

# TLC CARE HOMES CLACTON RESIDENTIAL LIMITED

## 165 Point Clear Road

### Inspection report

165 Point Clear Road  
St. Osyth  
Clacton-on-sea  
CO16 8JB

Tel: 01255823547  
Website: [www.tlccarehomes.co.uk](http://www.tlccarehomes.co.uk)

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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability 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

165 Point Clear is a residential care home providing personal care to four people at the time of the inspection. The service can support up to five men.

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

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.

### Right Support:

People were not always supported in a safe, clean, and well-maintained environment. Areas of the home and equipment people used was not always clean enough, fit for purpose, or well maintained.

Staff knew how people preferred to take their medicines to achieve the best possible health outcome. Staff enabled people to access specialist health and social care support in the community.

Staff supported people to play an active role in maintaining their own health and wellbeing and encouraged people to eat a healthy diet.

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

### Right Care:

Potential risks to people's safety were not always identified and acted on at the time to ensure people were kept safe. Not all staff used a face mask effectively to prevent potential germs being passed from person to person. Cleaning fluids were not being safely stored.

People received kind and compassionate care. One person's relative told us their family member, "Is settled and likes the staff who are the kindest people ever."

People could communicate with staff and understand information given to them because staff supported them consistently and were knowledgeable about their individual needs.

### Right Culture:

The service's quality assurance, monitoring and oversight arrangements were not robust and required improvement.

The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. People and those important to them, including advocates, were involved in planning their care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 23 July 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 11 December 2018.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

### Enforcement

We have identified breaches in relation to risk, infection control and the provider's governance arrangements at this inspection.

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

### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 165 Point Clear 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 Health and Social Care Act 2008.

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

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

165 Point Clear Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 165 Point Clear Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post, however they had just started a 3-month planned absence and had an interim manager was covering their role.

#### Notice of inspection

This inspection was unannounced and included an 'out of hours' visit to the service.

### What we did before the inspection

We sought feedback from the local authority and professional who work with the service. We used information gathered as part a CQC monitoring activity that took place on 15 September 2022 to help the inspection and inform our judgements.

We also used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since they registered with the CQC. We used all this information to plan our inspection.

### During the inspection

We met the 4 people living in the service, enabling them to engage with us if they chose to. 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 visited the service 3 times, spending time observing people's different day and evening routines.

During the inspection we reviewed 2 people's care files and daily notes and 2 staff's recruitment paperwork. We looked at a variety of records which included people's medicine records, safeguarding investigation reports, minutes of staff meetings, staff induction and training records. We looked at cleaning processes in the service, and the service's quality assurance arrangements.

We spoke with the registered manager, acting manager, the divisional head of quality and 6 members of staff. This included senior support worker, support workers and agency staff. We also spoke with or received written feedback from 2 social care professionals.

### After the inspection

We spoke with the new area manager and continued to seek clarification from the provider to validate evidence found. Additional information relating to staff training and end of life care plans were sought.

# 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.

### Preventing and controlling infection

- The service did not have effective infection, prevention and control measures to keep people safe in a clean and hygienic environment.
- Although staff had received training in the correct use of Personal Protective Equipment [PPE], not all staff used PPE effectively and safely. On the first and second days of the inspection, some staff repeatedly wore their face mask under their nose. Another took their mask off and on, and when wearing it pulled down the mask to talk to other staff and visitors. This had significantly improved on the third day of the inspection.
- To reduce the risk of potential germs being passed from person to person by touching contaminated surfaces, staff were seen carrying out hourly cleaning of 'high contact areas,' for example door handles. However, staff had failed to recognise the potential risk of airing people's clean laundry next to the toilet, and the items becoming contaminated by aerosol droplets when the toilet was flushed.
- Areas of the service and equipment used had a build-up of dust, food debris and limescale, which could harbour bacteria. This included the laundry area people were using, which had a door leading to the visitor's toilet/staff shower room. There was a build-up of dust behind the washing machine, on skirting boards, floor safety notices and inside the broken linen container. The staff/visitor toilet had no handwashing facilities, those using the toilet washed their hands in the adjoining laundry room sink, which had a build-up of limescale on the tap.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Not all risks to people's safety had been identified and/or acted on in a timely manner. The 29 July 2022 team meeting minutes noted the ramp used by people to access the garden, 'Is still broken so please keep in mind when the people we support go out it is dangerous.' At the time of the inspection, it had still not been repaired. People were seen using the ramp, which had a missing handrail and a potential unmarked trip hazard where the wood was uneven.
- Risks to people using the service were not being managed to reduce the risk of exposure to or harm from substances categorised as 'hazardous to health' under the Control of Substances Hazardous to Health [COSHH] regulations. On the first day of our inspection we found a potentially harmful cleaning substance which had not been stored appropriately or safely in the laundry room. Although we immediately brought this to staff's attention, lessons were not being learnt as we found two further cleaning items left unattended in the same area on our return the second day.
- When using agency staff to cover shifts, the service is responsible for obtaining a staff profile, which includes a photograph of the agency staff member and information about their skills and knowledge. On arrival, to ensure people's safety, staff should check the person's identification (ID) against the staff profile. Although management confirmed this was their normal procedure, one new agency staff member did not

have their ID on them, and staff were unable to locate their profile sheet.

Not all risk to people's safety were mitigated through effective infection control and management of risk. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were involved in managing risks to themselves and in taking decisions about how to keep safe. For example, where a person had made a choice of smoking, their care records showed staff had discussed this with the person, who understood, 'smoking can have a bad effect on my health,' but chose to smoke.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.

#### Visiting in care homes

- The service supported visits for people living in the home in line with current guidance.
- A relative told us, (staff) "Always make visitors welcome."

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

- Staff had training on how to recognise and report abuse and they knew how to apply it. A person's relative told us they, "Don't have to worry," because they felt their family member was safe living in the service.
- A staff member told us each person had a, "Member of staff they really get on well with," and if a person had concerns, they would alert that member of staff. They said if a concern was ever raised with them, "I would go straight to the manager," and felt confident the concerns would be acted on.
- Where a person may not be able to verbalise their concerns, staff said as they knew them so well, they would be alerted to changes in behaviours which could indicate something was not right, and further investigate.
- The management were aware of their responsibility of reporting any safeguarding concerns. Records showed where concerns had been raised, they had worked with external agencies to learn from the situation and reduce the risk of it happening again.

#### Staffing and recruitment

- Staff told us staffing levels were usually enough to meet people's needs. However, when staff's attention was needed to be diverted to support people going through episodes of distressed behaviours; it could impact on others receiving their one to one care. One staff member said, "If the manager is around, they will help."
- During the second day of our inspection, there was only one permanent staff member on duty, and two agency staff, who had not worked at the service before. There was not sufficient cover to provide the one to one support and flexibility of people if they wanted to go out. The registered manager said it was a communication error and would ensure it did not happen again.
- The provider was aware improvements were needed in their recruitment processes to ensure an applicant's full employment history was obtained. At the time of the inspection, staff at the providers headquarters were in the process of improving their systems. This included producing a new check list, which managers could access to ensure all required checks/information had been obtained.
- Every person's record contained a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them. We saw agency staff being given these to read when they arrived.

#### Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of



medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

- Care records showed medicine to reduce a person's anxiety was only given as a last resort, when distraction techniques had not worked, and in line with the person's positive behavioural plan and protocol for taking 'As and required' medicines, referred to as PRN.

- Staff were able to tell us how each person liked to take their medicines, and the level of support they required, which reflected the information given in people's support plans and our own observations. For example, we saw a staff member place a person's medicine on top of some yoghurt, letting the person know what they have done. Their medicines support plan stated, 'I like to take them with yoghurt to get rid of the taste.'

# 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.

Staff support: induction, training, skills and experience

- Improvements were needed to ensure all staff completed their mandatory and refresher training to keep their skills and knowledge up to date. This included food safety, data protection, fire safety and safe use of restrictive interventions. Senior management told us they were aware and taking action to address this as well as arranging further training in infection control.
- The training pathway for a new employee, consisted of the first week spent undertaking mandatory training and introduction to the service. They then started on completing the 'Care Certificate'. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff could describe how their training and personal development related to the people they supported. One staff member said the training they had received had been, "Very good." The training in Autism had supported them to, "See through their eyes," especially in not liking change, and how sensory overload could cause increased anxiety.

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

- Some areas of the home showed signs of wear and tear or no longer fit for purpose. Senior management were aware of this and showed us it would be addressed as part of their ongoing maintenance and refurbishment plan. This included new flooring in people's ensuite bathrooms, and a completely refurbished laundry area and visitor's toilet.
- Staff supported people to personalise their bedroom to meet their diverse needs, interests and preferences. Where a new person was in the process of moving into the service, staff said an occupational therapist was going to carry out an environmental assessment. This was to see whether any adaptations or changes were required to meet the person's mobility needs.
- One person showed us their bedroom which had the walls, radiator cover and furniture all painted in their favourite colour scheme. Staff had also supported them to make a hanging mobile which fitted in well with the theme of the room. During the inspection the person went shopping with staff to replace the handles on their chest of drawers, as they preferred a different type.
- People were able to move easily around their home, making use of the lounge, kitchen, laundry and garden areas.

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

- Staff completed a comprehensive assessment of each person's physical and mental health prior to admission and was used to form the foundation of the person's care plan.

- At the time of the inspection, a person was in the process of moving from another home into 165 Point Clear Road. The timing of the move was being tailored around the person's needs and preferences with staff liaising with the person, staff at the person's current home, and health and social care professionals.

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

- People received support to eat and drink enough to maintain a balanced diet.
- Mealtimes were flexible to meet people's needs and planned activities. Although staff knew people's preferred food, a staff member said they still ensured they were offered a choice and encouraged them to try/experience different foods.
- At lunch time staff were busy in the kitchen supporting people to choose and prepare their individual choices for lunch. One person reappeared with their salad. Another person showed us the sandwiches they had just made, telling us their favourite hot meal was, "Fish and Chips," which they had on Friday's.
- People could have a drink or snack at any time, and they were given guidance from staff about healthy eating. When one person had helped themselves to a chocolate bar from the kitchen a staff member commented, "I see you have chosen the healthy option." The person laughing replied, "Yes," as they sat and enjoyed their snack.
- Care records provided staff guidance on people's individual dietary needs and preferences, including any intolerance. For example, staff supported a person to substitute cow's milk for an alternative when preparing a 'milky' drink.

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

- People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed.
- Staff worked well with other services and professionals to support people's individual needs. Care record showed this included liaising with the hospital learning disability nurse and the hospital specialist dental department. By having a good working relationship, staff told us how it helped ease a person's pathway, supported their well-being and helped reduce anxiety.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Staff recoded any contact made with health professionals in people's daily notes to ensure all staff were kept updated.
- People's care plans provided information on the names of the health care professionals involved in their care. This included, where applicable, information on the person's GP, Dentist, Chiropodist, Optician, Speech & language therapist and Psychiatrist.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means, and this was well documented. They told us they had received training in MCA. One staff member said it was about listening to the person and letting them guide staff on what they wanted to do, "We can't say no," unless it put the person's life in danger.
- People's care plans provided guidance for staff on how to support people in decision making. As part of, 'How to support me to make a decision,' staff were asked to check if the person was being given the right conditions/support to decide. For example, ensuring they were using the person's preferred communication method and checking there were no environmental distractions.
- A person's care plan showed they had the capacity to make daily decisions on what they wanted to do. The record stated the person may not have capacity to make important medical decisions around their health and welfare. Therefore, staff should check their capacity to understand the information being given.

# Is the service caring?

## Our findings

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

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

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

- Staff saw people as their equal and created a warm and inclusive atmosphere. People were well matched with their designated support worker and as a result, people were at ease, happy, engaged and stimulated. A staff member commented, "Seeing how you can make a difference to someone's life is rewarding."
- A visiting professional spoke about the positive atmosphere between staff and people living in the service, "Lots of smiles and laughter but mutual respect too and clear fondness," towards the person they were visiting. One person told us they, "Love all staff here." We observed them interacting with staff, laughing and being included in conversations.
- Staff knew people well and were able to tell us what made a person happy and feel included. For example, we saw one person lean their head towards a staff member, who intuitively started to massage their head. Another staff member told us the person, "Really enjoyed," having their head massaged as it calmed them and provided reassurance.
- There was good interaction from an agency worker. Although it was their first shift, their approach "Hello, you're my buddy for the afternoon," to the person they were providing one to one support, was good. As the person responded well, smiling and straight away started interacting with the staff member they had not met before.

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

- Staff took the time to understand people's individual communication styles and develop a rapport with them.
- People's care plan's provided staff with guidance on the level of support they needed when making decisions. For example, how the wrong environment, not using preferred communication, and not giving the person sufficient time to answer, could all negatively impact on the person's ability to make decisions.
- Throughout the inspection staff were involving people in making decisions about their day, this included what they wanted to wear, eat, and if they wanted to go out and where.
- For one person who was unable to put into words what they wanted, their care plan provided staff with guidance on what the person was telling them through their body language and facial gestures. For example, taking the staff member's hand and leading them to what they wanted to do and walking away from activities if they didn't want to take part in.

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this. We saw people choosing to spend time on their own in the garden. Staff were aware of the importance of letting people have their own 'space,' when receiving one to one care. The views from the kitchen and lounge windows enabled staff to

observe people outside, without intruding, but available if needed.

- Information in people's support plans showed staff had considered incidents which could happen whilst out in the community that could impact on a person's dignity and what action they should take.
- People had the opportunity to try new experiences, develop new skills and gain independence. Although for one person, trying a new experience volunteering in a shop had not worked out for them, staff said they would support the person to try other new experiences.
- Staff were aware of the importance of not taking away people's independence and learnt skills, by carrying out tasks a person was capable of undertaking. This was further reflected in a person's care plan, that they had jointly written with staff, 'allow me to do things for myself before offering to help.'

# Is the service responsive?

## Our findings

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

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

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

- The service met the needs of people using the service, including those with needs related to protected characteristics. A relative told us the care their family member had received, "Is absolutely brilliant, it's been the making of [family member]."
- Staff spoke knowledgeably about tailoring the level of support to individual's needs. People's 'This is me' care plans provided staff with information about their life experiences, and how it could influence their behaviour. The records included information on health and social care professionals, advocates and relatives who had, and still played an important part in their life.
- Care plans provided staff with guidance on the person's preferred daily routines, known anxieties and areas they needed support with, without taking away their independence. Such as prompting with personal care including oral hygiene, 'I understand this is important but will not always remember so please encourage and remind me.'
- Each person had a one-page profile, which we saw being given to new agency workers to read on arrival. They provided a useful summary of the person's preferred routines, likes, dislikes, support needs, potential behaviours, triggers and strategies to support the person.
- We found the profiles did not contain any information about people's strengths as mentioned by staff and detailed in their care plan. For example, a staff member described one person's strength as having a, "Lovely personality, very social, caring, likes to include people and having a good sense of humour," this would have given a more balanced overview of the person's characteristics. The manager said they would update the profiles to reflect this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff had good awareness, skills and understanding of individual's communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- One person's care plan showed their communication needs had been assessed by a Speech and Language Therapist (SALT). Staff were provided with guidance on how the person communicates with staff, including, 'Taking you to what I want.' We observed the person communicating this way and staff acting on their lead. Although the person had not shown interest in using any forms of pictorial communication, staff were still trying to encourage this as part of developing communication.

- Staff ensured people received information in accessible format regarding the coronavirus pandemic to reassure them and to aid their understanding. The provider's information return (PIR) said social stories were put together as an additional support. These were used to explain the need to have vaccinations against the virus.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis. One person told us how they enjoyed going to the beach, "And splashing water on my face," regardless of the time of year. Another person liked playing pool and visiting the local farm where they could pet and feed the animals.
- Two people told us they were going to a holiday park in November which they were looking forward to. One person pointed out the photographs on their wall of previous holidays they had been on. Another person showed us the items they liked to collect as part of their hobby.
- Staff helped people to have freedom of choice and control over what they did. One staff member told us although people had individual daily activity planners, "People always have choice." Therefore, they would ask the person at the start of the day what they would like to do, and act on the response.
- Some of the people had developed friends within the service, especially where they had the same interests. A staff member said how two people had formed a good friendship and were, "Brilliant together... make each other laugh as well." Which we observed during the inspection. We heard people discussing with staff the planned Halloween party at another of the provider's services, which supported them to meet and make friends.

Improving care quality in response to complaints or concerns

- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.
- The provider's compliant policy states their commitment to, 'Creating a culture in which people are not afraid to complain.' By having information on how to raise concerns freely available and in an appropriate format to meet people's communication needs. Their aim being to help people to understand that complaining would result in concerns being address, making it better for the person, but also it could make a difference to others. By using feedback as a driver for improvements.
- A staff member said if they received a concern they would initially see if could help resolve the situation to prevent it escalating into a formal complaint. They would also make sure the manager was made aware. No complaints had been recorded at the time of the inspection.

End of life care and support

- Easy read end of life care plans enabled staff to know people's views on the support they would like to receive and kept under review. This included information if they would prefer to be looked after in their home, or another setting. Funeral arrangements included who they would like to attend and music they would like played. One person had stated, 'anything by the Beatles'.



# Is the service well-led?

## Our findings

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

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

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

- The arrangements to assess and monitor the quality of the service were not effective enough. The range of checks and audits carried out by internal and external management had failed to pick up our concerns around infection control and safe management of hazardous fluids. Where a risk had been identified with the garden ramp, it was not acted on in a timely manner.
- Where staff were asked to read and sign updated policies and important notices, there were no checks in place to ensure staff had adhered to this. This was a risk of staff not being aware of the changes and updates.
- On the first day of the inspection we were informed the registered manager, who is registered for a second location, would be spending three months away from 165 Point Clear Road, to enable them to focus on the other location. The deputy manager, who knew the service well, had been promoted to acting manager to cover the period.
- Staff, although pleased with the appointment, said they had concerns over the staffing levels, as they were used to the deputy manager working "Hands on," and their hours had not been covered. The staff roster reflected what we had been told. We saw the planned move could have been better managed to prevent any negative impact on staffing levels and staff morale.
- We saw staff were attentive to people's needs. However, when asked, there was no clear information to demonstrate how people's funded hours were being monitored to demonstrate people were receiving their allocated time.

Systems were not robust enough to evidence effective oversight of the service. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The provider showed us the new quality assurance tool they were in the process of introducing at the service, which they felt would be more effective. This was because it consolidated all the information in one place, including environmental audits. It was to be reviewed at provider level every two weeks, to give them good oversight of what was happening in the service.

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

- Management and staff put people's needs and wishes at the heart of everything they did. They described it as the person's home and wanting to ensure people had a good quality of life. Staff confirmed the interim

manager had a good presence in the service and willing to give support. One staff member commented they could go to them, "About anything," and they would listen.

- Staff felt able to raise concerns with managers without fear of what might happen as a result. A staff member told us they, "Definitely," felt comfortable to raise any issues during staff meetings. Although they always tried to attend, if unable to, minutes of the meeting were provided which enabled staff to, "Read, sign and question anything."

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; Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

- As part of achieving this vision, since the service was registered in July 2020, significant changes at the senior level of the organisation had occurred, especially since February 2022. One staff member said it was, "All really new to us... Things changing to benefit the home."

- The service had missed notifying the Commission when a person's DoLS had been re-authorised, when previously they had not missed any. The provider was open and honest with the reason why and would ensure the recording system they used was more robust to prevent it happening again.

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

- Staff encouraged people to be involved in the development of the service.

- The, 'Service user meeting June 2022,' attended by everyone, and where applicable relatives had also been invited. Visual aids, and staff's knowledge of what a person liked/made them happy, were used to ensure everyone had a voice.

- The provider was in the process of launching their 2022 surveys to people, where applicable their friends and relatives and external stakeholders. People from across the provider's locations had been involved in shaping the 'layout of the surveys to make it assessible and user friendly.'

- We saw the on-line easy read surveys covered all aspects of the service delivery and asked people to answer questions using coloured 'smiley faces': green 'Yes', amber 'Sometimes' and red 'no'. Once the information had been analysed, people were told a 'You said we did' poster would be displayed in their home, which would capture people's comments and action taken as a result to drive improvements.

Working in partnership with others

- Information in people's care and discussions with staff showed the service worked closely with others, for example hospital specialist learning disability nurse and specialist dental service to support care provision.

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  Not all risk to people's safety were mitigated through effective infection control and management of risk.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were not robust enough to evidence effective oversight of the service.