

# Achieve Together Limited

# Mandalay

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Mandalay is a residential care home providing accommodation and personal care for up to seven people with learning disabilities. At the time of our inspection, seven people were living there.

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

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

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.

### Right support:

- Staff mostly supported people to maximise their choice, control and independence. During this inspection we found staff focused on people's needs and ensured they had a good quality of life. Recent changes in people's needs were identified and acted upon.

Staffing levels had been a challenge for the service over the last year or so. Both as the result of the COVID 19 pandemic but also for other reasons. Staffing levels had not impacted on people's care but had reduced people's opportunities and choice. For example, the regularity of one to one activity had diminished and one person required at least one male member of staff to support him and this had not always been possible.

### Right care:

- Staff involved people as far as possible and communication and positive behaviour plans described how staff should support people appropriately and reduce any anxiety or frustration they might experience. However, at the time of a recent significant incident the person's positive support plan was not up to date. Care was person-centred, and staff understood people's needs well and adapted their approach to each individual. People were supported to make decisions.

### Right culture:

- A recent whistle blowing concern was properly investigated by the provider, and lessons learnt from this specific incident. This helped to ensure the concerns highlighted were not duplicated and people and staff were fully protected. We found, however, that an underreporting of incidents had resulted in poor provider oversight. We also identified significant incidents which had not been reported to CQC as required. We were therefore not confident of the provider oversight over a longer period of time.

Staff spoken with demonstrated they had the right ethos and values and pulled together to support each other appropriately. Staff were aware of the role of external agencies in keeping people safe and felt able to

raise and act on concerns. Staff had confidence in the registered manager.

Staffing shortages had meant staff worked longer hours including overtime and senior staff did not have time to complete all their duties as they were required to work on shift and prioritise people's needs. The employment of temporary agency staff was being considered to reduce staff's workload.

Staff did tell us they felt well supported and received regular training, support and supervision to do their jobs.

The environment was suited to purpose, but some improvements had been identified and some improvement had been made whilst others were still outstanding. An extensive fire report had been completed, which made a number of recommendations which had been actioned. The staff communicated well with family members, health care professionals and wider members of the community to give people as full as life as possible.

People's medicines were kept to a minimum because staff understood people's needs and could often deescalate a situation before alternative interventions such as medicines were required.

People's health care needs, and medicines were effectively managed, but we have made a recommendation about assessments to ascertain people's needs in the following areas: Sensory needs, Pain threshold where people cannot verbally express this and oral health assessments.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

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

The rating for the service under the previous provider was Good, published on 05/04/2019.

Why we inspected

This service was registered with us on 15 July 2020. and this is the first inspection under the new provider. This was a first rating inspection but also prompted in part due to concerns received about staffing and a specific incident which indicated concerns about the management of the service.

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 Good governance.

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

Follow up

We will request an action plan and continue to monitor information we receive about the service until we 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 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** ●

# Mandalay

## 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

One Inspector carried out the inspection.

#### Service and service type

Mandalay 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 announced on the afternoon before the inspection. This was due to the nature of people living at the service and their likely anxiety caused by having an unfamiliar face at the service. By announcing the inspection staff were given time to inform people and prepare them for our visit.

#### What we did before inspection

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

information we held about the service and the service provider, including the previous inspection report. We looked at notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection. We sought feedback from the local authority before the inspection

#### During the inspection

Most people were not able to share their views of the service with us due to their due to their complex communication and support needs. We did however observe people and their interactions with staff and how staff interacted with them. Staff were able to communicate with people by using a point of reference, sign language and communicating through pictures. Some people were able to verbalise their needs. We spoke with three care staff, the manager and the operational manager.

We reviewed a range of records. This included two people's care records and their medication records. We looked at the human resources records management system in relation to recruitment and other records in relation to risks and the environment.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service. We also spoke with two relatives.

# 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 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: Learning lessons when things go wrong

- A significant incident occurred recently, and this was partly as a result of poor planning and the lack of consideration to the person's sensory needs. The person's behavioural support plan was not up to date at the time of the incident to help ensure staff knew what the risks were and actions they should take to reduce risk.
- This incident was reported to CQC by a whistle-blower and we asked the provider to carry out an internal investigation. This highlighted some areas for learning and development. It also recognised that not all incidents were being correctly uploaded to the provider portal, so they could be reviewed at senior management level. This would help to ensure incidents were reviewed and timely lessons learnt.
- During our inspection we identified further concern about a potentially life-threatening incident which was not reported to CQC and subsequent hospital admissions which did not result in a notification or safeguarding referral being made.
- Risk assessments were not in place for all areas of support a person required. For example, where people had a pre-existing health condition, or where people were at an increased risk of developing a pressure ulcer due to a previous history and some known risk factors. All timely care and support had been given just not fully documented. This has since been addressed.
- Systems and checks were in place to help ensure people lived in a safe and well-maintained environment. Some remedial works were being carried out following recommendations from the fire and health and safety audits. Due to the age of the building there were a number of areas which required attention, and these had been actioned. In addition, there were several things we asked to be added to the health and safety check list such as monthly checks on the window restrictors to ensure they remained effective.

Staffing and recruitment

- Staffing levels were at times stretched and variable numbers of staff were on the rota each day. The service had eight vacancies at the time of the inspection. This was having an impact on the service. Staff picked up overtime and two new staff were in post. Seniors were working on the floor to support care staff which meant they were unable to fulfil all their duties and paperwork was not completely up to date. People were supported to go out and do activities of their choice, but this was impacted by the number of staff on duty at any one time. Morale of the staff had been affected although there was evidence of good teamwork.
- Both the provider and home manager were trying hard to improve staff recruitment and retention with a number of local and national initiatives.
- Safe recruitment practices were in place to help ensure staff employed had the right credentials and understanding of their role. References, work history, health and a disclosure and barring check were completed.



Systems and processes to safeguard people from the risk of abuse

- Staff had a comprehensive knowledge of what might constitute abuse and what actions they should take to protect people. They knew who to raise concerns to and felt comfortable their concerns would be taken seriously and escalated.
- People using the service could be vulnerable to abuse from other people using the service. This had been considered and risk assessments put in place to show actions staff should take to keep people safe.

Using medicines safely

- There were systems in place to help ensure people received their medicines safely and as prescribed.
- There were always enough trained staff on shift and staff received appropriate training and had their medicines competencies checked.
- There was a good overview of people's medicines and what it was for, times of administration, any side effects and how people liked to take it. Prescribed when necessary guidance was in place for medicines for occasional use.
- Medicines were kept to a minimum and regularly reviewed to ensure people were not unnecessarily medicated. The staff were well trained in understanding people's behaviours and steps to take to reduce people's anxiety without resorting to chemical restraint.
- Medicine errors rarely occurred and there was a robust auditing process to check medicines in stock and to ensure they had been administered correctly.
- As part of this inspection we identified homely remedy protocols had not been updated for a number of years. The registered manager confirmed after the inspection that this has been rectified.

We recommended that pain assessment tools are used to help staff clearly identify when people might be in pain and may require pain relieving medicines.

Preventing and controlling infection

- We were assured that the provider had robust infection control procedures in place and followed all the latest guidance on COVID-19.
- 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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service following discharge from primary settings. The home followed government guidance for all new people admitted 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 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 was facilitating visits for people living in the home in accordance with the current guidance.

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. We checked to make sure the service was meeting this requirement.

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

# 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 of 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

- No new admissions to the service had occurred for more than two years, so we did not look at the admissions process. Preadmission assessments were in place in peoples' care plans and a number of statutory reviews had taken place to ensure the continued appropriateness of the placement and funding arrangements.
- There was a collaborative approach to ensure people's needs were met holistically. Both external providers and parents were asked to input into reviews and plans were drawn up in consultation with other professionals. In addition, the provider had a lot of resources staff could tap into to help them support people using the service.

Staff support: induction, training, skills and experience

- Staff mostly felt well supported but some had experienced fatigue and one staff had not felt well supported when dealing with challenging situations. Debriefing sessions had been held following an incident so learning could take place and staff could express how they had felt.
- Staff received regular supervision and an annual appraisal of their performance. Staff felt able to raise concerns and said staff worked well as a team and pulled together to help each other. The atmosphere in the home was both relaxed and efficient.
- Several new staff were in post and on induction. They were supported by more senior staff and would be for two weeks as a minimum. During their induction they completed mandatory training, including positive behavioural support training, to help them recognise distress behaviours and how to deescalate these safely.
- Following their initial induction staff were expected to complete the Care Certificate. This is a nationally recognised induction which prepares staff to work in the care sector and develop the necessary skills, knowledge and behaviours.
- Staff received regular training which was updated as required. We found staff knowledgeable about people's needs and how best to support them.

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

- Staff monitored what people ate and drank at the service and contacted the speech and language team and dietician where concerns had been identified. People were being weighed monthly and we had concerns that one person was prone to unintentional weight loss and we asked the registered manager to review whether monthly weights were adequate for their situation. A second person was an unhealthy weight which could have contributed to a number of serious health conditions they had. Their care plan and risk assessment did not clearly establish health outcomes and how these might be achieved. We however saw staff supported them to make healthier lifestyle choices and give them different options to encourage

them to make better food choices.

- Since the inspection we have had confirmation from the registered manager that they are consulting with a number of health care professionals to agree a more in-depth plan.
- People were supported to contribute to meal planning and preparation and shop for ingredients. A weekly menu was agreed with people using the service.

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

- During the COVID- 19 pandemic staff said people had spent more time outside in the large garden which was secure, and people had an input into what they wanted. A new sensory room had been created in the acknowledgement the house could be noisy at time. This created a peaceful, calming environment.
- Peoples' rooms were personalised and provided adequate space and en-suite facilities, shower, toilet and hand basin. There were also two separate bathrooms should people prefer.
- The home was in need of some refurbishment. Ground floor flooring had been replaced and the kitchen refurbished. The stair carpet was heavily stained and there was a lot of scuffing on the woodwork. The registered manager told us there were plans to redecorate.
- The home was spacious, and we observed a homely atmosphere.

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

- Most people were said to be in good health and steps had been taken to address people's changing health. One person was well supported by numerous professionals in the recognition that their needs had changed. An all professionals meeting was scheduled to ensure the person received a coordinated approach to their care needs.
- Hospital passports were in place and staff provided one to one support to people if they needed to go to hospital to help ensure they received continuity of care.
- Staff received training on dysphasia and other health conditions and were aware of people's health needs. Corresponding risk assessments and health care plans were not always in place, which could mean people's needs not being met in a consistent way.
- Staff told us people regularly attended health appointments and reviews of their needs. Access to services had been impacted during the pandemic. One family member was particularly concerned about oral hygiene and said their relative's oral health had declined. Staff were able to demonstrate how they had made progress in terms of one person's dental hygiene. There was a lack of consistency in regard to people's oral hygiene.

We recommend that oral hygiene assessments are completed, and advice sought on how best to support people with their oral hygiene and sensory assessments might help to support this.

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 MCA 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

- DoLS applications had been made and only one had been authorised. The registered manager confirmed they regularly chased applications. Staff were supporting people in the least restrictive way.
- People were supported to make decisions about their day to day needs and choices were offered in appropriate ways and clearly laid out as part of their care plan.
- Where people were not able to make more complex decisions, processes were in place to ensure decisions were made in the persons best interest. Best interest decisions involving care and treatment were not always clearly recorded. The registered manager has since confirmed a clearer audit trail for best interest decisions will be established and has sent some additional evidence.
- Staff supported people to make decisions in the least restrictive way. For example, when asked about vaccination against COVID-19, a staff member said a person had refused this so they had shown the person having theirs to help allay any fears they might have.

# 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 of 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.

Ensuring people are well treated and supported; respecting equality and diversity

- During our inspection we spoke with the registered manager and support staff. We found them open and honest and totally focused on the needs of the people they support. Staff told us they were entering peoples' homes and were mindful of the fact they were there to support them. Staff told us they were a close team and worked well together. The atmosphere was relaxed but busy. We saw staff actively involving people where they could be involved with day to day tasks.
- Some people were going out and activity schedules were used to show people what was planned. People were consulted about what they would like to do, what they would like to eat and who would be supporting them. Staff used different ways of supporting people who had limited verbal communication including using picture books, a frame of reference, or signs. Staff knew what people liked doing and how they liked to be supported.
- Interactions between staff and people using the service was positive and people seemed relaxed in staffs' company. Staff understood people's needs and what things might trigger a behaviour and what the person was trying to communicate. Staff were observed having positive interactions with people.

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

- People were involved in day to day decisions. One person used the picture menu to point to food they wanted to eat and were supported to choose snacks and think about healthier options. Another person was offered two different menu choices and was asked to point to their preferred choice. Staff would repeat this to help ensure the person consistently chose the same option. Meals were adapted to reflect people's preferences.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's preferences and routines. One person required a lot of support at mealtime and staff ensured they were given the time they needed so they could have a relaxed, unhurried experience.
- People's privacy in their room was respected. Bedrooms were personalised and people were checked by staff to ensure they were alright. This was done sensitively in an unobtrusive way.
- Staff reflected on the achievements that people had accomplished, and staff adapted their approach to people's changing needs. Staff were positive about people they supported and recognised that people's previous experiences had shaped their behaviours and learnt responses. Staff understood their responsibility in supporting people to understand and overcome challenges associated with communication and behaviour.

# 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 of 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

- Staffing levels were not always maintained throughout the month. Staff vacancies threatened the stability of the service, but staff had worked hard to pick up additional shifts. This meant people's needs were met by familiar staff. Social opportunities had been reduced but people still went out regularly and when unable to go out were engaged in appropriate activity.
- The registered manager showed a good insight into people's needs. We spoke about progress people had made since their admission to the service. Staff were mindful of people's experience and how this might shape the persons behaviour. People had positive behavioural support plans in place. This documented peoples' strengths, challenges, what might trigger certain behaviours and how staff should respond to this. The whole staff team were supported to understand behaviour as a means of communication and how people when frustrated or distressed might behave. The use of PRN medicines was kept to an absolute minimum as staff were usually skilled at deescalating a situation.
- People had choice and control over their lives and were involved in decisions about their care and lived in the least restrictive environment. For example, the kitchen was open, and people supported to prepare meals and drinks. Staff were mindful of risk and always judged people's frame of mind before starting or ending an activity.
- Reward programmes had been implemented to support people and help them develop their skills. Staff had considered what motivated people and would help reinforce the behaviours they wanted to see. For example, praise.

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.

- The service supported people who had limited verbal communication. Communication plans were in place and people were supported with their individual needs. Some people could articulate their needs, whilst others were able to point, sign or make simple choices.
- People had activity planners which could be reproduced into a picture format. People had some influence over who supported them for activities i.e. by staff who had the same interests. Changes in the rules during the COVID- 19 pandemic were communicated to people in ways they could understand. For example, staff made a football pitch with the prime minister as the referee and then put dates on and pictures of the various rule changes, like pubs opening, when football was starting up again and shops reopening.

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.

- Staffing shortages had undoubtedly affected people's opportunity to access all their usual activities. Staffing levels have been maintained at safe levels through staff overtime, but staff have been creative in how they could continue to support people appropriately. For example, a sensory room was created in the pandemic.
- A schedule of activities was provided and includes different options for people to be supported in house, as well as a range of activities suited to people's individual needs such as music therapy. One person was seen asking to undertake an activity and staff responded appropriately to this.
- Staff recognised the importance of family and have worked hard to maintain and re-establish relationships with family and supported people as holistically as possible.
- During the restrictions created by COVID- 19 staff had pulled together 'our lockdown life' book with memories of what people had been up to and what they had achieved.

Improving care quality in response to complaints or concerns

- The registered manager confirmed no formal complaints had been received about the service. When speaking to relatives they told us the registered manager was very responsive and they only had to ask, and things were dealt with straight away. For example, the build-up of mould in a bathroom was dealt with immediately and repainted. We found the registered manager equally responsive.

End of life care and support

- The registered manager confirmed end of life plans were in place and staff were constantly thinking ahead as to what people needed to remain as independent as possible.

# 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 of 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.

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

- CQC received concerns from a whistle-blower in January 2022 and asked the provider to investigate these concerns. Concerns related to a single incident but highlighted other concerns around staffing. As part of the providers investigation they found incidents had been unreported and not all uploaded to the provider portal. This meant there was insufficient senior management oversight of incidents. Their investigation also found the incident could have likely been avoided if the persons care plan and risks associated with their support had been up to date and staff were meeting the persons needs.
- This incident had been referred to the relevant authorities. We found however other incidents had not been reported appropriately and CQC were not notified of this or a number of other significant incidents. If we had been notified, we may have asked for additional information and prioritised the service for an inspection sooner.
- We were not assured that lessons had been learnt from incidents because when we asked the regional manager, they were not aware of what had been put in place following a previous significant incident. A further two incidents may not have occurred if robust actions were put in place following the first incident. We have asked for the information retrospectively so we can pursue this outside of the inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Continuous learning and improving care.

- Since the last inspection in 2020 a new provider and registered manager were in place. We were not assured the governance and oversight were robust. During the recent provider investigation both staff and the registered manager said they felt unsupported by the organisation and highlighted feeling stressed particularly through the pandemic and being expected to deal with some challenging situations. Staff reported this was affecting morale.
- Pressures created by the COVID-19 pandemic and high staffing vacancies had resulted in staff working excessive hours and not being entirely up to date with their paperwork. The provider had not taken any previous actions to support staff and ensure they were not working excessive hours. During the pandemic providers would have been expected to consider workforce planning and have clear contingency plans in place to cover any additional sickness or staff isolating as required due to COVID- 19. For example they may have considered using agency staff on a temporary basis.
- Only the registered manager could access the portal to input incidents. This resulted in delays in inputting data. The provider investigation also found a specific incident had been as a result of poor planning and



noted the person's behaviours had not been documented appropriately in their support plan. This meant we could not be assured staff were sufficiently aware of how to respond to emerging risk and contributed to some staff feeling unsafe in the workplace.

- During our inspection we identified a few areas of support people required which were not clearly documented. The risks associated with this were reduced when familiar staff were working with people but might increase when staff less familiar with people were working.
- A system of audits and checks were in place including health and safety audits and infection control checks. The registered manager reported regularly on issues affecting the service to her line manager. We found some remedial actions were outstanding and the environment was in need of refurbishment.
- There was a poorly developed system to gain feedback about the quality of the service and seek views from stakeholders, family, staff and people that use the services. The registered manager told us surveys had been issued last year to relatives but was unable to tell us what learning or changes had been implemented as a result of feedback. They told us surveys had not been issued to staff or health care professionals to ask them for their feedback. If this had been done prior to the whistleblowing concerns the provider may have been able to put in some support to the service earlier. During the recent provider investigation into an incident feedback from staff was insightful about how they viewed their role and what needed to improve. The provider had not established staffs view over a longer period.
- It was not clear how the provider assessed the quality of life for people using the service. Surveys were not used and may not have been appropriate, but alternative assessment tools were not used. The registered manager said the tools to assess quality of life were generic and more designed to assess people's mental health.
- We were not provided with evidence that the provider continuously evaluated the service to ensure compliance with regulation and continuous improvement.

Systems were not used effectively to establish and assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found the registered manager to be open and transparent and keen to learn and look at ways of continuously improving the service.
- Staff worked hard to keep people safe, and clearly worked in a collaborative way with other agencies.
- Staff upheld people's human rights and provided a good quality care and support. Staff we spoke with had a good understanding of people's needs and rights.

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

- The service accommodated males of varying ages. Their care plans referred to sexuality and what staff might need to consider when providing support particularly around personal care. However, staff had not filled in this section of the care plan and had just written not applicable. This was also the case with a person's sensory care plan. We asked the registered manager to review this in light of their sexuality policy and add detail about people's needs and how they should be supported. The current staff team was mostly made up of female staff and there were a number of risks associated with this. Since the inspection the registered manager has confirmed the plans will be reviewed and she was meeting with the sexuality and relationships advisor for some further guidance.

Working in partnership with others

- We were provided with examples where changes in people's physical care needs were being followed up with a range of different professionals to help ensure the service could continue to meet changing needs.

The staff proactively reviewed people's health and medicines and looked at factors contributing to a change in need.

- The provider had additional resources to support staff. The registered manager was a positive behaviour trainer which was a person-centred approach to supporting people in the least restrictive way. Some previously known behaviours had not been clearly documented. The registered manager had completed an updated positive behaviour plan and had asked for this to be reviewed by other health care professionals to ensure its accuracy.

- The registered manager told us in order to engage with the local community visible recruitment signs have been put up advertising for local people to apply. In addition, the staff helped people celebrate events and where possible invited people in the community to join in.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not used effectively to establish and assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  Incidents resulting in serious harm had not been reported to CQC.

### **The enforcement action we took:**

No action as yet- have raised a safeguard so it can be looked at under section 42