B.L.I.S.S. Residential Care Ltd

The Brambles

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
The Brambles is a residential care home providing personal care for up to five people living with a learning disability, autism spectrum disorder or Down's Syndrome. At the time of the inspection there were five people living in the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a small home which fit with the local domestic style properties. It was registered for the support of up to five people, in line with best practice guidance. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found
Risks to people's safety and wellbeing were not always managed effectively, which put people at risk of harm. Infection control and fire risks were not managed safely and people did not always receive their medicines as prescribed.

Though some support interventions were effective and achieved positive outcomes, not all support plans reflected best practice and professional advice. Risks relating to eating and drinking were not effectively managed.

The service didn't always consistently 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.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the as they had limited choice and control and were subject to unjustified restrictions of their liberty.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The service did not have effective measures in place to ensure that quality and safety issues were identified

and addressed in a timely way. Records were not always up to date, accurate, complete and available. The home was going through a period of change and staff reflected there was an improving picture. Some areas highlighted on this inspection had been identified by the management team as areas for improvement, and some improvements had been made.

People's interests and preferences were taken into account and they had access to activities which reflected this. People were supported to avoid social isolation. Some staff had a very kind and patient approach, where others were directive and did not treat people with respect.
The service did not consider people's wishes ahead of reaching the end of their life. We recommended the service apply guidance on advanced care planning, so that people and those important to them can have their wishes and preferences considered ahead of making urgent care decisions when they become unwell.

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

Rating at last inspection
The last rating for this service was good (published 16 March 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified breaches of regulations in relation to managing risks of people's health and wellbeing; using disproportionate restrictions of people's freedom and control; failing to treat people with dignity and respect and failing to implement robust quality assurance measures 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 for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

The Brambles

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by one inspector.

Service and service type
The Brambles is a 'care home'. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager had taken sickness absence at the time of the inspection and management support was being provided by the area manager and the deputy manager. We were alerted on the inspection that the registered manager had given notice to leave.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with one person's relatives about their experience of the care provided. We spoke with seven members of staff including the nominated individual, deputy manager, senior care workers, and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We made observations within the home during mealtimes and in shared living areas. We reviewed the service's facilities. We reviewed a range of records. This included two 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.

Requires Improvement

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 inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's risks were assessed; however, their risk assessments and support plans did not always reflect the least restrictive approach, or professional guidance. We observed staff did not always follow risk management plans, which put people at increased risk of avoidable harm.
- We observed one person, who was at risk of choking, during a mealtime. The staff member did not make observations for signs of fatigue, the food given was not cut up small enough and the person was not reminded to clear their mouth regularly and take their time; in line with their care plan. We also observed two people drinking from sports bottles with no lids, where their support plan advised using lids which restricted the flow of drink into their mouths, in line with the guidance from speech and language therapists.
- People were at increased risk of harm from fire in the home as measures in place to ensure fire could be detected and managed were not robust and evacuation plans were not sufficient. Fire safety checks were not always completed in line with national guidance, some records of checks were missing, and others had gaps where checks should have been completed. Not all fire alarm activation points were checked regularly, and fire extinguisher checks were not taking place.
- People's personal evacuation plans did not always reflect their needs, such as one person who had declined to evacuate during evacuation drills. They did not give sufficient information to staff on how to safely evacuate the home, particularly at night. One person's evacuation plan was not in the fire folder and could not be located. There was one escape route from the first floor, evacuation plans did not identify what to do if this was blocked and the assembly point was not consistent or clear.

Failure to ensure appropriate measures are in place to reduce and manage risks to people's safety and welfare is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Good infection control practices were not always followed. We were advised on day two of the inspection that there was an outbreak of diarrhoea and vomiting. There was no clear procedure in place for managing this, and the infection control policy did not give enough detail for staff to follow in the event of an outbreak. National guidance advises limiting trips out and visits to the home during an outbreak and limiting people with symptoms to use isolated bathrooms, however this was not followed by staff.
- The deputy manager advised that staff would individually clean after a person had used bathroom. However, the main, shared bathroom was dirty following use by one person. There were no disposable hand towels in areas where staff would wash their hands following personal care. This was highlighted to the deputy manager, who immediately addressed this.

● We requested evidence of legionella checks in the home, the operations manager advised that these were not required as the home had a 'closed water system'. National guidance states that homes should have completed a risk assessment on any water system to identify any necessary checks of infrequently used outlets and water temperatures of pipes disseminating hot and cold water. The service was unable to provide a risk assessment of the water system and confirmed checks were not being completed.

Failure to ensure appropriate measures are in place to manage infection control risks is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

● People did not always receive their medicines in line with their support plans. We identified one person had gaps in administration records of a critical medicine, which should be given twice a day, three consecutive mornings. It was unclear if the medicine had not been given or the record had not been completed.

● Where people had medicines 'as needed' (PRN) there were protocols in place, however these did not always contain enough information for staff, particularly as people in the home communicated non-verbally. One person had medicine for a condition which may go months between symptoms, their protocol identified that the medicine was for this condition but did not outline the non-verbal cues the person gave that the condition was beginning to affect them. We advised the deputy manager, who agreed to add further detail to these protocols.

● One person's PRN protocol identified, when they were in pain, that paracetamol should be given initially and if this was ineffective – to give a stronger pain relief medicine later. We saw in records that the stronger pain relief medicine had been given without offering regular pain relief with no reason recorded.

Failure to ensure people received their medicines as prescribed is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

● Staff had a good understanding of signs of abuse, such as changes in behaviour or physical symptoms. They had regular training to ensure they had required knowledge and understood how to raise concerns should they need to.

● We saw the provider had reported and investigated concerns appropriately. Staff told us they felt confident to report any issues and that these would be taken seriously. They understood how to escalate their concerns further should they need to follow the provider's the whistleblowing policy.

Staffing and recruitment

● There were enough staff deployed to meet people's needs and keep them safe.

● Recruitment processes were robust. Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Learning lessons when things go wrong

● There was evidence that incidents were being reported, reviewed and investigated appropriately. Staff meeting minutes showed that themes and issues identified in incident reports were being highlighted to staff to ensure staff understood people's support plans and any changes that were required to keep them

safe.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Staff did not always have a good understanding of the principles of the mental capacity act. One member of staff told us, "None at all [people] have capacity. [Person's] Makaton is good, so they have more capacity than the others." Makaton is a way of communicating that uses signs and symbols with spoken language for people with communication difficulties. Another staff member told us they did not feel they had a good understanding of the principles of the mental capacity act and had not yet completed their training in this area as they were relatively new.
- People were not always supported in the least restrictive way. Forms of restrictive practice were not always recognised as such by staff and challenged.
- We observed one person during their mealtime, their support plan advised staff to support them to remain seated for five minutes after their meal to reduce the likelihood of regurgitation. This advice was not reflected in the guidance from the speech and language therapist. Staff positioned the person in the corner of the room, so their movement was restricted by the table, and sat next to them so that they could not get up to leave without the staff member moving. The staff member did not move for 17 minutes after the person had finished their meal.
- Another member of staff told us that, when a person was displaying behaviour which may challenge, they would "send him to his room" and said, "He understands, he calms after a while."
- A recent visit from the Local Authority's 'Least Restrictive' team had identified areas for improvement to reduce undue restrictions, such as denying people access to activities in a punitive way to manage their behaviour. They identified staff used 'adult to child' language and conversations, such as use of words like "naughty" to describe people's behaviours which may challenge others.
- One person's support plan stated that staff were not to use any physical intervention with them, however they also had a physical intervention support plan which identified physical interventions which could be

used. It was therefore not clear to staff whether they could or could not use physical interventions with the person to manage their behaviours.
● The service had identified in incident reports that some staff member's approach and language was not acceptable and was restricting people's choice and control, such as "No you can't go out, you were naughty yesterday."; "Wait until I have finished my coffee." And, "I said later." The operations manager had discussed this with staff at team meetings to communicate that this language was not acceptable.
● Records showed that some staff had not yet completed relevant training, for example 11 out of 25 staff had not yet completed training in managing behaviours which may challenge. 12 of 25 staff had not completed mental capacity training and over half of staff had not yet completed training in de-escalation and physical intervention.

The use of physical interventions and behaviour management approaches were not proportionate, were not using the least restrictive approach and impacted on people's choice and control. This is a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● The service had made relevant applications to the local authority where people's inability to consent to their living arrangements had the potential to deprive them of their liberty.

Supporting people to eat and drink enough to maintain a balanced diet
● One person's eating and drinking support plan did not reflect the guidance of the speech and language therapist who assessed them, with no inclusion of risky foods in their support plan or in visible guidance for staff. Support provided to them at mealtimes did not reflect their support plan or the guidance of the speech and language therapist which put them at increased risk of choking.
● People were supported to have a balanced meal which met their dietary requirements, such as for someone living with diabetes. People were encouraged to choose healthy options and limit their sugar intake.
● People were encouraged to drink regularly to ensure they were hydrated, and staff supported them to make hot drinks and have access to the kitchen in a safe way.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs and preferences were assessed and their support plans were based on these identified needs.
● Assessments and support plans did not always reflect best practice or healthcare professional's guidance, such as from their speech and language therapist. People's risk of malnutrition was not assessed using their current weight, healthy weight range and any weight loss. It was unclear in people's records how often they should be weighed, and this was not consistent.
● Management of people's mood and anxiety was positive. Staff had supported one person to manage their anxiety and associated behaviours more effectively using sensory stimulation and distraction, allowing the use of medication to manage their behaviours to be reduced and 'as needed' medicines for agitation to be stopped.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People had access to healthcare services to ensure their health needs were met. One person had a significant period of time without access to a dentist, however this had recently been resolved.
● Health action plans for people had not been completed and were not being used. A health action plan is a document which supports people with a learning disability to ensure their physical health needs are met.

We discussed this with the deputy manager, who advised they were live documents, however they were looking to phase out their use and reflect people's needs elsewhere in their support plans.
● People had hospital passports which outlined their needs should they be admitted to hospital.

Adapting service, design, decoration to meet people's needs
● The premises was suitable to meet people's needs, however some areas of the home required maintenance works where they were tired or damaged. There were scuffed areas to many of the walls and doorways. The deputy manager told us that funding had been requested to resolve this.
● People had a choice of décor for their rooms and were supported to put up photographs and memorabilia which reflected their interests and people who were important to them.
● There was enough space in the home for people to have quiet areas and there was a large, secure garden. The service had trampolines installed in the garden as several of the residents enjoyed this activity.

Staff support: induction, training, skills and experience
● Staff had a detailed induction and said they told us they felt supported by the interim management arrangements. Staff said they felt they had enough time to shadow other staff when they started and get to know people.
● Staff had access to training, which was provided in core areas required for their role. Records showed that some staff had not yet completed training, such as epilepsy awareness or metal capacity training, or managing behaviours which may challenge.

Requires Improvement

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 now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

● People's privacy and dignity was not always respected by staff. We observed staff talking about people in front of them, without involving them in conversations.

● Language used was not always dignified and did not always respect people's privacy. For example, we observed one member of staff asking another staff member in the living room, "Have you fed her [person]?" One member of staff called out that a person was on the toilet across the house. We also observed staff speaking about a person's money in the living room in front of other people and staff.

● Though some staff were kind and patient, we observed some staff were not always respectful. For example, one senior support worker made a disrespectful remark about a person's family member. We observed staff could be directive in their manner. One staff member told a person, "Put down your iPad [name], we are going out." Staff members' language and approach was not challenged by staff or by the deputy manager during the inspection.

Failure to treat people with dignity and respect and ensuring their privacy is maintained is a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● There were some examples where staff promoted people's independence, such as encouraging people to help make drinks and get snacks or help with shopping.

● Some staff understood signs of distress and took positive action to calm people and put them at ease. However, we also observed other staff were not always giving people their full attention and were making conversation with other staff.

● Some staff were very positive about their job and spoke with passion and respect for people. For example, one staff member said, "[Person] is wonderful. He is a pleasure to work with." Another staff member said, "I enjoy it. I think [person] is absolutely fabulous."

● One person did not have family, and staff showed genuine affection, stating, "We are his family." They described ensuring he had presents and cards for birthdays and Christmas, so he felt loved.

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

● People's families were involved where possible in making decisions about people's care and understanding their personal history.

● Staff described "making decisions for" people, rather than in their best interests. Some staff were directive

and limited people's choices, though some staff understood how to give people choice and control.

● Few staff had formal training in Makaton. Makaton was used to some extent by all people in the home, alongside gestures and expressions, to communicate. All staff knew some Makaton, learning from people and staff, and encouraged people to learn and use Makaton signs to communicate their wishes. This was an area the provider wanted to further develop. One staff member had suggested having a Makaton signs board, which they planned to implement in the future.

● All people living in the home used non-verbal methods to communicate. Some staff knew people well and understood their signs, facial expressions, sounds and other indications of their wishes. One member of staff gave us an example, "[Person] takes you to things, points to pictures and uses basic signs like hand to mouth for hungry."

● The deputy manager had identified that communication methods and tools could be improved to better support people to express their wishes. They were looking to expand the use of pictograms and social stories to give people more ways to express themselves.

Requires Improvement

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 deteriorated requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The home had a complaints policy. The policy specified complaints must be made in writing to the home manager. This could limit people's ability or willingness to make a complaint and was not inclusive of people with a disability which affects their ability to communicate.
- The policy did not signpost people to ombudsman services if they were dissatisfied with their complaint. This was fed back to the deputy manager who said they would ensure the policy was amended.
- There was no accessible complaints policy or tool to gain the views of people living in the home. Their reaction to activities was captured, but there was no evidence of the service seeking people's views or feelings about the care provided. One person had an advocate, as they did not have family involvement.
- We asked one person's family member if they knew how to make a complaint. They said they would speak with CQC if they had a complaint. We asked if they would feel comfortable making a complaint to the home, and they said they could always speak with the manager.
- No complaints had been recorded in the 12 months prior to the inspection.

End of life care and support

- The home was not providing end of life care at the time of the inspection.
- People's end of life wishes had not been explored with them, there was no use of advanced care planning principles, this would likely be beneficial for at least one person in the home who was of older age.
- Advanced care planning allows people and their representatives to be involved in making decisions before a time-critical decision needs to be made and ensures their views are fully considered. For people in a residential home setting, it is considered best practice to explore their wishes or what might be in their best interest ahead of needing to make a decision, should they become unwell. This might include their wishes around going to hospital, moving home if their needs changed, receiving lifesaving treatment in different circumstances, their spiritual or religious preferences or any cultural considerations.

We recommend the provider implements best practice guidance in using advanced care planning for people with a learning disability living in a care home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service understood use of different communication methods and used these to communicate on a daily basis with people. Pictograms and social stories were used in some areas of the home, however

information, such as people's support plans and policies and procedures in the home were not in an accessible format. Some elements of care could be improved using alternative communication methods to involve people further and ensure they have information which is important to them.

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

● People's personal histories, preferences and needs were assessed and captured in their support plans. Support was largely personalised to meet people's needs, such as using different approaches with people to avoid agitation or anxiety.

● Staff understood people's interests and enabled them to participate in activities which were relevant to them. Staff reflected that this had been an area for improvement but felt this had been addressed.

● People were regularly going out for activities in their local community during our inspection, such as trampolining, visiting a local airfield or going shopping. This had been an area of concern and the service had recently increased access to the community. Some staff seemed unsure of how much access to activities in the community people could have. When a staff member suggested a trip out in the afternoon, another staff member said, "[Person] has been out this morning, can [person] go back out?" The deputy manager clarified that the person could if they wanted to.

● The 'least restrictive' team had highlighted that there were periods of time when people were waiting unnecessarily, and that this could increase people's behaviours which may challenge, due to their frustration. We observed there were times when people were waiting, such as sat waiting for lunch without any activity which prompted one person to try to pinch a member of staff. On another occasion, a person wanted to have coffee with the deputy manager at three o'clock. At two thirty a staff member encouraged them to leave the management office to go downstairs to "wait for three o'clock".

● People had access to sensory stimulation and activities which met their needs and preferences, such as textures or noise making objects. One person liked doing arts and crafts and had the means to do this when they liked.

Supporting people to develop and maintain relationships to avoid social isolation

● People were supported to maintain contact with their families and friends. People's families and those important to them were welcome at the home and were invited to events, such as a recent garden party.

● The home next door was run by the same provider. Some people in the home had previously lived with people there, and so could maintain these friendships. For example, one person regularly went to the home next door for tea.

● The provider identified that building relationships and connections into the community as an area for improvement but had good links with the local pub and other local businesses to ensure people had a positive experience when visiting.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to 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

- Issues identified in this report had not always been identified by the provider and so had not been acted upon in a timely way. Audits and checks of the home's safety and of the quality of care were not always being completed. The provider had a weekly management checklist to "ensure these crucially important things are property audited". This tool had not been completed during August or September 2019 and only partially and infrequently completed in June and July 2019. People were at risk of harm to their safety or wellbeing due to a lack of robust quality assurance measures.
- Records were not always accurate, available, up to date or complete. For example, fire safety checks and other checks were not always completed. Where they were, the date was not always clear or recorded. There was no clear record of maintenance works that had been requested, with a timeline for completion.
- People's health action plans had not been completed and there was no clear, robust system for ensuring they had future required routine appointments booked, such as with the dentist or optician.
- There was incomplete or contradictory information in support plans which meant guidance for staff was unclear. Some sections did not specify how often tasks should be completed, such as bowel monitoring or weights, and so these were not consistently completed or recorded.
- There were gaps in records of staff performance, such as supervisions and appraisals, though these were being booked with staff. A team meeting had taken place in August 2019, previous minutes related to meetings in March and April 2017 and there was no evidence that meetings had been held with staff during this time.
- There were gaps in policies and procedures and these did not always reflect expected standards or best practice. For example, infection control policies did not reflect national guidance or give staff enough information to manage an outbreak effectively. There was no risk assessment or procedure for managing the risk of legionella in the home. The complaints policy did not direct people to the Local Service Ombudsman should they be dissatisfied with the response to their complaint and stated that complaints were required in writing. This had the potential to discriminate against people using the service or their relatives who had communication difficulties from making a complaint.

The provider had failed to adequately assess, monitor and mitigate risks relating to people's health, safety and welfare and failed to maintain accurate, complete and up to date records. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● The service was going through a period of change and staff reflected that there was a positive and open culture, and felt things were on an improving trajectory.

● Staff told us that they felt confident to raise a concern and felt supported to do so. One member of staff said, "I always go to my seniors if I have anything [concerns]." Another staff member said, "Overall it's a good team, very supportive."

● Staff said they could suggest ideas and that they were listened to. They felt the team was supportive and inclusive, telling us, "I couldn't get over how much help and support I've had from the staff here."

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 provider understood their responsibility to be open an honest with people or their representatives when things went wrong. One person's relative told us, "If ever [loved one] hurts himself we always get a phone call to tell us what has happened and what they are doing."

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

● People's relatives or representatives were kept up to date with changes in the service and were involved in establishing their loved one's support plans and any improvements or changes needed.

● Staff who knew people well reflected on whether people enjoyed activities or preferred certain routines, staff or foods to reflect their wishes in their support plans.

● Ways in which people were engaged in gaining their views were limited and could be expanded further with the use of alternative communication methods, which the service was beginning to explore, such as pictograms.

Continuous learning and improving care; Working in partnership with others

● The service had identified several areas for improvement, such as record keeping and audits, communication methods with people and activities. The service had addressed some immediate issues, such as increasing access to the community and activities, which staff reflected had improved.

● Performance and culture within the staff team was also being addressed in relation to staff members' approach to people and promoting their independence and freedoms, though this required further improvement.

● The service had taken on board feedback from the Least Restrictive Team and was working with other agencies and organisations to embed the improvements they had identified.

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 10 HSCA RA Regulations 2014 Dignity and respect People were not always treated with dignity and respect. Staff were not always mindful of people's privacy and spoke about them in front of them and others.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's risks were not being managed effectively or in the least restrictive way. Risks to people's health and safety in the home were not robustly managed. There were not adequate measures in place to reduce risks of infection and people did not always receive their medicines as prescribed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The use of physical interventions and behaviour management approaches were not proportionate, were not using the least restrictive approach and impacted on people's choice and control.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

The provider had failed to adequately assess, monitor and mitigate risks relating to people's health, safety and welfare and failed to maintain accurate, complete and up to date records.