

Parkcare Homes (No.2) Limited

The Old Rectory

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

About the service:

The Old Rectory provides care for up to 16 people with learning disabilities, who may also live with an attached diagnosis such as autism, diabetes, Down's Syndrome or epilepsy. There are two properties set within large grounds, one accommodating up to 13 people and the other up to three people. The ages of people who lived in the Old Rectory currently, ranged from 30 years up to 75 years old.

Rating at last inspection:

The rating of this service at our last inspection was "Requires Improvement." (Report published 28 December 2017)

At our last inspection, there were four breaches of the regulations.

Why we inspected:

This was a planned inspection based on the rating at the last inspection and aimed to follow up on concerns we found in August 2017. In addition, we had received some information of concern received anonymously prior to the inspection. We explored the areas of concern as part of our inspection.

People's experience of using this service:

Whilst the provider had progressed quality assurance systems to review the support and care provided, there was a need to further embed and develop some areas of practice that the existing quality assurance systems had missed. This included updating care plans when an identified need or directive of care changed. For example, management of diabetes. We also found the cleaning audits had not identified shortfalls in the cleanliness of the premises.

There was still a need to improve the provision of meaningful activities for people to prevent isolation and boredom. Plans were in place but there had been delays in implementing the changes due to staffing changes.

People spoke positively of the home and commented they felt safe. Our own observations and the records we looked at reflected the positive comments people made. Most care plans reflected people's assessed level of care needs and care delivery was person specific, holistic and based on people's preferences. Risk assessments included falls, skin damage, behaviours that challenge or cause distress, swallowing problems and risk of choking, and mobility. The care plans also highlighted health risks such as diabetes and leg ulcers. People said they felt comfortable and at ease with staff and relatives felt people were safe. Staff and relatives felt there were enough staff working in the home and relatives said staff were available to support

people when they needed assistance. Pre-employment checks for staff were completed, which meant only suitable staff were working in the home. All staff had attended safeguarding training. They demonstrated a clear understanding of abuse; they said they would talk to the management or external bodies immediately if they had any concerns.

The manager and staff had completed training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They had assessed some restrictions were required to keep people safe for example, some doors were locked. Where this was the case referrals had been made to the local authority for authorisations. People had access to healthcare professionals when they needed it. This included GPs, dentists, community nurses, and opticians. Staff received regular support from management which made them feel supported and valued. They were encouraged to develop their skills and take on additional responsibilities. Staff spoke positively about the changes made to the running of the home and the way the home was managed.

Staff were kind and caring, they had developed good relationships with people. They treated them with kindness, compassion and understanding. Staff supported people to enable them to remain as independent as possible. They communicated clearly with people in a caring and supportive manner. We received positive feedback from relatives and visiting professionals about the care provided. The service worked well with allied health professionals. A number of audits had been developed, including those for accidents and incidents, care plans, medicines and health and safety. Maintenance records for equipment and the environment were up to date, such as fire safety equipment and hoists. Staff said they were encouraged to suggest improvements to the service.

Follow up:

The service remains Requires Improvement. The service had met the breaches of regulation, however further time was needed to ensure the improvements were continued and sustained.

As the service remains rated as requires improvement, we will request an action plan from the registered provider about how they plan to improve the rating to good. In addition, we will monitor all information received about the service to understand any risks that may arise and to ensure the next planned inspection is scheduled accordingly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was 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?

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 Old Rectory

Detailed findings

Background to this inspection

The inspection:

• 'We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team: An Inspector conducted the inspection.

Service and service type:

• The Old Rectory 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 care service has been developed and designed in line with the values that underpin the "Registering the Right Support" and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

• The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection, a manager was registered with us. The registered manager was not present during the inspection.

Notice of inspection

• Our inspection was unannounced.
• Inspection process started on 27 December 2018 and ended on 4 January 2019. This enabled us to meet people who had been away over the Christmas period.

What we did:

- Before our inspection we reviewed the information, we held about the service including previous inspection reports. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.
- We used a range of different methods to help us understand people's experiences. Some people who lived at the home had limited verbal communication. Therefore, as well as speaking with eight people, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We used the SOFI in communal areas throughout the inspection visit.
- We spoke with the senior quality improvement lead, operations director, six members of staff, one administrator/activity coordinator, the maintenance person and the cook.
- During our inspection process we spoke to two visiting professionals who provided specialist support to people who lived in the home.
- To help us assess how people's care needs were being met, we reviewed four people's care plans and associated records. We also case tracked a further three people who received specialist diets and with more complex needs, such as acquired brain injury and diabetes. Case tracking involves talking to the person (if they are able), observation of their care, talking to staff directly supporting the person and examination of care records. We looked at other records, these included staff training and supervision records, staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

Is the service safe?

Our findings

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection in August 2017, this key question was rated "requires improvement". This was because we found evidence that medicines were not always managed safely, risks were not being managed effectively to inform staff practice and ensure people were supported appropriately; people had been placed at risk from shortfalls in fire prevention arrangements.

At this inspection, we found the service had taken steps to improve people's safety. Therefore, the rating for this key question has improved to Good.

Using medicines safely:

- The management of medicines had improved to ensure people were protected from risks and safe from harm.
- There was improved scrutiny of medicines management by the provider's quality lead and annual audits from the community pharmacist. Where improvements were required, these were listed in an action plan and progress monitored to ensure changes were implemented.
- Staff showed us they had a good knowledge of the need for safe administration of medication. We saw they had received appropriate training. This included theoretical and practical training, and competency checks.
- Medicines were correctly ordered, stored, administered, recorded and disposed of. We checked people's medicines administration records (MARs) and found medicines were given and there were no missing signatures.
- People had protocols for 'as required' medicines which clearly stated the dosage, indication and how frequently the drug could be provided. For example, paracetamol.
- There were systems in place to support people to self-medicate if they had been assessed as safe to do so, although no one doing was doing this at the time of inspection.. There were lockable boxes in all bedrooms,
- One person told us, "I get my pills when I need them, on time as well." Another said, "I get given what I need."

Systems and processes

- The provider had effective safeguarding systems and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.
- Staff knew how to recognise signs of abuse and act upon these, including referring any incidents to the local authority.
- There were posters which displayed how to act upon or escalate concerns about potential abuse. Staff were aware of whistleblowing. There was signage for family members and visitors about signs of abuse or neglect.
- There were people from a culturally diverse background. Their rights were protected by staff, the registered manager, the provider and their family. Staff taught other people who lived in the service about the peoples' lifestyle and preferences.
- People told us they were safe. Feedback included, "I know that I am safe and looked after properly", "Yes, I

feel safe living here" and "I like it here, I'm safe and looked after."

Assessing risk, safety monitoring and management:

- Risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm.
- Risk assessments for health-related needs were in place, such as skin integrity, nutrition, falls and dependency levels. Care plans demonstrated how people's health and well-being was protected and promoted. We saw detailed plans which told staff how to meet people's individual needs. For example, people with mobility problems had an assessment that was used to give clear guidance for staff to follow. This included specific equipment to be used, such as walking frames and footwear.
- People who lived with behaviours were supported by staff who understood the potential triggers, methods to reduce the likelihood of occurrence, and de-escalation techniques. These were recorded in people's positive behaviour support (PBS) plans. Staff understood that people's behaviours could impact others, and there were risk-reducing measures to support this.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal emergency evacuation plan (PEEP).
- Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Staffing levels and recruitment:

- Sufficient numbers of skilled and experienced staff contributed to the safety and well-being of people who lived at the home. There were appropriate numbers of staff deployed during our inspection to ensure people's needs were being met in a timely manner.
- Not everyone could verbally tell us of their experiences, but those that could told us, "Always around when I need someone," and "Very good, they look after me very well." One person used Makaton signage to tell us everything was good and another person used facial expressions to tell us that they felt comfortable with the staff.
- When staff were on leave, permanent staff were offered extra shifts or they used agency staff known to the service to ensure continuity of care.

Preventing and controlling infection

- The service managed the control and prevention of infection well. There was a cleaning schedule and daily audit of cleaning. It had been identified that the cleanliness of communal areas needed to improve and the organisation was recruiting a housekeeper.
- The management team had identified that the premises needed attention as it was in need of redecoration and upgrading. A programme of refurbishment had been submitted and due to start in the near future.
- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- Accidents and incidents were documented and recorded. We saw that incidents were responded to by updating people's risk assessments and any serious incidents were escalated to other organisations such as safeguarding teams and CQC.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded. We saw specific details and follow up actions by staff to prevent a re-occurrence was documented. Any subsequent action was shared with all staff and analysed by the management team to

look for any trends or patterns. This demonstrated that learning from incidents and accidents took place.

Is the service effective?

Our findings

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 in August 2017, this key question was rated "requires improvement". This was because not all staff had received the necessary training to meet people's needs. This inspection found that improvements had been made and the rating improved to Good.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience

- The service had made improvements to the support staff received to ensure they were fit to carry out their roles.
- The provider had ensured that staff had the skills, knowledge and experience to deliver effective care and support. The organisation had their own training department to support staff training. The training programme confirmed that staff received training and refresher training. Essential training included safeguarding, infection control, moving and handling, health and safety, infection control and fire safety.
- Specific training which reflected the complex needs of people who lived at The Old Rectory was also provided, such as learning disability and physical disabilities, behaviours that challenge, diabetes and medicine training.
- Staff told us that the training programme was good. One staff member said, "Really good training, I have learnt a lot since I have been here."
- Staff told us they were supported through supervisions and the records in the service confirmed this. Records showed staff had received supervisions as well as appraisals. A member of staff said, "I feel supported and receive supervisions regularly."

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

- People had lived at the service for a long period of time. Their likes, preferences and dislikes were all known, documented and observed by the staff.
- Assessments of people's needs were comprehensive, expected outcomes were identified, and care and support regularly reviewed.
- A hospital passport was used to document relevant information about people. This included their medical conditions, medicines, allergies, personal care, communication and safety needs.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to eat and drink enough to maintain their health and well-being. People said that they liked the food, they were given choices and it was cooked well. Comments included "I like the food, I get what I like," and "Tasty food."
- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs

closely and professionals were involved, where required, to support people and staff. Where people required their food to be prepared differently because of medical need or problems with swallowing, this was catered for.

- A menu board supported by pictures of the meals on offer was located in the dining room so people could see what was for lunch or dinner. People discussed meal preferences at their regular house meetings. Staff talked of ideas to have meals from around the world which would also reflect people's differing cultures
- People in the cottage continued with their own food shopping. They chose what they wanted to eat and cook and prepared meals under staff supervision.

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

- People's individual needs had been met by adaptations to the home and equipment was provided to ensure they were as independent as possible. There were baths and wet rooms for communal use.
- People were supported to move around the home and were assisted to remain mobile by staff. Communal areas and most corridors were suitable for people who used wheelchairs. Walking aids, such as walking frames were provided.
- The garden areas were safe and accessible to people who lived at The Old Rectory. People had been involved in choosing how to decorate their rooms, this included pictures and furniture.

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

- People had access to care, support and treatment in a timely way with referrals made to appropriate social and health services when people's needs changed. We saw records of visits and letters from healthcare professionals in people's care files, such as speech and language therapists (SALT), diabetic team, chiropodists, opticians and dentists.
- People had access to their GP if needed. One person told us, "I have hospital appointments and staff come with me."
- Visiting healthcare professionals told us people were referred to them appropriately. A health professional said, "They respond quickly when a health problem is noted and work well with us."

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 with appropriate legal authority. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA. Staff ensured that people were involved as much as possible in decisions about their care, and understood the procedures to make sure decisions were taken in people's best interests.
- Staff had received training to ensure their knowledge and practice reflected the requirements set out in the MCA.
- The provider had up to date policies and procedures in relation to the MCA and staff were provided with information on how to apply the principles when providing care to people who lived at The Old Rectory. We were also made aware of people subject to DoLS authorisations.
- Staff understood the concept of capacity, fluctuating capacity and understood the relevance of that impacting on personal care decisions. People told us they were asked for their consent prior to any personal care being undertaken or assisting them with their medicines. This was confirmed by staff and by reading care documentation.

- Where possible, people, or their next of kin, had signed the care records to show that they had consented to their planned care, and terms and conditions of using the service.

Is the service caring?

Our findings

People continued to be supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- Staff had developed good relationships with people and we saw warm interactions between staff and people. Staff spoke respectfully to people and knew the people they supported well.
- Staff recognised when people needed emotional support. We observed a person receive emotional support from a member of staff who recognised that they were becoming upset. The staff member sat with them, holding their hand and talking to them in a kind, reassuring way. The person's body language indicated that it had made a real difference to their wellbeing.

Staff bent down to address people at their own eye level and maintained good eye contact.

- Staff spoke with people calmly and warmly and ensured they had everything they needed such as drinks and snacks in between meals. A staff member told us they explored with each person where they wanted to spend time. This meant the staff member considered what the person wanted to do and how they wanted to spend their day.

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

- People and their families or representative were involved in developing their care plan as much as was possible. Records showed where appropriate, people, relatives and advocates signed documents in support plans to show they wished to be involved in the plan of care.
- Staff promoted peoples' independence and involved people in their care and lifestyle decisions as much as possible. There was evidence of commitment to working in partnership with people, which meant that people felt consulted, empowered, listened to and valued. People had been involved in the interviewing process by creating a list of questions they wanted prospective staff to be asked. People had not wanted to be included in the interview but wanted to meet staff informally before they were employed. One person said, "I was asked what I wanted to ask staff."
- Where required, people and their relatives were referred to external professionals for advice and support.
- People were supported to make day-to-day decisions for themselves and were provided with information in formats which best suited their preferred mode of communication.
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. We saw that staff sought accessible ways to communicate with people. People's communication needs were recorded in their care plans providing information and guidance on how best to communicate with people who had limitations to their communication. For example, we saw staff communicating with a person who had difficulty expressing themselves verbally. Staff spoke to the person slowly, listened and observed for facial expressions. This meant peoples' opportunity to communicate effectively had been considered by the staff.

Respecting and promoting people's privacy, dignity and independence

- People's human right to be treated with respect was clearly understood by staff, who protected their

privacy and cared for them respectfully. Staff spoke about people in a caring and thoughtful manner. Support plans were written in a respectful manner and reflected how staff should support people in a dignified way and respect their privacy.

- Staff told us how they ensured people's privacy was protected by ensuring they knocked on their bedroom doors, kept people covered during personal care, and whilst supporting to the communal bathroom.
- We saw that people's privacy and dignity was respected. We saw staff knocking on people's doors before entering and closing them before delivering care. A member of staff said, "We always knock before we go in. We close curtains and doors during personal care." One person said, "They always treat me well and make sure I am okay." Staff told us, "Some people need a lot of support with their personal care and we keep in mind at all times that some things are very private." This showed staff understood the importance of privacy and dignity when providing support and care.
- People were supported to maintain their independence. People's care plans included information on things they could do for themselves and those that they needed staff support with. Depending on people's ability, they were involved in house chores, laundry, cooking, shopping and cleaning their rooms.
- People were supported to maintain and develop relationships with those close to them, social networks and the community. Some people had recently been with relatives over Christmas and the New Year and this had been very important to them.
- Staff understood and respected confidentiality. A member of staff said, "We do not talk about residents to anyone even people we work with unless they need to know". We saw that records containing people's personal information were kept secure. Where information was stored on a computer, the service complied with the Data Protection Act. The management team and staff had an understanding of General Data Protection Regulation (GDPR) which came into effect in May 2018. GDPR was designed to ensure privacy laws were in place to protect and change the way organisations approach data privacy. Staff confirmed that they had received training in GDPR.

Is the service responsive?

Our findings

People did not always receive personalised care that responded to their social needs.

At our last inspection in August 2017 this key question was rated as Requires Improvement because people who lived in The Old Rectory had not been consistently provided with activities which were meaningful and reflected all people's needs and preferences. This inspection found that whilst improvements had been made there was still further work to be done to ensure that everyone received consistent meaningful person-centred activities.

Personalised care: social needs

- At our last inspection it was identified that most people spent a lot of their time within the service without structured in house activities or meaningful occupation. This inspection found that they had not progressed in this area as much as they had predicted. The management team were open and transparent in discussing some of the challenges they had experienced which had impacted on the plans for activities. These issues have now been resolved.
- We spoke with the newly appointed activity co-ordinator who started in this role on the second day of the inspection. She had already commenced work on individualised social care plans with people and had plans to introduce motivational activities, such as chair exercise classes, music and dance sessions and introducing themed meal time experiences. There was an emphasis on reducing peoples' isolation and focus on positive engagement.
- Staff were responsible for activities provision at this time. Staff told us it was difficult to do this with the other tasks they had to do. We saw they supported people on an individual basis to do puzzles and chat whilst watching television, but people told us they were sometimes bored. Overall people felt more activities were needed to prevent them feeling bored and isolated. We spoke with the provider about activities provision and they acknowledged there was still work to do to ensure planned, personalised and effective support in this area.

Personalised care

- Each person using the service had detailed care plans that identified and recorded their needs and goals and highlighted any risks and or blocks to those goals and needs being met. People met with their key worker each month; during these meetings people were consulted and involved about changes to their care plan as much as they were able to be. Care plans, goals and risk information were kept up to date through monthly evaluation.
- There was guidance in regard to people's communication needs and how staff should engage with them through sign, verbal communication or body language, picture prompts were used so that people could make an informed choice. Care plans contained information about what a good and bad day looked like for the person, this enabled staff to give the right support.
- People's individual health conditions were identified with information of how these impacted on the person and what support they may need from staff, and how health professionals might best support the person in health care settings, such as routine appointments or hospital stays.

Improving care quality in response to complaints or concerns

- The provider had established an accessible effective system for identifying, receiving, recording, handling and responding to complaints.
- A complaints procedure was in place and displayed in the entrance hallway of the home. The procedure was available in an easy read pictorial format as well as written. People told us they felt confident in raising any concerns or making a complaint. One person told us, "If I wasn't happy I would tell someone." Another said, "I would tell one of the staff, they would listen to me."
- Key workers asked if people had any concerns when they met with them each month. Staff knew people well and understood how people who were unable to vocalise their concerns, expressed their emotions of sadness, anger and anxiety, staff would seek causes for this and try to resolve the matter for the person concerned to show they were listened to.
- Complaints were recorded and responded to as per the organisational policy. A complaints log was kept and monitored by the registered manager. There was evidence that complaints were fully investigated, responded to, apologies given if there was a need to with actions they were going to take.
- When compliments and thank you cards had been received these were shared with staff at meetings which showed staff they were appreciated.
- Satisfaction surveys had been sent out regularly in respect of getting feedback on the service. These were collated and the survey outcomes shared with people's families and staff. The actions to be taken were also shared.

End of life care and support

- People were supported to make decisions regarding their end of life care and support and staff enabled people and their relatives to discuss and develop their end of life care and treatment plans.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's preferences. It had been identified that as people were getting older and frailer, staff training was being adjusted to include end of life training.
- Where required the provider had involved appropriate healthcare professionals to support people with their end of life treatment and to ensure they were comfortable and their end of life wishes respected.
- People were supported by staff to attend to their spiritual needs if this was important to them. One person was supported to attend church in the local area when they wished to attend and staff had arranged for the vicar to visit the home when the person was unable to attend due to health reasons.
- No one was assessed as requiring end of life care at this time. Care files clearly noted people's end of life wishes if known. Nobody was subject to a Do Not Attempt Resuscitation order.
- There were a few older people in the service who were becoming more physically frail and at risk from falls. Arrangements had been made for them to be moved to a bedroom on the ground floor so they could continue to live in their home amongst the people and staff known to them.

Is the service well-led?

Our findings

Aspects of leadership and management did not consistently assure person-centred, high quality care.

At our last inspection in August 2017 this key question was rated as Requires Improvement because systems in place for the assessment, monitoring and audit of service quality were incomplete, ineffective and not always completed robustly. This inspection found that whilst improvements had been made, further time was needed to fully embed the improvements to provide consistent care delivery.

Understanding quality performance, risks and regulatory requirements

- The service and provider had implemented some improved quality assurance processes since our last inspection. These included audits of care plans, staff files, complaints, safeguarding concerns, incidents and accidents, and quality satisfaction surveys. However, we found these were not always effective. For example, information in respect of mental capacity assessments was inconsistently recorded in people's care plans, the management of people's diabetes when experiencing low blood sugar levels was unclear and had not been shared with the GP and information of important events in peoples' lives such as a death of a close relative had not been updated in people's care documentation. The cleanliness of the service in communal bathrooms and hallways needed to be improved, but the audits had not identified these problem areas. These shortfalls were immediately acted on.
- The action plan we received following our last inspection set out a variety of systems and checks the provider proposed to put in place to ensure good governance. We spoke with the senior quality improvement lead and operations director, who advised there were still areas of improvement to be implemented. This included provision of activities and refurbishment of the premises.

Managers and staff being clear about their roles.

- There was a clear management structure in place, which gave clear lines of responsibility and authority for decision making and provided clear direction for the staff.
- Staff had clearly defined roles and were aware of the importance of their role within the team.

Engaging and involving people using the service, the public and staff.

- There was a positive workplace culture at the service. Staff said they had been able to raise concerns and felt listened to. Staff worked well together, and there was a shared spirit of providing a good quality service to people.
- Staff had team meetings and discussed various topics such as any changes in people's needs or care, best practice and other important information related to the service. The registered manager sought feedback from the staff through regular meetings and day to day communications. The team discussed various topics in the meetings including the support and care of people who use the service, policies and procedure, tasks and actions to complete, any issues and ideas.
- Regular feedback was sought from people who used the service and their relatives or advocates. This was used to inform the provider how well the service operated. These surveys were collated and the survey outcomes shared with people families and staff. The actions to be taken were also shared. One person said, "I have filled in a form saying I like it here."

Continuous learning and improving care.

- The senior quality improvement lead told us they completed a recent training session for staff on medicine management due to errors being identified through internal audits. The lessons learnt were being used to enhance staff knowledge and to improve on the service delivery.
- Accidents and incidents were documented and recorded. We saw that incidents were responded to by updating people's risk assessments and any serious incidents were escalated to other organisations such as safeguarding teams and CQC. Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded. We saw specific details and follow up actions by staff to prevent a re-occurrence was documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. This demonstrated that learning from incidents and accidents took place.

Working in partnership with others.

- The service worked in partnership with key organisations to support the care provided and worked to ensure an individual approach to care. Visiting health care professionals were positive about the way staff worked with them and this had ensured advice and guidance was acted on by all staff. Comments received included, "Really good communication, they know their residents well, they ask for advice and listen." We were also told, "Very good communication with us, the staff are dedicated and committed."
- The service worked with other local health and social care professionals, community and voluntary organisations.
- There were good connections with social workers, commissioners and the community team for people with learning disabilities.
- The management team were aware of our document, "Registering the Right Support". They were aware that the principles applied not only to newly registered services, but also existing registered locations.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility.

- People, family and staff felt they were able to talk to the registered manager and staff at any time and the regular meetings provided an opportunity for them to discuss issues and concerns with other relatives, friends and management on a regular basis. One person said, "I can talk to the staff they really care."
- The provider was aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred. The service had notified us of all significant events which had occurred in line with their legal obligations.
- All staff were keen to emphasise the service would advocate for people if required. For example, in respect of ensuring medicine reviews took place. This meant people were only on the medicines currently required as opposed to taking those which were no longer relevant or the best for the person.