

Wiltshire Council

Bradbury House

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bradbury House provides planned and emergency short term respite care for up to 10 people with a learning disability, some of whom may have additional physical care needs. All accommodation is on the ground floor and in single rooms. There are shared recreational rooms and accessible gardens.

The service was taking steps to apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

There was action being taken to promote choice and control, independence and inclusion to fully reflect the principles and values of Registering the Right Support. Action was being taken to focus support on people having as many opportunities as possible for them to gain new skills and become more independent.

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

There were people who at times expressed frustration and anxiety which placed them, and others at risk of harm. However, risk assessments lacked clear guidance and there were some inconsistencies with approaches from staff. The manager told us about the actions taken to ensure the safety of people and staff. They said staff had attended relevant training and referrals were made for specialist support. This included referrals to specialist nurses to update the strategies.

We responded to concerns about the food made to CQC before and during the inspection. We looked at the stocks of food and found there were adequate quantities of frozen and tinned foods. However, most food was processed and people had limited access to fresh fruit and vegetables. The manager told us they would take action to support staff to prepare fresh meals. Better cleaning routines were required to ensure the fridge was kept clean.

Risk assessments were in place for individual risks. The assessment format had been updated for staff to better detail the identified risk and the measures to minimise the risk.

Safeguarding procedures were on display at the service and staff had attended safeguarding training. The staff we spoke with knew the signs of abuse and felt confident to report their concerns.

While staff said there were staff shortages we saw staffing levels were consistent with the funders allocations of staff hours. We saw there were sufficient staff on duty when people were at the service. Some people were having one to one staff as agreed.

Medicine systems had improved. Staff were to attend training. While there had been medicine errors they were being addressed and systems had improved.

The staff were supported with their roles and responsibilities. The training matrix in place listed the mandatory and specialist training attended. Where training was overdue this was identified. The staff we asked said they had attended all training that was set as mandatory by the provider. Staff had regular one to one supervision sessions.

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 capacity was assessed, and best interest decisions reached where they lacked capacity. The manager was reviewing documentation in relation to mental capacity assessments and Deprivation Liberty Safeguards (DoLS). This will ensure a legal framework was in place to make best interest decisions for people identified to lack capacity to make specific decisions.

The staff were knowledgeable about the procedure to follow in the event people became ill during their stay at the home.

The staff were caring towards people. We saw staff use a variety of methods to engage with people. The relative we spoke with said their family member showed signs of enjoyment whenever they went for respite care. Staff told us it was important to develop relationships with people.

The existing support plans were inconsistent. The format was to change to develop more person-centred plans. People's preferred communication methods were being developed. For example, communication passports and a Makaton board of simple signs were accessible to support people that used this method of communication.

Quality assurance systems were effective and action plans were developed in relation to any required improvements. Audits reflected the findings of the inspection. However, some systems needed to be embedded further to ensure they were effective.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 12 August 2019) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been sustained and the provider was still in breach of regulations.

This service has been rated requires improvement for the second time

Why we inspected

The inspection was prompted in part due to concerns received about allegations of abuse and staffing concerns about the medicines management system. This inspection was carried out to follow up on action we told the provider to take at the last inspection. A decision was made for us to inspect and examine those risks.

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

Follow up

We will 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 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 ●

Bradbury House

Detailed findings

Background to this 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.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Bradbury House is a 'care home' offering respite care. 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.

A registered manager registered with the Care Quality Commission was not in post. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A manager was in post and had applied for registration.

Notice of inspection

This inspection was unannounced on the first day. The manager and staff were told about the second day of the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

The people having respite care at the time of the inspection were not able to tell us about their experiences of having respite care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with four staff including seniors, the manager and the head of care.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two 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. We spoke with two professionals who regularly visit the service. We spoke to one relative.

Is the service safe?

Our findings

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

At the last comprehensive and focused inspections this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, while some action had been taken to meet the breach of regulation, more improvements were needed.

- Individual risks to people were identified but appropriate risk reducing measures were not always developed or consistently monitored. There were people who expressed their anxiety and frustration with behaviours that placed them, the staff and others at potential risk of harm. Challenging behaviour risk assessments described how the person, staff and others were at risk from the person. The language used by the staff to report incidents was not consistent with an understanding on why the person at times used some behaviours to express feelings of anxiety and frustrations. For example, the positive behaviour management plan (PBM) for one person dated 2011 kept in care records stated this person at times invaded staff's personal space. However, staff misjudged this behaviour as "intimidating".
- The risk reducing measures lacked guidance and did not give staff clear instructions on how to de-escalate situations. We saw from reports of incidents that staff were inconsistent in the way they managed situations which placed them and others at risk of harm. While there was information about the person's dislike of noise, the staff had not considered this as a trigger when managing incidents. During the inspection, we were provided with a more up to date PBM plan not kept in the care records. While staff said that saying "no" to the person was the correct action, the PBM directed staff to say, "Stop now [name]". This meant staff were not following the most up to date guidance to ensure a consistent approach and meet the person's needs.
- The risk assessment template was being updated and was to be introduced once there was input from relatives and staff. The registered manager said the template would ensure staff reviewed all areas of risk to ensure appropriate measures were in place. This new analysis included the potential harm to the person and where there were patterns, these would be identified.
- The manager had assessed the environment to ensure people were not restricted by the physical factors. Risk assessments were completed for people to stay in rooms that led from the main building, which created blind spots. The rationale for using the space for one person was to provide a quiet and less noisy environment. The area was self-contained, and the person had access to a lounge/kitchen, bathroom and garden. The risk reducing measures included having doors to the area open and closed only when there was staff present.
- Individual Personal Emergency Evacuation plans detailed the person's ability to recognise the fire alarms. The plans included the support needed from staff to exit the property to a place of safety. Where the person

was safe to remain in the property until emergency services arrived, this was also detailed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- We reviewed five incidents which occurred in August 2019 and four in October 2019. These incidents related to one person when their behaviours placed staff and others at risk of harm. We saw from the descriptions of staff's actions that the approach taken was inconsistent and did not follow guidance. Of the nine incident reports only two were reviewed by a manager. On both occasions it was noted that the positive management plans (PBM) needed to be reviewed. There was no evidence that the other incidents had been discussed with the staff or analysed.
- An incident which occurred on the 9 October 2019, where other people and staff were physically challenged was not reported to safeguarding or CQC. The manager said that they were working with staff to resolve some of these issues. The manager said there had been improvements in how staff managed incidents. The input from health care professionals was sought and staff had attended training in positive behaviour management. A matrix was developed to monitor the reporting of events and actions taken following accidents and incidents. Within the matrix, staff detailed the professionals notified and the outcomes of events.
- The staff said there was an expectation they reported accidents and incidents, which the manager reviewed. A member of staff said information about incidents was passed to other staff during handover.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to notify CQC and the local authority of abuse allegations. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The systems and processes in place safeguarded people from the risk of abuse. Safeguarding procedures were on display within the home which detailed the signs and how to report abuse. The training matrix confirmed that all staff except for one had attended training in safeguarding adults. The staff we spoke with knew how to raise concerns where they had identified signs of abuse. They felt confident to report concerns about poor practices they may witness by other staff.
- People having respite care at the time of the inspection were not able to tell us about their safety in the home. We saw people accept staff support while others sought staff's attention. The staff were patient and smiled before they began any interaction with people. We saw staff swapped with each other when the person did not respond to their assistance during meal times.

Staffing and recruitment

- Recruitment files were not currently available at the service. The manager told us personnel files currently held by HR were to be uploaded onto an electronic platform. These files would be password protected, accessible as required and would have recruitment checks attached. The checklist held in staff files was for checks carried out to ensure the staff were suitable to work with vulnerable adults. For example, Disclosure and Barring Services (DBS) serial numbers and written references received.
- The rotas reflected the placing social worker's needs assessment of people's dependency needs. A member of staff explained that staff rotas were devised on the dependency ratio of people having respite

care. A relative told us "I always check, and she has the designated one to one and two to one at night."

- The staff we spoke with told us there were "not enough staff" on duty. Staff commented on the various reasons for the current staff absences. They were knowledgeable about the steps being taken by the registered manager to cover vacant hours. Relief staff were used to cover vacant hours while recruitment of new staff was in progress.
- Some staff said there were shifts that were not adequately covered. We saw there were sufficient staffing on duty as people arrived from day care services for their respite care. A member of staff said there were sufficient staff on duty and where there were "unforeseen events" on call staff were contacted. However, staff were concerned that when agency staff were on duty, they lacked knowledge of people's needs. The manager told us agency staff were used at night and they were always supported by permanent staff.

Using medicines safely

- Medicines systems had improved. The manager was addressing medicine errors through performance monitoring. We looked at the medicines procedures for the three people having respite care at the time of the inspection. Individual medicine profiles detailed people's personal information, preferences on how medicines were taken and known allergies. We noted that medicines for one person were administered in food. Although the GP was consulted but to ensure the efficiency of the medicine was not affected the pharmacist must be consulted. A member of staff told us the pharmacist would be consulted to ensure the most suitable method of administering medicines was used.
- The manager had consulted with the medicine optimisation team and with their input had developed medicine systems including medicine administration records (MAR). Staff signed the MAR to confirm they had administered the medicines as prescribed. Protocols were in place for medicines to be administered "when required".
- The staff ensured information about people's medicines was up to date when they arrived for respite care. A member of staff said families provided the staff with medicine summaries. They consulted with GPs where there was insufficient information about the medicines prescribed.
- People's medicines were stored in a secure room and at the correct temperature. Medicine policies were being reviewed and once the draft had been approved, the staff would be provided with copies of the policy. Competency training was arranged for staff to attend. A senior support worker told us in future staff's competency would be assessed six monthly by them.

Preventing and controlling infection

- The property was clean and free from unpleasant smells. We saw housekeeping staff at the service when we arrived. We saw stock supplies of gloves and aprons which ensured infection control procedures were followed.
- We noted not all foods were dated when opened and the fridge needed cleaning. Boards for preparing meals were in need of replacing.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- We received a number of concerns before our visit and during the inspection from staff. We were told there were insufficient quantities of food for people. During the inspection we checked the food stocks and found a wide range of frozen and tinned foods. We spoke to the manager about the stocks of processed foods and lack of fresh foods. The manager told us some staff were not able to cook and they were to be supported with preparing meals. They said the slow cooker was being used and basic recipes were being provided. We found the stocks of food reflected people's preferences and menus in place.
- Some staff said there was a lack of food. One member of staff acknowledged that previously there was too much food. Another member of staff said "There is enough food. I do the menu planning and shopping. There is always food in the freezer and there is a shop around the corner if we run out of food which is mainly milk."
- Some staff said the menus did not offer people a choice of meals. The staff we spoke with said they had raised their concerns with the manager. A member of staff said, "At the moment, I plan the menu based on the likes and dislikes of people on respite care. We are looking to plan ahead but at the moment there is only one choice. We can offer an alternative."
- The food stocks reflected the daily menus listed on a board in the kitchen and staff said alternatives were served as requested.
- We observed the tea time meal and saw a variety of meals served and when people refused, an alternative was given.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- There were introductory tea visits offered before respite stays. At the time of the inspection two people were having tea visits at the service with their main carers.
- There were 22 people who used the respite care service and visits were offered per quarter. Respite visits were organised based on the staff's knowledge of people's compatibility with others and their preferences for their stays for example, specific rooms.
- Emergency stays were available where needed. At the time of the inspection one person was offered an emergency stay. Support plans were provided which detailed family network and "About Me" information. For example, preferences, interests and routines. Healthcare information including medicines was also provided.
- The manager was ensuring that standards were in line with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and guidance such as NICE. We used "identifying and responding to closed

cultures" guidance at this inspection.

Staff support: induction, training, skills and experience

- People were assisted by staff who were skilled and their performance monitored. Staff told us they had an induction when they started their employment at the home.
- The manager told us all staff including existing staff had to complete the 26 weeks Care Certificate and the 16-week internal induction as some staff had not previously completed this. This included the routines of the home and emergency evacuation procedures.
- The staff had to attend set training courses which included safeguarding of adults at risk, positive behaviour management, Mental Capacity Act (2005), mental health awareness and Health and Safety. Other specialised training attended by staff included change management.
- The head of services told us relief staff attended mandatory training. The staff we spoke with said they had attended training set as mandatory. A member of staff said the training was "relevant to the role and we have all learnt from it."
- A local authority senior trainer told us there had been concerns about poor attendance at training courses and when concerns were raised, these were not adhered to. Since the changes with the management team, the senior trainer said, "I have noticed and am pleased to report that staff engagement, interest, knowledge and passion for delivering quality support is evident at very high levels."
- The staff had one to one supervision meetings with their line manager. Staff said supervision was regular. A member of staff said, "We usually talk about the changes, how the service is doing, how we are doing and suggestions". Another member of staff said their supervision meeting occurred the previous week with the manager. They said at the meetings, they had discussed the "job role, well-being and performance." They told us, "It gives me a chance to discuss any items I have." The supervision matrix showed staff had one to one supervision every eight weeks and a catch-up meeting every four weeks.

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

- People were able to move around the property with walking aids and with wheelchairs due to level access into the property and wide corridors. There was overhead tracking in two bedrooms to support people with transfers and adapted bathrooms to support people with mobility needs.
- People had access to sensory and games rooms. During the inspection we saw people using this space.
- There was a programme of refurbishment for the property. The property was to be redecorated, some communal spaces were to be re-designated and the garden was to be redeveloped to give people better access.

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

- People's healthcare was managed by their families or main carers. Staff told us they accompanied people on appointments when the dates were during their respite stay. They said families were contacted if a person became ill, or emergency services were called.
- Health action plans included people's healthcare needs and the support needed to maintain their health. For some people, the health action plan covered ongoing appointments and treatments.
- Epilepsy management and emergency plans were in place for people diagnosed with epilepsy. Emergency plans included the types of seizure, how to recognise the symptoms and action to take when people had a seizure. For example, one person was prescribed rescue medicines and there were details on when to contact emergency services. Risk assessments were in place for people at risk of sudden unexpected death in epilepsy (SUDEP). The risk reducing measures for one person included having medicines administered as prescribed, staff to attend appropriate training and monitors to be used at night.
- Hospital Passports listed information that was important for medical staff to know about the person. They contained useful information, such as interests, likes, dislikes and preferred methods of communication.

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

- People's capacity to make decisions about their respite care was assessed. Best interest decisions were taken where people lacked capacity. The manager was reviewing records relating to mental capacity assessments and DoLS. This will ensure a legal framework was in place to take best interest decisions where people lacked capacity to make specific decisions.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People on respite care were not able to express how staff treated and supported them. We saw staff support people with their meals and to use sensory equipment in the games room. We saw people accept staff support and when assistance was declined other staff offered their support. We saw people seek staff assistance and accepted their presence when they moved into other communal spaces.
- Specific aspects of a person's identity defined by the Equality Act 2010 were protected. This included the protected characteristics of age, disability, race, religion or belief.
- The relative we spoke with said "I hope they are [caring]." They said their family member was not able to express verbally their wishes but observed that they "can't wait to get into the building".
- The staff explained they supported people in a kind and caring manner. A member of staff said "being there" for people developed trust. Another member of staff said, "I introduce myself to parents when they arrive." This member of staff also said, "getting to know them [people] by reading care plans and talking to parents make people feel they matter." Other staff said they spent time with people, listened to their comments and made them feel special. Staff said they "sit and chat with people. Get them to tell us about their interests. It's about making people feel as an individual."
- A member of staff said they had a designated role to support people on tea visits. They said having a designated role ensured people had consistency and they were a point of contact for relatives and main carers. This member of staff said they were invited to visit the homes of people on transition to adult services.
- The manager told us how they ensured the staff had a caring and kind approach towards people. The registered manager told us "We are compassionate and caring. People are at the heart of their care. They go hand in hand with the behaviours framework and ensure the staff are working to the expected level."
- A member of staff told us how they showed compassion when people showed signs of distress. They said "I hope I show that [compassion]. We explain. We tell the person that they are a lovely man, that they are kind and funny." Another member of staff said, "We use comforting words".

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

- The staff had gathered information about people before they used respite care services. Social worker's needs assessments detailed people's background and life story. A member of staff said "We speak to professionals and families. We get to know them." Another member of staff said "We are in the process of updating the information."
- A Summer 2019 newsletter was on display in the home giving people and visitor's information about events. For example, a Halloween evening and Christmas party was arranged. The manager told us a "You

said, we did" board was to be created to show feedback was taken seriously and acted upon.

- The relative we spoke with said they had attended one meeting and had made suggestions. This relative said they agreed with the adaptations of the building, but their priority was for "staff to be caring."

Respecting and promoting people's privacy, dignity and independence

- We saw staff offer support with personal care discreetly to people. The staff support people to ensure they appropriately dressed.
- The staff described the way people's rights were respected. A member of staff said personal information was not shared. Before personal care was delivered staff explained the tasks that were to be provided and minimal numbers of staff were present when personal care was delivered. People were encouraged to be as independent as they were able.
- Another member of staff said before entering bedrooms, they knocked on bedroom doors and asked "can I come in and is it okay to enter. I always ask if it's okay for me to assist you."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- The staff knew people's care support needs and the registered manager was developing care plan templates to ensure the information gathered about the person was current. The existing care plans lacked detail and did not reflect people's needs. Care records included one-page profiles which listed what was important to the person and how staff were to support them. A member of staff said families were to be asked for their input to ensure care plans were person centred.
- The staff were aware that the care plan format were to be updated. A member of staff said the current care plans were inconsistent in some areas and the updated versions were to be more detailed.
- A relative told us their family member had a "good care plan and as long as it's read and followed then there are no concerns". This relative said they had not been invited to a review meeting.
- Staff recorded direct care, meals served and incidents. The manager told us new diary checklists would be introduced to ensure detailed information about people's stay at the service were recorded.
- Communication books were used between relatives or main carers, the respite service and day care centres where people attended them. Care records included copies of healthcare visits which included recommendations and guidance. A relative said they had asked staff to complete a communication/contact book. This relative said that this form of communication was their family member's "voice" which they used to initiate conversations about the day.

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.

- Steps were being taken to meet the requirements of AIS. A Makaton board in the foyer of the building gave staff simple signs and symbols to help with effective communication.
- Communication passports were in place for some people which gave guidance on specific words used by people and how staff were to respond.

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 at the time of the inspection were having respite care day care centres during the day. The overview of people's routines included their preferred activities and the daily notes detailed the activities they had joined. Activities at weekends and when people were at the home from day care services were more meaningful since the last inspection. A member of staff said "There are people who have progressed.

You can see the difference. [People] have a different voice. Not everybody has a one to one. Activities are less but more meaningful."

Improving care quality in response to complaints or concerns

- There were no complaints received at the service since the focused inspection which occurred in April 2019.
- The relative we spoke with said "I know the complaints procedure" and explained who they would approach with concerns. The relative said when comments were made they had been taken seriously.

End of life care and support

- The service does not currently support people at the end of their life. This area will be addressed in the new care plan formats.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to notify CQC of all incidents and accidents. Audits had not identified all the shortfalls found at the inspection. This was a breach of Regulation 17 Health and Social Care Act Regulations 2014 Good governance. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- While we saw improvements since the last inspection we repeated the breach of Regulation 12. There was insufficient time for the manager to make and embed changes to demonstrate consistent good practice over time.
- The manager had been appointed since the last focused inspection and was supported by the head of service and by a Human Resources department. An improvement plan had been developed which the manager discussed during their weekly one to one meetings with the head of care. The action plan was consolidated and included all areas for improvement. For example, organising audits, training and updating care records. While the findings of this inspection were consistent with the improvement plan, not all actions were implemented or embedded into practice.
- There were clear roles and responsibilities and staff were knowledgeable about the improvements needed to the delivery of care. A manager was in post and had applied for registration with CQC.
 - The manager told us their role was about leadership which they said was "High steady and inclusive. I like to include the staff in the service because they are working with people. I am fairly thoughtful in my leadership. It's okay to say I need to think about that. It's not good to be too impulsive. We need to be person centred with people and staff. We need to ensure the end result is the same, person centred, inclusive but everyone will do it slightly different. I am respectful."
 - The staff told us about team working and the impact this had on people. Comments from staff indicated improvements with team working and with communication. A member of staff said, "There has been a lot of upheaval and uncertainty not so much now they just get on with it." Another member of staff said there had been a "Difficult transition and everybody is getting there. We are moving forward and moving for a better service. It's more organised."
 - The staff received feedback from the management team on the actions they needed to take. For example, one to one supervisions and team meetings. The agenda at the team meeting in November 2019 covered discussions about people, staff roles, routines and systems such as medicines and handovers. The staff then

signed the minutes to indicate they had read and understood the information.

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

- Steps to change the existing culture were being taken by the management team. The manager said the previous "blame culture" was being "broken down" and they explained the changes. They said the role of the shift leader had been introduced. This meant the staff managing shifts were knowledgeable about people and their preferred routines. Information was shared with staff and mentoring was being used to develop a better culture within the staff group. For example, staff were teamed with others who promoted the changes in culture. The layout of the building was assessed, and the environment was to be adapted to reduce the potential for people to be segregated

- The organisation's behaviour framework was on display at the service. It included "how we work, trust, respect, simplicity, responsibility, leadership, working together and excellence."

The staff told us their understanding of the organisations values and how these beliefs were put into practice. Comments from staff included "good safe respite service," "Everybody matters. Treating the person as an individual", "The atmosphere is welcoming and comforting. It's comfortable for people that stay" And, "You can see the difference. People have a different voice".

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 management team understood their regulatory requirements to report notifiable incidents to CQC and the local authority. The manager had taken action to ensure staff followed reporting guidance.

However, staff were not reporting all incidents as required.

- The relative we spoke with told us they were always made aware of important events.

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

- Feedback from people and relatives were gathered and acted upon. A detailed questionnaire about all areas of the service delivery was sent to people and their relatives. The responses were analysed and documented and the comments and suggestions, were linked to the improvement plan.

Continuous learning and improving care

- While there were medicine errors, the manager was addressing them through performance management of staff.

- The manager told us staffing was an area for improvement. This included ensuring staff felt supported and had the skills needed to improve the care people received. The manager said "We are looking at the patterns that seniors are working. There are observations of staff with people to check how staff respond to people."

- Staff were having regular support through supervision and team meetings. The manager said "we explore ways of working in a person-centred way. Staff were to attend person centred thinking training which looked at putting people at the heart."

- Team building was to be organised in the New Year and the manager told us "if they are caring toward each other they are caring towards people." Team meetings were monthly to ensure that staff were working within the values framework of the organisation.

Working in partnership with others

- There was partnership working with others. A health care professional from the medicine optimisation in care homes (MOCH) told us the manager had requested support from the team in August 2019. This professional said, "I certainly felt the team wanted to improve and were re-trained by the systems and

processes they had to work with."

- A trainer from the local authority told us that previously training sessions were difficult to deliver and they had raised concerns. Since the appointment of the current manager this professional said "I am pleased to report that staff engagement, interest, knowledge and passion for delivering quality support is evident at very high levels. I would also like to comment on the increased positive interaction I have observed when staff are supporting a customer who accesses the service. This includes person centred values, respect and effective communication support."
- The manager told us about partnership working with others. The manager said there were links with day services. This manager said there was contact with day care services used by people. For example, staff attended meetings at day care services.
- A newsletter was developed to share information with people and relatives. Coffee morning and Christmas party were organised and external professionals, people and their relatives were invited.

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 12 HSCA RA Regulations 2014 Safe care and treatment Action plans were not devised on how to manage behaviours when people expressed anxiety and frustration which placed them, staff and others at risk of harm. This is a repeated breach