

Southern Housing

22 Argyll Street

Inspection report

22 Argyll Street
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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

About the service

22 Argyll Street 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. 22 Argyll Street provides accommodation and support for up to nine adults, who have a learning disability, physical disability and/or Autism. At the time of the inspection, there were nine people living at the home.

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.

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

Risks associated with people's care were not always fully assessed and some care plans lacked sufficient detail to mitigate those risks. This included safely supporting people and nutritional risks that could impact on people's health. The provider took immediate action to make the improvements needed.

Systems in place for storing and administering medicines were safe. Staff had received training and had their competency to administer medicine safely, checked. However, information about when people had 'as and when required' medicines required more detail. This was to ensure staff would always be able to recognise when this type of medicine needed administering.

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. However, the policies and systems in the service did not always support this practice. Mental capacity assessments (MCA) were not always in place where they should be.

People's nutritional needs were met, and they were supported to have a healthy and varied diet. However, information about known risks such as when people required a modified diet, were not always sufficiently detailed. The provider took immediate action to make the required improvements.

The provider's governance processes in place failed to identify all the shortfalls we found. The provider took immediate action to make the required improvements.

Right Support: People were supported have choice, control and independence. They were supported to participate in activities they enjoyed and be active members of their community.

Right Care: It was clear staff knew people well and provided caring support to each person. We observed

staff speaking to people with kindness and patience and using some of the agreed communication techniques described in care plans. People were supported by staff who respected their dignity, privacy and human rights and were involved in decisions about their own life.

Right Culture: The vision, values, attitudes and behaviours of the management team and care staff, supported people to be confident and empowered in living in the community. However, some care records needed to be improved to consider language used and demonstrate an improved understanding of the MCA.

There were enough staff to meet people's needs safely and provide person centred care. Staff had received appropriate training and support to enable them to meet people's needs. They received supervision and had their competency checked, to ensure they developed and maintained their skills and were supported in their role.

People's needs had been assessed and care plans were person centred and contained information about their life history, care needs, what and who was important to them, and how their needs would be met. End of life care plans were in place, which were person centred and captured people's wishes well.

People told us they liked the staff and felt safe with them. Staff had received training in safeguarding and were able to describe what actions they would take should they witness or suspect abuse. Accidents, incidents and safeguarding records were made and there were processes in place to ensure these were reviewed and any lessons learnt if required. There was a complaints policy and people, and their relatives knew how to raise concerns.

The home was clean and tidy and in good repair; this meant infection control risks were managed. Staff wore PPE when needed.

A new manager was commencing work in the service and was being supported by the service manager. The senior management team demonstrated they were committed to continuous learning and improving the service, to ensure action was taken where we identified improvements were needed.

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

Rating at last inspection

This service has a new provider and was registered with us on 19 December 2022, and this is the first inspection. The last rating for the service under the previous provider was Outstanding, published on 8 March 2019.

Why we inspected

The inspection was prompted in part due to concerns received about medicines and the management of the service. A decision was made for us to inspect and examine those risks.

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 a breach in relation to good governance 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 effective 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 ●

22 Argyll Street

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 conducted by 1 inspector.

Service and service type

22 Argyll Street 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. 22 Argyll Street 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post, but they had recently stopped working at the service. The provider's service manager was supporting the management of the service. The provider had appointed a new manager, but they had not yet started employment. We were assured they would submit an application to register within an appropriate timescale. The provider's service manager supported this inspection, and we will refer to them as 'service manager' throughout this inspection report.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 13 April 2023 and ended on 25 April 2023. We visited the service on 13 and 17 April 2023.

What we did before the inspection

We reviewed information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who live in the service and 4 relatives. We spoke with 6 members of staff including the service manager, senior staff and care staff. We reviewed a range of records. This included 6 people's care records and 8 people's medicines records. We looked at 3 staff files in relation to recruitment and induction. A variety of records relating to the management of the service, including accident and incident records, safeguarding and policies and procedures were reviewed. We received feedback from 3 external professionals.

Is the service safe?

Our findings

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

At our last inspection under the previous provider, we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service required improvement to provide assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People told us they felt safe. Risks to them had been assessed and were regularly reviewed. However, records in place required further detail to ensure staff had clear information about how to support people in line with all known risks identified in their care plans. For example, where people had health conditions that required staff to recognise when they may need to act, there was not sufficient information to ensure all staff would know what action to take and when.
- In addition, one person's care plan identified they could have some unusual behaviour. Their care plan did not describe what these behaviours were or what action staff should take to support the person. Another person's risk assessment identified they were at risk of falls, as they had previous falls with no known cause. There was insufficient information to describe how staff would reduce this risk. For example, ensuring the person had well-fitting footwear on.
- Although improvements were needed to the information recorded about risks to people and this was particularly for new or agency staff, it was clear regular staff knew people well and could describe how they safely supported them. This mitigated the risks. We discussed this with the service manager who took immediate action to make the required improvements to the records, so all staff would be able to safely meet people's needs. We reviewed the updated risk assessments as part of our inspection.
- People's care plans evidenced support and guidance from external health professionals. One person's care plan showed involvement with external professionals to assess and review on-going risks, and to agree how staff should support the person to improve their outcomes. An external professional told us, "Staff meet the needs of the clients [people] they support well". However, we found there was some inconsistent information in care plans. Further improvements were needed to ensure guidance for staff was clearer so that risks could be safely managed. We discussed this with the service manager. They told us there were plans to review information within people's care records and update them. The service manager demonstrated a level of commitment to making the improvements to care planning and risk assessments.
- Systems were in place to identify and manage foreseeable environmental risks within the service, meaning people were protected from the risk of harm. Safety checks were in place for water systems, gas and electrical items and fire safety equipment was serviced and checked regularly. Personal evacuation and escape plans had been completed for each person; detailing action needed to support people to evacuate the building in the event of an emergency.

Using medicines safely

- Medicines were administered by staff who were trained, and had their competency checked.
- People who received 'as required' (PRN) medicines had protocols in place to support staff to understand when these should be given and how people liked to take them. However, these protocols required

additional detail to ensure staff would understand when to give them. For example, one person was prescribed a medicine to manage agitation. There was not enough detail for staff to always recognise when to give this.

- Information about known medicines risks was not always clearly identified. For example, one person's care plan identified they had an allergy to a type of medicine. There was no information about this within their medicine's records and guidance. This meant there was a risk staff would not know about the allergy or be able to recognise if the person needed medical intervention. In addition, some people were not able to recognise when they were experiencing pain and needed medicines to manage this. Their care and medicines records did not contain sufficient information for staff to be able to recognise changes to people's presentation, which may indicate they required this type of PRN medicine.
- Although most staff knew people and their needs well, new or agency staff may not always recognise when to seek support and consider PRN medicines prescribed. We discussed these concerns with the service manager who took immediate action to improve information to mitigate these risks.
- Medicines were stored securely and safely. Regular medicines audits were completed to help ensure medicines were administered and any errors identified and acted on.

Learning lessons when things go wrong

- The provider looked to identify and learn from safeguarding and other incidents to improve safety. The service manager had made improvements to their processes to expand their oversight of safety, following recent safeguarding concerns identified.
- Accidents and incidents were recorded by staff, and action taken, where needed. There was a process in place to ensure all accidents and incidents were reviewed to investigate the cause, learn lessons and take remedial action to prevent a recurrence. One staff member told us, "We record any accidents or incidents and then have to share with the management so any action can be taken, if needed."

Systems and processes to safeguard people from the risk of abuse

- The service manager and provider were aware of their safeguarding responsibilities and had reported concerns to CQC and the local authority, as required. The service manager was open and transparent throughout the inspection and took action where they had identified improvements were needed. For example, the provider had shared the concerns which had triggered this inspection with the local authority safeguarding team and CQC as soon as they had become aware of them. This demonstrated action was taken to keep people safe.
- There were safeguarding policies and procedures in place to protect people from the risk of abuse. Staff understood types of possible abuse and how to identify these. One staff member said, "I would report any concerns to the manager [service manager] or would go to the [local authority] safeguarding team, if I needed to."
- People and their relatives told us they felt staff provided safe care and supported people to remain safe. One person said, "The staff look after me." A relative told us, "I have no concerns at all and know my [relative] is being well cared for and is safe."

Staffing and recruitment

- People were supported by enough staff to meet their individual needs. We observed staff had time to support people with a variety of activities, to go out and to provide emotional support when needed.
- Recruitment checks had been completed to ensure that new staff employed were suitable to work at the service.
- Staff rotas demonstrated people received the right amount of support at the right time. This had a positive impact on wellbeing for people living in the home.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to have visitors to the home and were supported to go out and meet with their relatives or friends as they chose. Safe processes were in place to facilitate this.
- A relative told us, "I am always welcome in the home and regularly pop in to see [relative's name] whenever I want to, it's never a problem."

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 our last inspection under the previous provider, we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support needed some improvement to consistently achieve good outcomes.

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.

- People were supported to be involved in decisions about their life, and any decisions or support in place was being carried out in their best interests. However, records had not always been completed where required, to demonstrate all of the principles of the MCA had been followed. For example, where people were supported with their medicines by staff, clear records had not been made to show their capacity to make the specific decision had been assessed, or decisions had been made in their best interest. We discussed this with the service manager who, agreed those people being supported with medicines, lacked the capacity to understand all the risks and safely manage them.
- In addition, one person's care plan described action staff needed to take to reduce risks to them from others. Records had not been completed to demonstrate the principles of the MCA had been followed. The service manager took prompt action to ensure MCA records were completed where required, in people's care plans and within medicines records. We reviewed the updated MCA records as part of our inspection and found them to be robust and to fully meet the principles of the MCA.
- People were involved in decisions about how support was provided to them, and choice and consent was embedded in the culture within the service. Staff clearly understood and provided support to people in line with the principles of the MCA. One staff member said, "We ask people what they want to do and offer them choices, whilst not overwhelming them with too many options."
- The provider understood their responsibilities in terms of making applications for deprivation of liberty safeguards (DoLS) to the authorising authority and notifying CQC about those applications being granted. There were systems in place for monitoring these and ensuring they were kept up to date. There were no

conditions on people's DoLS authorisations.

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

- Where people required a specific diet or food and drink of a different consistency, plans were in place so staff would understand their needs and associated risks. However, these required some improvement so that information about risks and actions staff needed to take, was clear. There is more information about this in the well led part of this report. We discussed this with the service manager who told us they would take immediate action to ensure the required information had sufficient detail.
- People were encouraged to maintain a balanced diet. There was a menu in place and people had been involved in choosing the meals they wished to eat. Staff told us they tried to encourage healthy eating where possible. For example, people were supported to understand which foods were healthier than others, so they could make informed choices, and we observed them being supported to prepare their own food where possible.
- Staff monitored people's nutritional needs closely and specialist external professionals were involved where required. For example, speech and language therapy [SALT] services had been sought for people when needed.

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

- Information about each person was gathered from them, their relatives and professionals involved in their care. This meant the management team could develop care plans which identified people's individual needs and the choices they had made about the care and support they wished to receive.
- Although people's care plans were regularly reviewed, some improvements we identified during this inspection, had not been recognised through the review process. We discussed this with the service manager who told us they were reviewing all people's care records and would make the required improvements.
- People's needs were assessed prior to moving into the service, to ensure staff had information that enabled them to provide care that was effective and responsive. In addition, people who already lived in the service, were involved, and met new people prior to them moving in. This meant consideration was given to each person's needs, views and wishes.

Staff support: induction, training, skills and experience

- Staff were equipped in their role by training that enabled them to effectively meet people's needs and provide person-centred care. A staff member told us, "The training here is really good. We get our mandatory training, but also loads of other training, so we get the opportunity to learn and develop our skills."
- New staff completed a comprehensive and structured induction programme. This included essential training, working alongside other members of staff, getting to know people, and learning about key documents and procedures within the service.
- Staff received supervision both as a one-to-one meeting, as group meetings or general discussions, and had an annual appraisal. This enabled the service manager to support staff in their role and to identify any areas for further development. Staff told us they felt supported by the provider's management team. One staff member said, "I feel very supported and can talk to [service manager's name] or other senior staff whenever I need to."

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

- People were supported to access external health professionals when needed. Where appropriate to do so, relatives were kept informed of any health needs that needed intervention. One relative said, "Staff always contact me or phone me and tell me if [relative] was unwell. I'm always told what is going on with their

health."

- Staff worked with health professionals such as learning disability nurses and a regular GP, to review and support people's health needs. We saw evidence regular contact had taken place to seek advice, support and to take action where needed. This was clearly done to improve the wellbeing of people living in the home.
- If a person needed to be admitted to hospital or move to another service, staff ensured key information about the person was sent with them, which was in an accessible person-centred format. This helped ensure the person's needs continued to be understood and met.

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

- The service was clean and tidy, with communal areas and people could move around freely. There was a kitchen diner, a lounge, an activity/sensory area and a second quieter tv room, which also had a dining table in. This was important to ensure people's sensory needs were met and they could choose to eat together with other people, or in the quieter room if they preferred.
- There was an accessible garden and we observed one person, enjoying spending time outside, to manage their sensory needs.
- People's rooms were personalised and reflected their interests and preferences, in line with their individual needs.

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 our last inspection under the previous provider, we rated this key question good. The rating for this key question has remained 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 had built caring and trusting relationships with people and there was a strong person-centred culture in the home. One person told us, "I love the staff, they are really nice to me and look after me." Another said, "Yeah, the staff are nice, they make me laugh."
- We observed a relaxed and friendly atmosphere between people living in the service. When any upset or disagreements occurred, staff were able to provide the right support at the right time and promoted respecting each other's views.
- Interactions between staff and people were natural and showed positive relationships had been developed. Staff clearly knew people well and treated them with kindness and respect. For example, we observed one person became upset, and staff sat with them and spoke in a kind and gentle manner using the agreed support methods within their care plan. This helped the person to regulate their emotions and within a few minutes they were laughing and appeared content again.
- Relatives commented they thought their family members were happy and well treated at the service. One relative said, "I have no concerns at all, staff know [person's name] well and treat them with kindness and respect, whilst also being able to have a joke. It is really reassuring."
- Staff had received training on equality and diversity and told us they would provide care in a way that met people's equality and diversity needs. People's diverse needs were captured within their care plans, which included any protected characteristics including disability, race, culture, sexuality, and religion. For example, care plans described people's relationships with their family members and others, how they were supported to have contact and what mattered to them, such as things they enjoyed doing together.

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

- Staff understood how to communicate with people so they could support them to be involved in their care. We observed staff offering people choices and involving them in deciding what they wanted to do. For example, we observed one person was going out shopping and for lunch with a staff member. The staff member asked the person where they wanted to go and understood it helped the person to be offered two choices, so they were not overwhelmed and found it easier to make a decision.
- People's care plans detailed their hopes, wishes and goals they wished to achieve. For example, one person had set goals such as, going on a cruise and going horse-riding. Staff spoke to people and their families regularly, to ensure that they listened to them and worked together to meet their chosen outcomes where possible.
- Where people had achieved their goals and wishes, information about this was captured in their care plans using the person's own words and photographs of them doing the things they had achieved. For

example, one person had gone kayaking, which was a wish they had identified. Another person had identified they enjoyed helping with household chores as it made them feel more independent. We saw evidence of them helping to do the washing up after a meal. This meant there was a culture of listening and supporting people to achieve goals, whether they were a task of daily living or a different activity which would require some planning.

Respecting and promoting people's privacy, dignity and independence

- Staff understood their responsibilities when respecting people's privacy and dignity. Staff recognised when people wanted to spend time on their own and always knocked before entering rooms.
- People's confidentiality was maintained in the way information was handled. Care plans were stored securely within the home that staff accessed safely.
- Relatives told us they felt the staff always treated people with dignity and supported them to do as much as possible. One relative said, "[Person's name] has a great life and staff know how to help them to live their best life, doing the things they want to do."

Is the service responsive?

Our findings

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

At our last inspection under the previous provider, we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care and support specific to their needs and preferences. Each person was respected as an individual, with their own social and cultural diversity, values and beliefs.
- People told us their needs were met by staff who knew them well. One person said, "Staff are kind and look after me, they help me do what I want to do and that makes me happy."
- People had person centred care plans that described their individual needs and what was important to them. People's life history was captured, including friends and family in their lives and how they kept in contact. For example, some people regularly went out with their relatives or went to stay for visits and maintaining contact and arranging this, was supported by staff. An external professional told us, "I feel that the care plans and files are very detailed, and person centred. Including the clients [person's] wishes and wants".
- Relatives told us they were very involved with the service and felt they were always welcomed. One relative said, "I'm very pleased with [relative's name] care, [person] has a much better life that I could offer them. They [people] get to do lots of things, and they [staff and people] are like a real family." Another said, "[Person's name] loves it there, they have a great life, and we get to see them regularly. It has been so positive for [person's name] who has become more active as a result of being there."

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.

- People had information presented in a way they found accessible and in a format they could easily understand. For example, there were pictures, symbols and photos used to assist people to be involved in their care planning and decisions.
- People's communication needs were recorded within their care plans, which contained information about how staff should support them to understand. In addition, staff had received training and used Makaton, which is a type of sign language used by people to aid communication.

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

- The provider was supported by a local charity to help fund additional items to enhance people's life

experiences. The charity had recently supported them with the purchase of a new wheelchair accessible minibus. This meant everyone, including people whose physical disability had increased, could continue to get out to do things they enjoyed in the community.

- People were supported to have access to technology to enhance their lives and independence. For example, one person had an electronic speaker that meant they could call their relative and keep in regular contact independently. In addition, people had access to television streaming services, so they had lots of choice about what they wanted to watch, and there was an interactive whiteboard in the lounge area. People were using this with staff support or independently to play games, improve memory, develop skills and knowledge and to improve balance and hand to eye co-ordination.
- There were regular and frequent opportunities for people to participate in activities of their choice. Some of these activities linked to the goals and wishes people had identified within their care plans. For example, some people enjoyed playing golf, going sailing and a group of people had learned sign language for the words to a song. In addition, people were supported to meet their cultural, sexual and religious needs. Some people regularly attended religious services and people celebrated diversity by attending events such as a local 'Pride' event for sexual orientation and gender identity or expression (LGBTQ+). This meant the provider and staff supported people's diverse needs and actively created opportunities for expression.
- People went out into their local area when they wanted to, and staff supported them to do this. This included, going out for coffee or lunch, going shopping or to hair and medical appointments.
- There was a positive and supportive approach to relationships. People were supported by staff to make decisions about who they wanted contact with, how and where. For example, one person had a partner who lived in another service. Staff supported them to maintain contact with each other and both had visited each other in their homes. Other people who wanted to spend time together were supported to go out for meals or activities they could do together. One person told us, "I really like seeing [friend's name] as I miss them. Staff help me to arrange where we can meet, I am happy when I can see [person's name]."

End of life care and support

- People had person centred end of life care plans, which captured their wishes well. For example, one person's end of life plan described the music they wanted playing, the colour and type of dress they wanted to wear and that they wanted a special day to celebrate their life. This demonstrated positive, proactive, and supportive conversations had been had with people to support them to think about their wishes at the end of their life.
- Staff had received training in how to support people at the end of their lives and had support from an external local hospice if needed. Staff also recognised the impact on people's emotional needs when a person passed away. Support was provided to people including making memory boxes, to help them remember things about the person.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy, and people were supported to understand how they could raise concerns. One person told us, "I talk to staff if I am upset or worried about something."
- Relatives told us they knew who to speak to if they wanted to make a complaint. One relative said, "I'd be the first one through the door to raise concerns if I needed to, but I never have had to."

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 our last inspection under the previous provider, we rated this key question outstanding. At this inspection the rating has changed to requires improvement. This meant improvements were needed to ensure consistency. Leaders and the culture they created needed to have increased oversight to ensure 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 provider had systems and processes in place to assess and monitor the quality of the care people received. This included checks and audits covering areas such as health and safety, medicines, maintenance, care planning and risk assessments. However, these had not always been effective at identifying the shortfalls we found.
- Records in place to monitor and mitigate risks relating to the health, safety and welfare of people, medicines management and their nutritional needs, lacked sufficient detail. This was important to ensure staff would always know what to do and when to take action. In addition, records to demonstrate the MCA principles had been followed when assessing people's capacity and making decisions in their best interest, were not always in place. Further information about this can be found in the safe and effective sections of this report.
- People's care plans had been reviewed. However, these reviews had failed to identify they required additional details to ensure information about risks was sufficiently detailed and consistent.
- Although we recognise governance processes were in place, these had not been fully effective in identifying the areas we found required improvements at this inspection. The registered manager had recently left the service, and this had impacted on systems and processes being accurate and up to date.

The failure to ensure an effective system to assess and monitor the service, mitigate risks and improve the quality and safety of the service was in place is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed the areas that required improvement with the service manager and senior management team, who were open and responsive throughout the inspection. They took immediate action to ensure the required records were completed
- Staff understood what their role was and how to seek support or guidance if needed. The service had a new manager starting and we were told they would be supported by the service manager, who had responsibility for the oversight of the provider's services within the area.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on medicines management, safeguarding, whistleblowing, complaints, and infection control.
- The previous performance rating was prominently displayed in the service and on the provider's website.

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

- The management team and staff had a comprehensive understanding of the needs of people they supported. There was a strong emphasis on meeting people's individual needs and providing person-centred care. For example, care plans described how people wished to be supported and demonstrated the importance of their individual wishes and the impact on their wellbeing.
- People and relatives were happy with the service provided. Comments we received included, "I'm happy here, the staff are nice", "I have no concerns at all and know [person's name] is being looked after well" and "The home is exceptional, [person's name] loves it there. We couldn't ask for a better service, it's like a family."
- Staff demonstrated that they cared about the people they were supporting and had the skills and knowledge to meet their needs. For example, we observed staff calmly supporting one person after recognising changing behaviours, by giving them some time to talk in a quiet space. The principles of Right Support, Right Care, Right Culture were met, which demonstrated a person centred and inclusive culture within the service.

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 service manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received as required, which meant that CQC could check that appropriate action had been taken.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. Records confirmed that this policy was being followed. A relative told us, "Everything is very open [at the service]. [Person] has been there since the beginning. I know who to speak to and would discuss any issues with the manager and if I'm not happy I would go to senior managers. I know action would always be taken, if needed."

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

- The service manager was supporting the day-to-day management of the service until the new manager commenced work. This meant they were visible in the home and regularly spent time with people and observing staff interactions. They told us they wanted to ensure there was a person-centred culture and people and staff could approach them and could express their views and wishes.
- People's views were captured by regular conversations with staff and residents' meetings, where they were supported to get involved and make decisions about their home.
- Relatives told us they were able to visit the service whenever they wanted and felt very involved. Some relatives were part of a charity that had been formed to support the service and another of the provider's services. They told us they had also been involved in the recruitment of the new manager and deputy manager. A relative told us, "There have been some recent hiccups, but it is now settling down and I know the staff team know people well and do a great job."
- Staff told us they felt supported by the service manager and although there had been changes to the management team which had impacted on morale, this was improving. One staff member said, "We work really well as a team here and feel we are listened to and can have a positive impact." Another staff member said, "They [the provider] are an amazing company to work for. The atmosphere here last year was impacted by staff changes, but now it is amazing. The service manager is just such a lovely person, and we feel very supported."

Continuous learning and improving care; Working in partnership with others

- Staff worked collaboratively with external agencies to improve care outcomes. The service had well established links with the local community and key organisations, reflecting the needs and preferences of people in its care.
- The staff team had a positive working relationship with the local GP service, including the linked care home coordinator who worked closely with the service to ensure people's health needs were met. In addition, people had support from the local NHS community learning disability service. For example, one person had some changing behaviours. Support and advice had been sought and given by the external health professionals and was being implemented by staff. An external professional told us, "I believe that that staff generally care about the people they are supporting and are responsive to their needs."

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 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure an effective system to assess and monitor the service, mitigate risks and improve the quality and safety of the service was in place.