

Achieve Together Limited

Longdown 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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

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 and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Longdown Road provides accommodation and personal care for up to 10 people, who have a learning disability and autism. At the time of our inspection, there were seven people living at the service.

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

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 model of care did not always maximise people's choice, control and independence. People were not always encouraged to develop their skills and independence. Staff did not always provide support that enabled people to lead fulfilling lives.

Right Care: The model of support did not always promote maximum choice and independence. People's care was not always person-centred and staff did not always ensure that people led confident inclusive and empowered lives. At other times we found that staff took time to make sure people were enjoying what they were doing. People had access to healthcare professionals and were supported by staff to attend appointments.

Right culture: Although family members told us their relative was safe and happy living at Longdown road, staff did not always recognise how to promote people's rights, choice or independence. This meant people's care was not always personalised and centred around the individual. Quality assurance processes were not always effective in developing the service to make sure people had choices and were fully involved in their making decisions regarding what they wanted to do and who they would like to live with.

People were not always given the opportunity to take part in meaningful social and leisure interests. Staff did not always employ people's preferred form of communication and there was limited information available in accessible forms to people. However, we observed positive interactions between staff and those whom they supported and feedback from family members and healthcare professionals was positive.

The provider did not act in a timely way to address non-compliance issues identified regarding gas, Legionella and fire safety matters. They did not act on recommendations to improve the interior of the building made by an independent health and safety assessor. However, we found that people received safe care from staff knew how to safeguard them. Medicines were managed well and infection prevention control

procedures were being followed by staff in line with government guidance. Accidents and incidents were analysed and managed appropriately to minimise future incidents.

Quality assurance systems were not robust and the provider did not take timely action with regards to outstanding health and safety issues. However, staff told us they felt supported by the registered manager and family members and healthcare professionals spoke positively about the level of engagement they had with the service.

The service worked well with healthcare professionals to ensure good outcomes for people. The management team were working with social care professionals to ensure capacity assessments were being completed correctly. Staff received adequate training relevant to the needs of the people they supported. However, we found the fabric of the building was in a poor decorative and repair state. We have made a recommendation that the provider acts to ensure improvements are made to the environment.

We observed that people were relaxed and confident in the presence of staff and Those who could told us they enjoyed living at Longdown road. Staff spoke kindly with people and were respectful of their privacy and dignity.

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

Rating at last inspection

This was the first inspection since the service registered with us on 1 December 2020. The last rating for the service under the previous provider was Good, published on 21 December 2018.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to person-centred care, premises and equipment and the governance of the service.

Please see the actions 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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Longdown 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 Care Act 2014.

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 visited the home. An Expert by Experience made telephone calls to people's relatives to hear their feedback. 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

Longdown Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service, including notifications of significant incidents. We asked the local authority for feedback about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We observed those who were unable to talk with us and who used body language to communicate. We also observed staff providing support to people. We spoke with five members of staff including the registered manager, a senior service manager and three care staff.

We reviewed a range of records. This included four people's care records and two medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records, as well as a variety of records relating to the management of the service. We spoke with three family members and received feedback from two healthcare professionals.

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 newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider did not act on findings of safety checks of the living environment and equipment to minimise risk to people, some of which were outstanding for 18 months. However, the provider took steps to address all areas of concern immediately following this inspection.
- On the day of inspection, we saw a gas safety inspection report on the gas meter completed in October 2020, which was deemed to be undersized for the appliances installed and resulted in a failure. This affected the efficiency of the heating and hot water systems and the assessor issued warning notices and installed warning stickers on the appliances.
- The registered manager and regional manager told us they were aware of this non-compliance, however, financial approval was required from the provider before remedial works could progress. We were subsequently informed that this work was completed in the week following inspection.
- A Legionella and water safety risk assessment completed in May 2021 highlighted areas of risk to be addressed within three months (August 2021) from the date of assessment to reduce the risk of the occurrence of Legionella bacteria. We saw confirmation that a purchase order for remedial work was placed in January 2022 and remained unfulfilled at the time of inspection. Following the inspection, the registered manager confirmed work was completed on 3 February 2022.
- A fire risk assessment completed in February 2021 identified areas for improvement which remained outstanding on the inspection day. Following this inspection, the registered manager confirmed that outstanding works were scheduled for completion and Surrey Fire and Rescue service completed a safety check and no concerns were noted.

We recommend that the provider acts in a timely way to address all health and safety concerns identified by contractors or in audits.

- Staff demonstrated a good understanding of risks to people and how to manage them safely so that people were provided with safe care. For example, staff recognised from certain displayed behaviours that the person may need additional support or distraction.
- Care records included an assessment of the risks associated with people's needs and detailed guidelines about how to manage identified risks. Staff told us they familiarised what these risks were and how to manage them. One told us, "We must know people's risks, likes and dislikes to keep them safe."

Preventing and controlling infection

- We were not fully assured that the provider was promoting safety through the layout and hygiene practices of the premises. For example, one person's bathroom radiator was badly rusted and chipped.

There was exposed pipework under the sink and the toilet seat was unhygienic and indelibly stained. A member of staff told us this made it difficult to maintain a good level of cleanliness.

We recommend that the provider makes the necessary repairs to this bathroom so that good hygiene levels are maintained.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider consistently followed current government visiting guidance. Family members were updated as soon as the guidance changed.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from harm as staff had a good understanding of what may constitute abuse and what to do in response to it. A family member told us, "[Relative] does feel safe, even though they find it hard to trust people."
- Staff members were able to describe the types of potential abuse to be aware of, signs of concern and reporting procedures. One staff member told us, "Safeguarding is there to protect health, well-being and human rights. I would immediately report to the manager if I noticed any unkindness."
- Where safeguarding concerns were identified these were reported to the local authority in line with guidance. Incidents of potential abuse were also reported to CQC in line with regulatory requirements. There was an internal whistleblowing procedure which staff told us they were aware of and would follow should they have concerns.

Staffing and recruitment

- There were sufficient staff on each shift to keep people safe. However, people's additional one to one hours were not differentiated from the agreed support hours on staff rotas. Schedules and individual records did not reflect how these were used or how people might benefit from this additional support. The registered manager acknowledged that these hours should be documented in some way and said they would plan to do this in future. The impact of this on people is addressed in the Responsive section of this report.
- There were a number of staff vacancies which meant agency staff were frequently employed. The registered manager told us the impact of this was mitigated by ensuring the same agency staff were used so that people were familiar with them. We observed that people appeared comfortable and familiar with all

staff on shift during our inspection.

- Staff recruitment and induction training processes promoted safety, including those for agency staff. Recruitment processes included requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people who use care services.

Using medicines safely

- People received their medicines safely as robust medicines systems were in place. Each person had a medicines administration record which contained the information required regarding people's prescribed medicines. Staff signed the record and completed a stock balance following each administration. Where people were prescribed 'as and when required' medicines (PRN), guidance on when and how these should be offered and administered were in place.
- Regular medicines audits were completed. These helped check that medicines were dispensed as prescribed. We confirmed that all staff had recently had their competency to administer medication assessed.
- Each person had an additional medicines folder which documented and described their prescribed medicines. Staff told us they felt confident to support people with their medicines. One told us, "I enjoy doing medicines, it is a very responsible thing to do."
- The service ensured that people's medicines were reviewed by prescribers at least annually. People had been supported to reduce the use of antipsychotic medicines they had been prescribed many years previously. For one person, their conventional antipsychotic medicine was reduced to one quarter of the original prescription they were on when they joined the service. The registered manager told us this did not have a negative impact on the person, who was more settled as a result.

Learning lessons when things go wrong

- Staff raised concerns and recorded incidents and near misses and this helped keep people safe. These were then reviewed by the registered manager and uploaded to the provider's central governance system and reviewed by the relevant governance team. The regional manager signed off the incident report, subject to the appropriate actions being taken by the registered manager. This gave additional oversight to ensure appropriate actions were taken.
- Incidents were discussed in team meetings. The registered manager told us this helped discuss to minimise the risk of recurrence and enhance learning. A member of staff told us, "There is an openness about making a mistake and I have learned from those. There was a kindness shown towards me rather than being reprimanded."

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 Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Parts of the building were in need of refurbishment or repair. An independent health and safety report completed in August 2021 highlighted the fact that the interior of the building was in poor decorative order. Recommendations made in the report included carpet replacement in all areas, window replacement to eliminate mould issues in some of the bedrooms and wet room installation for a person with mobility issues.
- Following inspection, the registered manager confirmed to us that none of the above recommendations were adapted.

The failure to ensure that the premises were properly maintained was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The home was located close to Epsom town centre which enabled easy access to community facilities. It was similar to other properties in the area and was not readily identifiable as a residential care facility.
- The design, layout and furnishings of the home were suitable for people's individual needs. The downstairs areas were open plan which meant that people with poor mobility were able to move around freely and safely with their mobility aids. One family member said, "[Relative] has a ground floor room which really suits their needs," and another told us, "The garden has ramp access, which really helps [relative] to use it."
- People's bedrooms were personalised and reflected their interests and preferences. We saw that people were comfortable using the communal and private spaces of the home. People's artwork and photographs of parties and activities were on display in the communal areas.

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

- People's needs had been assessed, and considered areas of need including mobility, healthcare, sensory issues, personal care, independent living skills, leisure activities, relationships and communication.
- People's care and support needs were regularly reviewed to ensure care plans were up to date and meaningful. Families and professionals were involved where appropriate. One family member told us, "We don't always make it to the review but [registered manager] tells us everything."
- Care plans detailed people's preferences, likes and dislikes. When staff were spoken with they gave examples of several individual preferences of the people they were supporting as reflected in their care plans.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- The service worked well with other professionals to ensure people's health needs were met effectively and in a timely manner. People saw a range of health and social care professionals, to achieve the best outcomes for them. Each person had a health action plan and hospital passport, which contained information for medical staff about people's needs in the event of a hospital admission. A family member told us, "[Relative's] health is really well managed; I know this because the hospital is always pleased when [relative] goes for check-ups."
- Health professionals were consulted to address risks where these had been identified. For example, we saw evidence of contact made with a speech and language therapist for an assessment about concerns of a person's risk of choking. There was contact with a dietitian for nutritional advice for other people in the service. We saw that staff followed guidance issued by professionals in how to support people at mealtimes.
- People were supported to have a well-balanced diet and their weights were monitored regularly. We saw how one person was supported to reduce their weight. This was done in consultation with them, taking into account their food preferences. Snacks and drinks were freely available throughout the day.
- People were encouraged to assist staff with meal preparation. One person with a specific food preference showed inspectors their meal they had prepared with staff support.
- Another person was not always comfortable eating around other people and staff supported them to eat in their lunch in their preferred place away from others.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training in evidence-based practice. This included mandatory training and service specific training. Staff were expected to obtain the Care Certificate. The Care Certificate is an agreed set of standards setting out the knowledge, skills and behaviours expected of staff working in health and social care.
- A family member told us, "The staff are well-trained and seem to know what they are doing with [relative]."
- New staff, including agency staff, had an induction when they started work, which included shadowing colleagues to ensure they were familiar with people's needs and preferences about their care. A member of staff told us, "Plenty of training is provided and the manager makes sure all training is done."

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.

- There was evidence that decision-specific assessments were made to determine whether people lacked the capacity to make these decisions for themselves. This included living at the service, receiving care and

support from staff and restricting their exit via the front door.

- Staff had received training about how to incorporate the MCA in their work. They sought people's consent before providing care and encouraged people to make choices about how they lived.
- The training and support provided meant staff were confident in their abilities to support people in ways that were least restrictive. One member of staff told us, "MCA training was very helpful. It is all about empowering people to make decisions and understanding that people can change their minds so we should keep asking them what they want."

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 Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People's records were not always written in a way which demonstrated that their views were considered or took into account their choices. For example, information about people's personal care support was repetitious and did not record how this was delivered or the impact it had on the person.
- Staff seemed task orientated and lacked an individual approach to people. At times, we observed that staff had minimal interaction with people as they were focused on writing up their daily notes instead. This demonstrated that the approach of some staff was more functional than person-centred.
- On one occasion we heard a member of staff address a person in an undignified and age-inappropriate way. We raised this with the registered manager who addressed it straightaway with the staff member.
- One member of staff told us, "The service has an institutional feel to it. I would like staff to develop their thinking so that they understand better about how to empower SUs to develop.
- However, one person told us staff were kind to them, saying, "[Care worker] is nice," and a family member said, "The staff are very friendly." Staff supported people to maintain links with those that were important to them and a family member told us, "All throughout the pandemic, staff supported [relative] to keep in touch with me, which I was delighted about."
- Family members told us they were involved with the planning and decision-making around their relative's care. One said, "I normally attend reviews. When COVID prevented this, the review was held over the telephone."
- We saw how staff intervened where there was a possibility that a situation could escalate. For example, a member of staff quickly defused a situation and encouraged the person to engage in a craft-based table exercise instead. A member of staff told us, "I respect what people want and go according to their needs. For example, if it looks like they just want to sit, I will sit and spend time talking with them." Another said, "Where a person likes a certain thing, I try to make that happen."
- A healthcare professional told us, "The registered manager knew a lot of information about the client which helped the outcome and they clearly cared a lot about person."

Respecting and promoting people's privacy, dignity and independence

- There were times when people's dignity was compromised due to the lack of understanding by some staff of how to communicate effectively with people. For example, when we experienced some difficulty in understanding what one person was trying to tell us, staff members tried hard to interpret for us what the person meant, however, the three staff came to three different conclusions. The person was clearly frustrated and physically guided us to what it was they wanted.

- The poor maintenance of the general areas of building and lack of action taken in relation to repairs and safety risks identified indicated a lack of respect for the people whose home it was.
- However, we saw how staff respected people's individual space and privacy. People had the opportunity to spend time in their rooms or be with others in the lounge if they wished. Staff told us that one person retired to their room most afternoons, which we saw this was written into their care plan.
- On the day of inspection, a maintenance person required access to a person's bedroom. This person placed a high value on their privacy. The registered manager spent a significant amount of time speaking with the person and carefully explained how they would benefit from allowing the maintenance man into their room, at which point, the person led the maintenance man into their bedroom.
- There was an occasion where we heard a member of staff address a person in an undignified and age-inappropriate way. We raised this with the registered manager who addressed it straightaway with the staff member.

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 Requires Improvement. This meant people's needs were not always met.

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

- People were not supported to participate in their chosen social and leisure interests on a regular basis. Daily notes recorded task-based activities such as, 'supported to have personal care and ate breakfast.' Six of the people at Longdown road were allocated additional one to one support hours each day. Staff rotas or care plans did not reference these hours or how they should be used and the registered manager confirmed these hours were not separately identified to provide individual meaningful activities for the person.
- In general, we found that staff seemed unaware of what activities people would enjoy the most. There was a whiteboard on display which outlined each person's proposed activities for every day of the week. Staff told us this board was not usually amended, which suggested a lack of flexibility around activities.
- The activities on the board were repetitive and not always person-centred. For example, every person had the same activity written in for Saturday. The majority of activities on other days were house-based, for example, reading; colouring; spelling. A member of staff told us, "Home-based activities happen because we can keep more of an eye on people." The registered manager said, "Some people do not have meaningful activities, I have to work on this."
- We observed there were times when staff had minimal engagement with people. At one point, three members of staff were sitting apart from people, writing up the daily notes without any engagement with people for 35 minutes.
- One person was engaged in an activity of choice, as noted in their care plan. However, as the person's interest in this activity waned, the member of staff did not recognise this and kept repeating questions related to the activity in a loud voice, at which point, the person left the table.
- We spoke with the registered manager about the limited availability and variety of activities. They said, "I agree, activities need to be improved and more person-centred. We need to be more creative and think out of the box as to how we engage people."
- We were told that people were enabled to share their views about the service they received during their monthly keyworker sessions. However, the keyworker reports we reviewed were repetitious and whilst they included some photographs of the person's engagement in activities, they did not reflect the person's voice or views.

The lack of opportunities for people to take part in things they enjoyed, to develop interests and receive personalised support was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- In other areas, we received positive feedback about how a person was supported to regularly visit their

elderly family member who lived some distance away and we were told that the benefits to both were significant.

- A healthcare professional told us, "The client was displaying some challenging behaviours at the time of my assessment, but the manager was actively thinking of solutions and was keen that the client remain at Longdown Road. The interactions I observed between the client and manager were positive."
- There were weekly sessions in the home with a professional musician and an organisation which specialised in communicating in creative ways with people with profound learning disabilities and complex needs. One person became very excited when we spoke with them about this and their body language indicated that these sessions were very important to them.
- We observed an afternoon activity where a person was engaged in making a felt flower bouquet with a member of staff. The person was very engaged with this activity and was proud to show everyone the results. Later on, the member of staff helped them to 'plant' the bouquet in the garden, which was in accordance with the person's wishes.

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.

- Support plans were mainly in a written format which the majority of people living at Longdown would be unable to understand. No photographs or creative ways of presenting people's support plans had been used to make them more accessible to people. We did not see any documentation in Easy Read format in people's care records.
- One person's communication plan stated that they needed to be supported to make choices by using objects of reference with them. We asked staff about how they communicated with people according to their needs. One told us, "We don't use objects of reference; we don't use any communication aids here. To be honest, not sure how this works, but as time goes on, we get all the things they like to say and what that means. I am confident that I understand what people are saying and how they communicate." Another told us, "To be honest, it can be difficult to work out what some people are saying but use my initiative."
- Another person's communication care plan gave guidance on how to assist them to communicate effectively. We did not see staff following these guidelines and at certain points of the day, this person expressed their frustration by absenting themselves from the general community.
- This apparent lack of understanding of people's methods of communication was at odds with what the provider sent us in the provider information return with regards to people's specific communication needs. This stated that people's preferred method of communication was used and information around this was 'cascaded through to new and temporary members of staff through our robust induction process and regular reviews of documentation.'
- The registered manager told us that no communication tools were used specific to people's preferred communication methods. They said that, "People have lived here for so long that we really know what it is they are saying to us." They acknowledged that this presented a potential problem at a time when agency staff were frequently used or when new staff joined the service. We observed this to be the case when some of the staff on duty during the inspection found it difficult to understand or interpret what people were saying.

The failure to ensure people's communication plans were followed and that information was presented in a way they could understand was a further breach of regulation 9 (Person-centred care) of the Health and

- At other times we saw staff communicating effectively with people. They were careful not to rush the person and repeated what the person said to ensure they had understood correctly. Staff understood how to reduce one person's anxiety levels by taking them into a separate quiet area, sit beside them and talk in a low and steady tone.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which set out how complaints could be made, timescales and how they would be responded to. The registered manager told us they had not received any complaints in the past year.
- A family member told us they could not recall a time when they felt they needed to make a complaint and said, "[Registered manager] always sorts thing out quickly so there really is no need to make any complaint."

End of life care and support

- Longdown Road provides a home for life for people who live there. No one was receiving end of life care at the time of our inspection. Records showed that a discussion around people's wishes had begun with them and their relatives and plans were partially populated. The registered manager told us this subject was a sensitive one for families who did not always want to discuss it.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The most recent service manager audit available to inspectors was completed in March 2021 and failed to identify issues found by inspectors. For example, there was no reference made to outstanding actions from a gas safety report from October 2020 or a fire risk assessment carried out in February 2021, both of which were still outstanding on the day of inspection. The maintenance and décor of the building was not monitored effectively and improvements suggested by independent health and safety assessors were not planned and actioned.
- The service manager audit found care plans to reflect people's choice, feelings and views and all relevant information to be available in accessible format. However, inspectors found that service user voice was lacking and there was little evidence of accessible information or communication.
- The culture of the service did not always value people's individuality and work towards positive outcomes for people. On occasion, staff were observed to be more task-focused rather than spend time engaging with people on a social level.
- There was a lack of robust oversight to regarding the quality of records and care being provided. Daily notes were not always recorded in a person-centred way and did not contain evidence of the support people received, how staff engaged with them during this time or how this benefitted the person's quality of life.
- There was a lack of management oversight regarding people's support and how they were supported to live an ordinary life. Daily notes were not always recorded in a person-centred way and did not demonstrate how the person's day was spent and in what way they benefitted from interventions.
- People were not routinely involved in service development and planning their care. Service user meetings were not facilitated. Instead, we were told that keyworkers met monthly with people and then took any issues or concerns to staff meetings. A member of staff told us, "We have staff meetings and that's when keyworkers feedback about individuals. We give our point of view in the discussion."
- Keyworker reports we reviewed did not reflect people's views about the service provision or outline what impact or outcome this might have on them.

The failure to ensure robust oversight of the service, effective quality assurance systems, comprehensive records and to act upon non-compliance identified in health and safety audits was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- In other areas we found family members were positive about the service provided and the care their relative received. One told us, "[Registered manager] has a very good understanding of all their residents needs and you can see that they really support their staff."
- Staff told us they felt well supported. One said, "The manager will offer support with any difficulty we have and always acts if we are concerned about anyone." Another said, "Monthly staff meetings are great, we can raise things in this meeting and can talk honestly with [manager]."
- The provider and registered manager understood their regulatory requirements and reported incidents to CQC and other stakeholders where appropriate.

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; Working in partnership with others; Continuous learning and improving care

- The provider and registered manager understood their responsibilities under 'duty of candour' to be open and honest when things went wrong, for example, notifying relatives if their family member had an accident or became unwell. There had been no incidents which met the duty of candour threshold. A family member told us, "I am confident that I am told anything I need to know about [relative]. [Registered manager] is honest about everything."
- Staff knew how to whistle-blow and told us they would raise concerns with the local authority and CQC if they felt they were not being listened to or their concerns were not acted upon.
- People's records evidenced a significant level of contact with health and social care professionals. A healthcare professional told us, 'The registered manager engaged very well with me, they responded promptly to my emails and engaged well throughout the assessment.'
- The registered manager engaged with a local integrated care partnership group developed during the COVID-19 pandemic.

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 9 HSCA RA Regulations 2014 Person-centred care People lacked opportunities to take part in things they enjoyed, to develop interests and receive personalised support. Communication plans were not followed and information was not presented in a way they could understand.
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider failed to ensure that the premises were properly maintained.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure robust oversight, effective quality assurance systems, comprehensive records and to act upon non-compliance identified in health and safety audits.