and keep in regular contact with them by telephone or video call.

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.

- People's communication needs were set out in their care and support plans. Staff told us they used signs and gestures to communicate with people who were less verbal and followed the person's communication plan.
- The provider ensured information was made available to people in easy read formats. This helped them understand what the information was trying to say, such as food menus, understanding how to report abuse or make a complaint.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure for the home, should people wish to make a complaint if they were not happy with something. There had been no complaints about the home since it became registered under the new provider.
- The registered manager told us complaints would be investigated fully and people would receive an outcome for their complaint should they arise in future.

#### End of Life care and support

- The home did not support people with end of life care at the time of our inspection. However, their end of life care wishes were considered in the event of changes in their health.
- The registered manager told us they would ensure staff had the knowledge and skills needed to deliver quality care to people nearing the end of their lives in future.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance systems were in place to monitor the safety of the home, however we identified some further areas for improvement regarding the identifying and reporting of incidents.
- Staff supporting people with positive behaviour strategies did not always follow procedures to record incidents using the new electronic systems, where people's assessed agitation levels reached the threshold of 'slightly agitated' and above. The registered manager confirmed that all incidents should have had an associated incident report. This meant the registered manager was not always aware of what incidents had occurred to review and learn lessons.
- The electronic system also did not alert the management team when people were feeling pain or other medical issues. Following an incident a few days before our inspection, staff recorded that the person was feeling some pain in their body. A body map showed the area of the body this was. However, it was not clear from the daily notes if there had been any action taken to assess the person's health because the system did not flag the concern to the management team.
- We discussed this issue with the registered manager. They agreed there was some further developments needed to ensure there was more management accountability and oversight of accidents and incidents to improve the response to these events.

Systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service were not always robust. This was a breach of regulation 17(1) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted the registered manager had taken action to arrange for further training of staff and management on the use of the electronic care monitoring system. They told us staff would be reminded of the protocol of what is considered an incident and put this on the staff notice board.

- The registered manager and staff told us they were clear about their roles and responsibilities. The registered manager demonstrated an understanding of regulatory requirements and of monitoring the quality of the service. They were supported by a deputy manager who we saw on the second day of our inspection.
- The registered manager said they were well supported by the provider of the service. Senior representatives of the provider, including the director, attended the inspection on the first day.
- Records showed the registered manager maintained audits and checks of medicine records, care plans,



infection control processes and carried out environmental checks of the building. The management team made necessary improvements to the home that were identified through audits.

- Staff told us they were encouraged and supported by the management team to perform in their roles. One staff member told us, "[Registered manager] is very good and supportive. We get 100% support." An agency staff member said, "I feel very supported and all the staff help each other."
- People and relatives were positive about the home and staff. One person said, "Yes it's really good. I like it. I am happy it's OK." A relative told us, "Amazing manager who knows their stuff."

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

- People received support to help them achieve positive outcomes. We observed that staff were able to support people in a calm and considerate way which helped to maintain a pleasant atmosphere. A relative told us, "Staff have a 'can do' attitude and will not take the easy path. They do not fake it and interact well with [family member]. It's a much happier and positive place now. Staff are nice. This is absolutely perfect for [family member]."
- One person told us they could approach the registered manager or staff with any concerns or complaints they had. The registered manager said, "I love the residents and I have a great team. I feel very supported. We have the best of both worlds. Beautiful countryside, local town and our own facilities for people to use."

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

- People were engaged with and their views were listened to. They met with staff to discuss what was important to them. They and their relatives were kept informed and updated on any changes in the home. However, one relative had mixed views about the home but acknowledged that staff and managers had a difficult job and tried their best. They said, "The manager is good but gets no help from higher above. We agree support for [family member] in meetings but it slips. There is a lack of communication sometimes. I am always chasing things up. It takes too long to get things done."
- The provider sent out surveys and questionnaires to people and relatives for their feedback about the home. We saw that comments were positive. If concerns were reported, the registered manager looked into resolving situations and making improvements. For example, if staff were not meeting the standards expected of them the registered manager reminded staff of their professional responsibilities and took disciplinary action if necessary.
- Staff meetings were used by the management team to share important information and discuss any issues. Topics of discussion included training, medicines, daily reporting and infection control.
- People's equality characteristics were considered, explored and recorded.

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 provider was aware of their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or incidents involving the police.
- The registered manager was open and transparent to people and relatives when things went wrong. A relative told us, "They are transparent and I trust them."

Working in partnership with others:

- The provider worked well with other social care agencies and professionals, such as opticians, learning disability nurses, psychiatrists and dentists.
- The provider had established links with other services such as local autism groups and arranged entertainment for the home with bouncy castle suppliers for parties. The registered manager kept up to date

with new developments in the learning disabilities sector for best practice ideas.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider did not always ensure systems to safeguard people from the risk of abuse were effective because incidents involving people at risk of abuse were not always identified and reported.</p> <p>Regulation 13(1)(2)(3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems in the service were not always robust to assess, monitor and mitigate the risks relating to the health, safety and welfare of people. Oversight and management of accidents and incidents in the service were not always effective.</p>