

# The Regard Partnership Limited

# Harbour

## Inspection report

22 Cleveland Road  
Torquay  
Devon  
TQ2 5BE

Tel: 01803293460  
Website: [www.achievetogether.co.uk](http://www.achievetogether.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

### About the service

Harbour is a residential care home that provides personal care and support for up to six people with a learning disability, autism or who have complex needs associated with their mental health. At the time of the inspection there were four people living at the service.

Harbour was a large home, bigger than most domestic style properties. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. 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

People received individualised care and support from staff who knew them well. People told us they felt safe and liked living at Harbour. One person said, "I do feel safe living here now, it's a much nicer place to live."

We found the service had made a number of significant improvements in all areas over the twelve-month period since the last inspection, however some improvements were still required.

Quality assurance and governance systems were in place to assess, monitor, and improve the quality and safety of the services provided. However, we found the systems in place were process driven and were not undertaken robustly, and as such had not identified the issues we found at this inspection. This meant they were ineffective and did not always drive the necessary improvement.

Harbour had been developed and designed prior to Building the Right Support and Registering the Right Support guidance being published, we found it followed some of these values and principles. 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.

Whilst we did not find people were being disadvantaged, people were not always 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.

People were not always protected from the risk of avoidable harm. We found where some risks had been identified, it was unclear what action had been taken to mitigate those risks and keep people safe. For example, in relation to the management of homely remedies and the environment.

Other risks were well managed. For example, where risks had been identified in relation to people's complex care and/or health needs, records demonstrated action had been taken to minimise these.

People, staff and relatives felt there were enough staff on duty to support people and keep them safe. However, we were unable to tell from the rota if there were sufficient staff on duty with the right skills to meet people's needs. We have recommended the provider reviews staffing levels.

People were protected by safe recruitment processes. Systems were in place to ensure staff were recruited safely and were suitable to be supporting people who might potentially be vulnerable by their circumstances.

People's privacy and dignity was respected, and their independence promoted. People had access to healthcare professionals when required and were supported to maintain a balanced healthy diet.

People's medicines were stored safely and staff had received training in the safe administration of medicines and were having their competency regularly assessed.

People using the service receive planned and co-ordinated person-centred support that was focused on them having opportunities to gain new skills and become more independent.

People, relatives, staff and healthcare professionals had confidence in the registered manager and told us the service was well managed. One health care professionals said, "The registered manager and staff have worked extremely well together to improve the service and change the culture, this has positively impacted on all the people living there."

People were encouraged to share their views through regular reviews and relatives felt comfortable raising complaints and were confident these would be acted on.

The service was clean, and staff had access to personal protective equipment (PPE).

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 (and update)

The last rating for this service was 'Requires Improvement' (published on 19 February 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found not enough improvement had been made and the provider was still in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to the safe care and treatment, need for consent and good governance. We have also made recommendations in relation to staffing levels and record keeping. Please see the action we have told the provider to take at the end of this report.

#### Follow up:

This is the second consecutive time this service has been rated 'Requires Improvement.' 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. In addition, we will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good 

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good 

The service was 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.

# Harbour

## 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

The inspection team consisted of one inspector.

#### Service and service type

Harbour is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection took place on 7 and 13 February 2020, the first day was unannounced.

#### What we did before the inspection

Before the inspection we reviewed the information we held about the service, including notifications we had received. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We used this information to plan the inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spent time with two people living at the service, three members of staff, the registered manager as well as the provider's regional manager. To help us assess and understand how people's care needs were being met we reviewed two people's care records. We also reviewed a number of records relating to the running of the service. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and updated copies of the service's improvement plan and training records. We sought views from relatives, staff and asked the local authority, who commissions care services from the service, for their views on the care and support provided. We received feedback from two relatives and two healthcare professionals. We also spoke with Torbay Council's quality assurance and improvement team (QAIT).

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

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection we found the provider was failing to ensure they were doing all that is reasonably practicable to manage and mitigate risks associated with people's care needs, the management of medicines and the environment. This was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection, although we found improvements had been made, some improvements were still required. This meant the provider was still in breach of regulation 12.

- People's medicines were not always managed safely. For example, one person had been prescribed a medicine to help with the management of increased anxiety. Records showed guidance had been provided to staff as to when this medicine should be used and what actions staff should take before resorting to the use of this medicine. Records showed staff were not following the guidance provided. We discussed what we found with the registered manager, who gave us assurance, they would follow this up with the staff team.
- We reviewed how the service managed over the counter medicines known as homely remedies. Whilst the provider had in place a policy for the management of homely remedies, the registered manager told us they had chosen not to follow this policy and did not keep any homely remedies at the service. We asked what would happen if someone had a minor condition associated with pain, discomfort and fever (such as aches, sprains, headache and back pain). The registered manager told us they would contact the person's doctor for a prescription. This potentially placed people in a situation where they might experience unnecessary pain or discomfort and meant people were not being supported to live a normal life by enabling them to self-care through having access to homely remedies.
- At our previous inspection we found people were not always protected from the risk of harm as they were living in an environment that may not be safe. Following that inspection staff were provided with guidance on how to identify and check that windows had been fitted with an appropriate restrictor and these were working. We reviewed this guidance and found the information provided was incorrect, and when we checked we found some windows continued not to be fitted with a suitably robust tamper proof restrictor to ensure compliance with health and safety legislation. Following the inspection, the registered manager confirmed window restrictors had been changed.
- At the last inspection we identified people's personal emergency evacuation plans (PEEP) were generic in nature, lacked detail and did not give staff clear guidance about how to support people to evacuate the building in the event of emergency. At this inspection we found this had not changed, PEEPs continue to lack guidance, contained conflicting information and were not reflective of people's needs. We discussed what we found with the registered manager who gave us reassurance people's PEEPs would be updated. Whilst we found no evidence that people had been harmed, systems were either not in place or robust

enough to demonstrate people's safety was effectively managed or that people received their medicines as prescribed. This placed people at risk of harm. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

At the previous inspection we identified concerns with the storage of medicines, medicine administration records were not accurate and where risks had been identified with the management of people's medicines action had not been taken to mitigate those risks. At this inspection we found significant improvements had been made.

- Medicines were stored securely and at the correct temperature.
- There were systems in place to audit medication practices and clear records were kept showing when medicines had been administered or refused. We checked the quantities of a sample of medicines against the records and found them to be correct.
- Action had been taken to mitigate known risks. For example, new procedures had been put in place when people spent time away from the service and needed to take their medicines with them.
- Staff confirmed they had received training in the safe administration of medicines and were having their competency assessed.
- At the previous inspection we identified people were not always protected from risks associated with their complex care needs. At this inspection we found improvements had been made. Each person had in place a comprehensive risk management plan which was linked to their support plan. Risk management plans described what needed to happen to keep people safe and were regularly reviewed. Staff were aware of people's individual risks, potential triggers and signs that might show the person was becoming unwell.
- At the previous inspection we found the service did not have in place an adequate fire risk assessment or fire evacuation procedure, which is a legal requirement under the Fire Safety Order 2005. At this inspection we found the provider had in place an up to date Fire Risk Assessment and evacuation procedure and records showed routine checks on fire and premises safety were taking place.

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

At our last inspection we found people were not always protected from abusive practices and improper treatment. This was a breach of regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 13.

- People were protected from the risk of abuse.
- People told us they felt safe living at Harbour. One person said, "I do feel safe living here now, it's a much nicer place to live." Another said, "Yes" when asked. Relatives were clear that they did not have any concerns about people's safety. One relative said, "I don't have any concerns about [ person's name] safety, things have definitely improved."
- There were effective systems in place to protect people from abuse. Staff attended safeguarding training and demonstrated a good awareness of safeguarding procedures when we spoke with them. They knew who to inform and what action to take if they suspected someone was being abused, mistreated or neglected and felt confident in raising concerns with senior managers and external agencies should they need to do so.
- The registered manager was aware of their responsibility to liaise with the local authority about safeguarding issues and where concerns had been raised, we saw these had been managed well.
- The registered manager told us, they continually looked for ways to raise awareness both with people and staff, through the sharing of information, meetings, observed practice and by spending time with people and giving them an opportunity to talk about their experiences. For example, the registered manager had arranged for a community police officer to visit the service to talk to one person about when it was ok to ring



the police and left an information guide. Staff told us this had helped the person to understand when it was okay to ring the police and when it might not be appropriate.

#### Staffing and recruitment

- People continued to be protected by safe recruitment processes.
- Records confirmed a range of checks including references, disclosure and barring checks (DBS) had been requested and obtained prior to new staff commencing work in the service.
- Staff were employed in sufficient numbers to meet people's needs and staffing levels were regularly reviewed. However, we noted on the day of the inspection, we were unable to tell from the rota if there were sufficient staff on duty with the right skills to meet people's needs. We discussed what we found with the registered manager.

Whilst the registered manager gave us assurances that the current staffing level/skill mix were suitable. We recommend the provider reviews the system in place and takes action to ensure the rota is truly reflective of the hours being delivered in accordance with people's agreed funding.

#### Preventing and controlling infection

- People were protected against the risk of infection.
- The service was clean, tidy and fresh smelling and systems were in place to prevent and control the risk of infection. Staff confirmed personal protective equipment (PPE) was readily available for them to use when needed.

#### Learning lessons when things go wrong

- Lessons had been learnt and it was clear the registered manager and provider were keen to learn from past inspections. For example, in relation to safeguarding people from abuse, the management of risk and staff culture.
- Evidence was available to show that when something had gone wrong the registered manager responded appropriately and used this as a learning opportunity and described how they encouraged staff to learn from each other in an open and supportive culture.
- Accidents and incidents were recorded, however we found it was not always clear how thoroughly these records were being reviewed or what action had been taken. For example, with the use of PRN 'as required' medicines.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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 were not always supported to have maximum choice and control of their lives. For example, where the service held or supported some people to manage their finances. Whilst there were mental capacity assessments and best interest decisions in place. It was not clear from these records that people did not have capacity to manage their day to day finances or that the decision to hold their monies had been made in their best interests. This indicated the service was not working in line with the principles of the MCA.
- Records relating to people's mental capacity and/or best interest decisions could not be relied upon as they contained conflicting information, such as different people's names or conflicting judgements about the person's capacity.

Whilst we found no evidence that people had been placed at a disadvantage. The failure to assess people's capacity and record best interest decisions risked compromising people's rights. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found where some restrictions had been placed on people's liberty to keep them safe, the provider had worked with the local authority to seek authorisation to ensure this was lawful.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support.

- People's needs were assessed before they started using the service to help ensure their expectations and needs could be met.

- At the last inspection healthcare professionals told us, whilst the service sought advice it was not always clear that it had been followed. At this inspection we found healthcare professionals were very positive and told us the service was now working well with external agencies and they were much more confident the service was seeking and following advice. One healthcare professional fed back, "The service is communicating and working well with health and social care professionals." Another said, "I'm confident that when I give advice it's being put into practice."
- People were encouraged and supported by skilled staff to use a range of healthcare services and attend appointments. For example, records showed how staff skilfully supported one person to have a blood test which was a huge personal achievement for the person.
- Referrals were made to healthcare professionals when needed and people had opportunities to see a dentist, or optician regularly. For example, we heard how the registered manager and staff had supported one person to access dental services despite their overwhelming anxieties about leaving their home and having any form of medical intervention. A healthcare professional praised the planning and support provided by the registered manager and staff to enable this person to receive the treatment they needed as they must have been in a considerable amount of pain and discomfort. It was clear how this much needed treatment had positively impacted on the persons overall wellbeing. A relative said, "They worked hard to get [person's name] the treatment he needed."
- Each person had a health action plan and 'Hospital Passport', which contained important information about them and their needs. This information went with the person when they went into hospital to help ensure their needs were understood and could be met. Care records also contained easy read health information, for example, in relation to oral hygiene.

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

- People continued to be supported to maintain a balanced healthy diet.
- People were encouraged to be as independent as possible with the planning and cooking of their own meals. One person was keen to tell us how they had been involved in developing healthy menu options and showed us a folder containing lots of 'fab' recipes which they were proud of.
- A staff member explained how people were involved in choosing the menu and described how they were always looking for ways to encourage people to get involved. For example, they had recently introduced 'Try it Tuesdays' as a way of encouraging and supporting people to try new foods and healthier options.
- People were able to access the kitchen with staff support and could freely help themselves to snacks and drinks.
- Care records contained clear information about people's preferences and staff had a good awareness of people's dietary needs.

Staff support: induction, training, skills and experience

At our previous inspection we made a recommendation in relation to staff training. We found the providers training matrix contained significant gaps and some staff demonstrated a lack of understanding in some key areas. At this inspection we found significant improvements had been made.

- Records showed the provider had introduced a comprehensive induction for all new staff, which was linked to the Care Certificate. We looked at the induction records of two new staff members who had been employed since the last inspection. We noted these had not been fully completed, so it was not clear that they had been inducted according to the provider's policy. The registered manager told us they weren't sure how this had happened but assured us both staff members had followed the providers induction process.
- The services' training matrix showed staff had received training in a variety of subjects. For example, safeguarding adults, MCA, medication administration, first aid, health and safety and infection control. Other more specialist training included physical intervention, mental health awareness, Autism and positive

behaviour support. The training matrix clearly showed what training had been delivered and when this needed to be refreshed.

- When we spoke with staff, they demonstrated a good understanding in all key areas. Staff told us they felt this had been one of the biggest areas of improvement since the last inspection. One member of staff said, "I didn't realise how much training was available." Another said, "If there is anything I want to do all I have to do is ask the manager and they book me on it. It's so much better now." A senior member of staff said, "The increased training has had such a positive impact on the service especially in terms of the culture, as all the staff have a greater understanding of why things need to be done a certain way."
- Staff had opportunities for regular supervision and appraisal of their work performance. Staff told us they felt supported and appreciated by the management team. A senior staff member said, "I feel much more supported now and the new manager is keen to help me develop in my role. I feel more involved and as a senior I feel better able to support newer staff, it's so much better." Another said, "The new manager is amazing and I'm not just saying that [managers name] is truly supportive."

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

- Harbour is a large spacious building set over two floors with bathroom/toilet facilities and the kitchen was fully accessible to all the people living at the service.
- Although the Harbour was bigger than most domestic style properties the building design fitted into the residential area of other large domestic homes of similar size. There would deliberately no identifying signs, intercoms, cameras, industrial bins or anything else outside to indicate it was a care home.
- The service was well maintained, homely and welcoming. There was a spacious lounge where people could relax and watch television as well as a large dining room where people could eat, take part in activities and meet with family or friends.
- People's bedrooms were personalised and reflected their individual interests, likes and hobbies.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

### Respecting and promoting people's privacy, dignity and independence

At the last inspection we found people were not always treated with dignity and respect and their fundamental right to privacy and confidentiality was not always respected. This was a breach of regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 10.

- At the previous inspection we identified people's personal and confidential information was being openly discussed and records were not always being held securely in accordance with the General Data Protection Regulations (GDPR). At this inspection we found improvements had been made and people's personal records were kept secured and confidential.
- Staff understood the need to respect people's privacy including information held about them in accordance with their human rights. Staff described how they checked with people before sharing information and were mindful when talking with or about people that their conversations were not being overheard.
- At the previous inspection we identified that the mismanagement of people's mail had potentially impacted on one person's ability to obtain advice, support or advocacy in a timely manner. At this inspection we found the provider had introduced new procedures to prevent a similar situation from occurring.
- Support plans contained information about what each person could do for themselves and people were supported to be independent and to develop their skills where possible. For example, we saw staff encouraging people to make their own drinks and to do tasks for themselves.
- Staff were proud of people's achievements and described how they had supported people to attend medical appointments, go on holiday for the first time or simply to have their hair cut, and told us of the positive impact this had on people's lives.
- People were supported to maintain and develop relationships with those close to them and staff recognised the importance of family and personal relationships.

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

- People who wished to share their views with us said they were happy living at Harbour. One person said, "It's ok, I like living here, it's much better now." Records for another person showed following a visit from a healthcare professional, how upset they had become when they thought they might have to move back home.

- Staff knew people well and supported people with sensitivity and compassion. Throughout the inspection we saw and heard staff responding to people in a friendly and respectful manner.
- Support plans included information about people's personal, cultural and religious beliefs. The service respected people's diversity and was open to people of all faiths.
- Staff had received equality and diversity training and understood how to deliver care in a non-discriminatory way, ensuring the rights of people with a protected characteristic were respected.

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

- People who were able to participate in the planning of their care met with staff to discuss their needs and any changes they wished to make. Each person had an allocated 'keyworker' who was responsible for consulting with people about their care and checking whether they felt they were being supported in the way they wished.
- People were supported and enabled to express their views and be involved as much as possible in the running of the service through regular house meetings, the minutes of which were provided in an easy read format for people to refer to later.
- Staff told us people were encouraged to make decisions about day to day matters such as what they wanted to wear, and staff offered people opportunities to spend time, where and how they wished.
- People and those acting on their behalf were provided with a range of opportunities to express their views about the care and support through regular reviews, meetings and surveys.
- The registered and regional managers told us they frequently checked if people were happy with their care and if there was anything they wanted to discuss or change.

# 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 requires improvement. At this inspection this key question has now improved 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; End of life care and support

At the previous inspection we found people were at risk of receiving care that did not meet their needs as the system in place for monitoring and reviewing people's care was ineffective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection whilst we found improvements had been made and the provider was no longer in breach of regulation 17, further improvements were still needed.

- All the people living at Harbour were younger adults and did not have life limiting conditions. However, since the last inspection staff had worked with people to gain their views and help ensure people's wishes and needs were known and respected in relation to end of life care.
- Each person had in place a document entitled 'What I would like to happen after I die.' We reviewed these documents for two of the people living at the service and found they both contained identical information despite being reviewed. This meant records relating to people's end of life care needs/wishes could not be relied upon. We discussed what we found with the registered manager who was unable to tell us how this had happened or why it had not been picked up as part of the service's review process.
- People received individualised care and support in a way that was flexible and responsive to their needs from staff who knew them well. Support plans were informative and described the person's skills as well as the support needed from staff and/or other services.
- Risk management plans guided staff on how to support people in managing their complex needs in a way which caused the least amount of distress.
- Each person had in place a daily diary report book which was completed by staff to show what support had been provided as well as important information relating to the person's health and/or appointments etc.
- Staff were skilled in delivering care and support and there was an understanding that staff were there to enable and support people to gain new skills and experiences and lead full and active lives.
- Support plans were regularly reviewed with people and their relatives where appropriate to ensure they remained current and provided accurate information about how to meet the person's needs. However, we found reviews did not always identify when information was missing, incorrect or misleading.

We recommend the provider undertakes a review of the systems in place and their effectiveness to ensure people's care records are up to date and reflective of their individual needs.

## 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.

- People's support plans identified their communication needs and how they could be supported to understand any information provided. For example, through visual aids, planners and social stories.
- Staff had a good understanding about how people communicated and used this knowledge to support people to make choices and have control over their care and lifestyles. We saw people were supported to communicate through the use of signs, pictures and symbols. For example, visual timetables and activity boards.

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 encouraged and supported to lead full and active lifestyles, follow their interests, and take part in social activities. We saw people were encouraged to engage in a wide range of activities based on their individual preferences and interests.
- Each person's support plan included a list of their known interests/hobbies and staff supported people daily to take part in things they liked to do. For example, going out for lunch, to the cinema or to attend local clubs.
- Staff described how they worked with people to ensure they were not socially isolated and increase their life experiences. For example, staff told us how they supported one person to go on their first holiday in five years. We spoke with this person who told us not only did they have a wonderful time, but they were looking forward to going away next year.
- People were supported and encouraged to maintain relationships with friends and family, and we saw during the inspection people where appropriate were able to come and go without any restrictions.

## Improving care quality in response to complaints or concerns

At the last inspection we made a recommendation the provider reviews the systems in place to record and respond to complaints. As this inspection we found improvements had been made.

The provider's complaints procedure was freely available, and in an easy to read format.

- People told us, they would talk to [registered managers name] or [regional managers name] if they were unhappy.
- Staff told us they regularly checked if people were happy with their care through meetings, chatting with people informally and by seeking feedback from other people who knew them well.
- Relatives we spoke with knew who to raise any concerns with and were confident they would be dealt with. One relative said, "We know who to speak with if we have any concerns and when we have raised concerns they were dealt with."
- We reviewed the services complaints file and saw where complaints had been received. These had been thoroughly investigated and appropriate action had been taken.



# Is the service well-led?

## Our findings

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

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

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

At our last inspection we found the provider had failed to ensure systems were effective in assessing, monitoring and improving the quality and safety of the services provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, whilst we found significant improvements had been made, some improvements were still required. This meant the provider was still in breach of regulation 17.

- Quality assurance and governance systems were in place to assess, monitor, and improve the quality and safety of the services provided. However, we found the systems in place were process driven, and were not undertaken robustly, and as such had not identified the issues we found at this inspection. This meant they were ineffective and did not always drive the necessary improvement. For example, care plan reviews had not identified that some care records contained incorrect or misleading information in relation to personal emergency evacuation plans, mental capacity and best interest decisions and end of life care.
- Health and safety audits had not identified the information and guidance relating to window restriction was incorrect.
- Accident and incident audits/reviews had not identified concerns regarding the use of PRN medicines.
- Records were not always accurate, complete and could not be relied upon.

Whilst we found no evidence that people had been harmed, governance systems were not undertaken robustly. This placed people at an increased risk of harm and was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the right level made decisions about the day-to-day running of the service.
- Staff had a clear understanding of the values and vision of the service and described how they supported people to be as independent as possible and achieve their goals.
- Concerns and complaints were listened to and acted upon to help improve the service.
- The provider had systems in place to provide effective oversight of the service. The regional manager regularly met with the registered manager to discuss all aspects of the running of the service, including staff performance, people's care needs and the environment.

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

- People, relatives, and staff had confidence in the registered manager and told us the service was well managed. Comments included: "I have been very impressed," "very well led," "fantastic" and "hands on and supportive." One relative said, "You can see the difference the new manager has made." Another said, [Manager's name] has high expectations and high standards."
- The registered manager was knowledgeable and passionate about the service and the people who lived there, and along with staff demonstrated a shared commitment for promoting people's wellbeing, safety, and security. One health care professional said, "The registered manager and staff have worked extremely well together to improve the service and change the culture, this has positively impacted on all the people living there."
- The management team were open and transparent about the challenges they had faced but were very proud of what the staff team had achieved in the past year.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- The registered manager and staff had good working relationships with partner agencies. This included working with other health and social care professionals as well as Torbay County Council's quality assurance and improvement team.
- There were annual satisfaction surveys which provided people and their relatives with an opportunity to express a view about the quality of the service provided.
- The registered manager kept up to date with best practice by attending local forums with other care professionals. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance.
- Regular staff meetings took place to ensure information was shared and expected standards were clear. Staff told us they felt listened to, were supported and had input into the running of the service.
- Staff were open to change and challenge and sought advice when necessary. One healthcare professional said, "The service has invested in training and supporting staff to achieve their potential, this has resulted in good outcomes for people living there."

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

At the last inspection we identified the provider had failed to notify the Care Quality Commission of significant events in line with their legal responsibilities. This was a breach of Regulation 18 of the (Registration) Regulations 2009 (part 4). At this inspection we found improvements had been made and the provider was no longer in breach of regulation 18 (Registration) Regulations.

- The registered manager was aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.

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 11 HSCA RA Regulations 2014 Need for consent  The provider had not acted in accordance with the principles of the Mental Capacity Act 2005. Regulation 11 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People were exposed to the risk of harm as care and treatment was not always provided in a safe way. Risks to people's health and safety had not been identified or mitigated. Regulation 12(1)(2)(a)(b)(d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have effective systems in place to assess, monitor and improve the safety and quality of the service. The provider had failed to maintain accurate, complete and contemporaneous records for each person living in the service. Regulation 17 (1)(2)(a)(b)(c)