

Residential Care Services Limited

Franklyn Lodge

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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Franklyn Lodge, 58 Kings Road is residential home providing accommodation and personal care for a maximum of four adults who have a learning disability. At the time of this inspection, there were four people using the service.

The service accommodated four people across two floors, each of which has separate adapted facilities. On the ground floor people using the service had access to the communal kitchen the lounge and the garden.

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.

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

We identified issues around safety and effectiveness of the care provided. The service did not have sufficient fire safety precautions in place and people were at risk of not receiving effective support in case of fire. Systems relating to the management of medicines were not robust enough to demonstrate people were fully protected from unsafe use of medicines. Available evidence on staff training and supervision was insufficient and the provider could not evidence that staff had appropriate skills and knowledge to support people.

Staff knew how to communicate with people effectively. However, we noted the service would benefit from more easy read/pictorial information at the premises about their complaint procedures and safeguarding matters. We have made a recommendation about it.

Other checks and risk assessment related to the safety of the environment had been undertaken. Other risks to health and wellbeing of people who used the service had been assessed and staff knew about them.

There were systems in place to protect people from the risk of abuse. Staff were recruited safely and there were sufficient staff deployed to respond to people's needs promptly. People said they felt safe with staff and staff knew what action to take if they thought people were at risk of harm. There were systems in place to ensure infection control and management of accidents and incidents.

People were supported to live a healthy and dignified life. Their health and support needs had been assessed and the assessment was holistic. People's nutritional and health and care needs and preferences had been taken into consideration when planning their care. People were involved in planning and reviewing of the support they were receiving from the service. Staff ensured people had prompt access to

healthcare professionals when needed. Personal care was provided respectfully thus ensuring people's privacy was protected. Staff encouraged people to be independent and involved people in making decisions about their care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensured 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 using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

There were systems in place in case people and relatives wanted to make a complain. People and relatives were encouraged to share their opinion about the service provided. We saw that their feedback was positive. External professionals stated they were pleased with how the service supported people with their needs and development.

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

Rating at last inspection

The last rating for this service was good (published 24 July 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report. We have identified breaches in relation to safety, staffing and governance of the service at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Franklyn Lodge on our website at www.cqc.org.uk.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Franklyn Lodge

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

Franklyn Lodge, 58 Kings Road 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before we visited the service, we checked the information we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with

three members of staff including, the registered manager and two members of the care staff team. We spoke with one external professional who visited the service during our inspection. We reviewed a range of records. This included two people's care records and 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 policies. We spoke with one family member who regularly visited the service.

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

- The service did not have adequate fire safety arrangements in place to ensure people were supported appropriately in case of fire. Issues identified included the lack of appropriate fire risk assessment in place, Personal Emergency Evacuation Plans (PEEPs) were not personalised with specific needs of people in case of fire, no evidence to show that effective fire checks and fire drills took place. Following our visit, we contacted the London Fire Brigade (LFB) who visited the service on 15 January 2020 and deficiencies relating to people's safety were noted. A Notification of Deficiencies letter was issued by the LFB asking the provider to make necessary improvement by 15 April 2020.

We found no evidence that people were harmed however, the lack of robust fire safety arrangements placed people at risk of harm in case of fire. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the registered manager provided us with evidence that PEEPs for one person had been amended and an independent fire risk assessor had carried out a fire risk assessment of the service.

- Other checks and risk assessments related to the safety of the environment had been undertaken. These included water and fridge temperature checks, gas safety and electrical equipment tests. Staff also carried out daily service checks to ensure the service was clean and all equipment was in working order. A family member told us, "The place is clean and well maintained. Any problems I report are immediately seen to."
- Risks to health and wellbeing of people who used the service had been assessed and staff were provided with sufficient information on how to monitor and minimise the risk. Risk assessment documents we saw were associated with people's health conditions, behaviour that may challenge this service and visiting the community including road safety.

Using medicines safely

- We identified issues with how medicines were managed. These related to medicines reconciliation for medicines in stock, medicines given to people and recording of medicines changes on people's medicines administration charts (MARs).
- There was no clear separation between consecutive medicine cycles on MARs and the staff we spoke with could not say when the latest cycle started. Staff had not undertaken periodic counting of medicines recorded as given to people against medicines still in stock to check if they tallied. Consequently, there was no reference point that could be used by staff, the registered manager and the auditors to check if the correct amount of medicines was given to people. In one case we saw there were two extra tablets of a

medicine in stock than recorded as administered. Based on information available the registered manager could not explain what the reason for it was and if the person had received their medicine as prescribed.

- Medicine changes were not always recorded according to current national guidelines and could lead to confusion around what dosage of medicines should the person receive. In one case a description of one medicine on the pre-printed MARs had been followed with a handwritten note describing the same medication but a different dose and different frequency of administration. We discussed this with the registered manager who explained the situation to us and we were assured that the person had received their medicines as prescribed.
- There was no evidence to show that the agency staff who administered medicines had completed medicines training and that their competencies in medicines administration had been checked.

We found no evidence that people had been harmed. However, systems relating to the management of medicines were not robust enough to demonstrate people were fully protected from unsafe use of medicines. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We spoke with the registered manager about our concerns around medicines management. They were receptive to our feedback and said action would be taken to ensure improvements.
- Staff recorded medicines administration on MARs and we saw each administration was recorded with no gaps.
- Medicines were stored correctly in a lockable cabinet. All medicines were labelled to ensure the right person received them.
- Staff employed by the provider received training in medicines administration and they told us their competencies had been checked by a senior member of the provider's management team. A staff member told us, "The manager from the main office came and observed how I administer medicines."

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us people were safe with staff who supported them. One person told us, "I like staff working here. They speak nicely to me." A relative told us, "Yes my relative is very safe here. Staff are so caring."
- Staff understood what action they needed to take if they thought a person using the service was at risk of harm. A staff member told us, "If I suspected a person was abused I would speak to manager, call the police and inform the CQC if no action was taken."
- There were no safeguarding concerns raised against the service by family members or any external professionals. We saw that any concerns related to people's wellbeing and observed by staff or the registered manager were dealt with appropriately and promptly.

Staffing and recruitment

- There were sufficient staff numbers allocated to support people. Rotas showed there were two staff members on each shift. Most people using the service spent their days at the community centres. This meant two staff were available to support people. We saw that people's needs were met promptly. Staff, people and their relatives thought there were enough staff available. One relative told us, "Yes, there are enough staff to support my [relative] and others."
- The service used agency staff. The registered manager and relatives confirmed regular agency staff had worked at the service. This ensured continuity of support for people and ability to develop friendly relationship between people and staff. We observed staff knew people well and people felt comfortable in the presence of staff.

Preventing and controlling infection

- There were systems in place to prevent the spread of infection. Staff received training in infection control and personal protective equipment (PPE), such as, gloves and aprons were available. We observed staff used PPE when cleaning premises and providing personal care to people.
- The service was clean throughout, including people's bedrooms and the communal areas. We saw that appropriate checks, for example legionella water checks had been done to ensure the risk of infection was reduced. On 21 February 2018 the service had an external food hygiene inspection to check if the service was clean and if the food was handled hygienically. The service received a good rating, meaning the required hygiene standards were met.

Learning lessons when things go wrong

- There was a system for recording and monitoring of accidents and incidents. Staff knew what action to take if an accident or incident took place.
- The registered manager monitored and analysed accidents and incidents that occurred. Actions were taken to ensure these would not happen again. We saw accidents and incidents were discussed in staff meetings to facilitate improvements and to ensure lessons had been learnt.

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.

Staff support: induction, training, skills and experience

- There was no evidence to show that agency staff working at the service received training on how to support people with learning disability and Autism. Information provided about training for two out of three agency staff did not include dates when training was completed. Consequently, the provider could not evidence that they checked these staff had up to date skills and knowledge to work with people safely and effectively. We noted two agency staff members had completed National Vocational Qualification in Health and Social Care Level 2 (NVQ2).
- There was limited evidence of supervision for staff. We saw one example of individual supervision for one staff employed by the provider dated April 2019 and one for agency staff dated August 2019. Information provided about agency staff did not include evidence that they had received supervision from the agency employing them. We saw one record of a group supervision from August 2019. Staff told us they frequently discussed matters related to people's care and the service provision. However, the lack of supervision records meant there was no audit trail of what was discussed with staff. The provider could not evidence that matters related to staff individual support, training and performance were discussed and followed up when needed.
- The lack of sufficient records in relation to supervision and staff training meant that the provider could not evidence all staff employed by the service had appropriate support, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

We found no evidence that people were harmed. However, the failure to ensure staff received sufficient training and support is a breach of Regulation 18 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014.

- Family members thought staff supported their relatives effectively. One relative told us, "I think staff there are trained. [The registered manager] is really vigilant and if she's not happy with the staff she would ask [the provider] for replacement."
- New staff received induction to the service. The training matrix indicated both staff employed directly by the provider received training in food safety and fire safety awareness, diabetes, safeguarding, MCA and DOLS, dignity in care, Autism awareness and medicines. They also completed NVQ3 in Health and Social Care.

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

- People's health and support needs had been assessed before the service started. This included the

assessment of people's physical and care needs as well as their general needs and preferences. The aim was to ensure the service had the appropriate level of skills and resources to meet people's needs and to ascertain if people could benefit from what the service could offer.

- The information gathered during the assessment was used to inform support plans for people. These had been reviewed at regular intervals to ensure they described people's needs accurately. A family member said, "We always review care needs together [with the registered manager]. For example, they told me [my relative's] dietary habits were not healthy. They suggested how to support him to make healthy changes."

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

- People were supported to eat and drink well and have the diet that met their individual and cultural needs and preferences. People's care plans had sufficient information about their nutrition and hydration requirements and staff knew well what people's needs were.

- People could choose their preferred meal options and staff were respectful towards people's choices. Most meals were prepared from fresh and we saw staff asked people, what they would like to eat before cooking. One staff told us, "We ask people what they would like to have for breakfast, lunch and dinner. If they changed they mind about meal options, we would respect that." One person using the service told us, "[a staff member] cooks my favourite [food] and I can help him."

- Risks related to food and drink had been taken into consideration when providing food for people. Specific diets for individual people had been followed, for example, well-cooked, soft diet to reduce the risk of choking. Staff encouraged people to have a diet low in sugar and reduced amount of processed and pre-prepared meals. The registered manager explained, they wanted to help people to keep a healthy weight and to avoid adverse effect of unhealthy meal options.

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

- Staff supported people to maintain good health. Each person had a health care plan describing their health needs and what staff needed to do so people could stay healthy.
- People were supported to attend scheduled health appointments. The outcomes of these appointments had been recorded and communicated to other staff members to ensure recommendations made by health professionals had been followed.
- When people's health deteriorated staff ensured people had access to appropriate health services. For example, on the day of the inspection we saw staff becoming concerned about a person's wellbeing, therefore supporting them in accessing emergency services for prompt medical assistance. A family member told us, "My relative had some health difficulties recently. Staff took him to emergency services so he could have an immediate intervention from a doctor."

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

- People's bedrooms were clean and tidy and were decorated with things people liked to be surrounded with. These included music equipment, favourite pictures and objects as well as pictorial timetables guiding people on their daily and weekly activities.

- The premises were pleasantly decorated and the décor was cosy and comfortable, as in one's own home. The service was undergoing some improvements and we saw new kitchen and floors fitted. One person using the service told us how happy they were with new sofas which they found very comfortable and good looking. They told us, "This sofa is great, so comfortable and I helped to choose it."

- The communal areas including the lounge, kitchen, garden, toilets and bathroom were accessible for all people who could commute freely between parts of the service. We noted the communal areas would benefit from more pictorial signage and information to meet people's needs and promote their independence. This included more information on advocacy services and complaint and safeguarding

procedures. The registered manager told us this would be addressed.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There were policies in place to guide staff on how to support people with no capacity. Records showed that staff employed by the provider received training in the principles of the MCA. However, there was limited evidence to show that agency staff had appropriate training on the Act. Based on discussion with staff we assessed staff would benefit from additional training on the principles of the Act.
- Where people had been assessed to lack mental capacity to make decisions, the decisions were made on their behalf in their best interests. The process involved person's next of kin and relevant healthcare professionals.
- Where people were deprived of their liberty, appropriate standard DoLS application had been made and followed up on to check if these were authorised. This was to ensure people were supported appropriately and their liberty was not restricted unlawfully.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Family members told us they were happy with the support provided by staff at the service. One relative said, "I have never met a team so dedicated. The clients come first and if they want to do something staff will support them."
- We observed that people using the service appeared comfortable with staff supporting them. We saw people and staff joking together, chatting about important events of the day and planning what they would like to cook for a meal. The atmosphere was pleasant. One person told us, "I love it here, I love staff."
- Staff and the registered manager spoke with care about people they supported. One staff member told us, "We support people, but we are not doing everything for them. We ask them to do things they can do. We are aiming to upskill them."
- External professionals spoke positively about the support provided by the service. One professional told us, "People improve here. Staff are very focused on building skills and support for independent leaving."

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

- People were involved in making decisions about their care as much as possible. We observed staff asking people what they wanted to eat and what they wanted to do. We saw staff assisting people in participating in people's favourite activities, for example, colouring pictures and going on a bus drive. We saw people personalised their rooms with their belongings and things they liked to be surrounded with. This helped people to express their uniqueness and help them to feel at home.
- We saw staff knew how to communicate with people effectively and understood what people needed. This was described in people's care plans and as the same staff supported people daily they knew what people's preferred ways of communicating was. One staff member told us, "I communicate with [name] by using hand signs he understands and by looking into his eyes when talking to him."

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to protect people's privacy and dignity when providing personal care. One staff member told us, "I do not touch people where you not supposed to. When providing personal care, doors need to be closed. I explain to people what I am doing because they need to understand what is going on."
- People's care plans included information on what personal care people needed and what they could and could not do themselves. Staff were provided with guidelines of how to promote peoples' independence. For example, one person's care plan directed staff to encourage the person to do as much as possible around their personal care and only support if needed.
- People were encouraged to look after themselves so they were healthy, looked good and dressed

appropriately for the occasion. During our visit we observed staff reminding people to ensure personal care took place, we participated in a conversation about clothing and people told us what they liked to wear and when. One person got dressed up to attend an important event. We saw staff applauding their looks and affirming the person for their good choice. One person told us how happy they were after a staff member helped them to shave as they felt comfortable without the beard.

- Family members felt welcomed at the service and they thought they had a good relationship with staff working there. One relative told us, "They always have time for you, if I need to speak to anybody. Some time ago they supported me and my family member with a family loss we were going through."

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 remained the same. This meant people's needs were met through good organisation and delivery.

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.

- We noted there was no easy read, pictorial information at the service on how to make a complaint and a safeguarding guide to how to understand and report abuse. Therefore, people were not provided with information, in the format they could understand, on how to raise concerns in case they were not happy with the service received or how to protect themselves if they felt unsafe.

We recommend the provider considers current guidance on Accessible information Standards.

- Each person had a communication care plan which provided staff with information on how to communicate with people effectively. Staff were also provided with strategies on how to improve people's communication skills, for example to teach them new Makaton, a sign language, signs. In one person's file there was a communication dictionary explaining to staff how the person communicates and what staff response should be.
- Each person had a pictorial timetable in their room, informing them on what their usual activities during the week were. This meant people were provided with a visual support to help them to understand and follow their usual weekly routine.

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

- Family members thought people received care that met their needs and that people participated in planning of their care. One family member told us, "My relative joins through care planning stages on what he likes to do and staff respects that. Staff follow his interests and what he likes to do and try to encourage other things too."
- Staff were provided with sufficient personalised information about people. People's care plans had information about their care needs and preferences. Care plans also reflected their daily routines, hobbies, things that were important to people and when they needed the most support. We saw care plans were reviewed regularly and the records showed that external professionals participated in the review of people's care.
- There was a continuity of care. The same staff supported people daily and this helped development of positive, friendly relationships between people and the staff. Through our observation and conversations

with staff during our visit we noted staff were very knowledgeable about people and their needs.

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

- The service put emphasis on ensuring people were living an active life, doing things they liked and continuously developed skills necessary to be independent. People using the service attended day community centres and volunteered or worked in the community. By people's own admission, we saw they enjoyed it a lot. They told us, "I love animals and I love working with animals sometimes" and "I want to work more at [charity] so I can learn more about managing money and independent living. That's what I want."
- We saw in the evening people had access to various activities and resources at the service. These included books, colouring materials, TV and others.
- The service supported people to maintain positive relationships with people who were important to them. One family member told us they could visit the service unannounced at any time and they were always welcomed.

Improving care quality in response to complaints or concerns

- There were no recorded complaints received about the service. Relatives we spoke with had no complaints or concerns about the service. One relative said, "I know how to make a complaint. I would speak to the manager first and then if she did not help me I would put my complaint in writing. Couple of times I spoke to the manager about [issues]. It was immediately addressed. Not very often I have to say anything."

End of life care and support

- At the time of our inspection, the service had not provided end of life care to any of the people who used the service.

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.

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

- At this inspection we identified issues related to the management and the governance of the service and that not all regulatory requirements had been met.
- The quality and safety of the service provided were not monitored effectively. We identified issues with the fire safety arrangements, management of medicines and staff training and supervision. The managerial checks and audits did not identify issues highlighted by us during our visit.
- People's and staff confidentiality was not always protected. People's care documentation (care plans, daily care notes and MARs) and staff supervision records were stored in the communal lounge and not in a lockable cabinet. They were easily accessible to anyone visiting the service. However, we noted staff understood the importance of confidentiality and only discussing matters related to people's care with authorised people.
- The leadership communication style was at times directive rather than collaborative. Staff were not always encouraged to express their views. We observed a team meeting that took place during our inspection. We saw staff did not appear comfortable and not all staff were listened to. There was a risk that important information about events at the service would be overlooked, that staff wellbeing would be affected as well as effective evaluation and improvement of the service. Staff feedback on team meetings varied. They thought staff meetings were useful for sharing experience and discussing people's support. However, they also felt the communication style should change to more collaborative.

We found no evidence that people had been harmed. However, governance systems were not robust enough to demonstrate safety and confidentiality was effectively managed and that the leadership style encouraged staff collaboration. This placed people at risk of harm. This was 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

- People and their family members spoke positively about the staff and they liked the registered manager. We observed one person telling the registered manager, "I like you being here." A family member told us, "The registered manager is so approachable. She loves the clients absolutely, they are like family to her and she is like family to me."
- People received care that was personalised and responsive to their needs. Care plans had sufficient information about people's care and support needs. Continuity of the same staff meant staff and people

knew each other well. This contributed to good care outcomes for people.

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 registered manager understood their role under the duty of Candour. They told us, "We have an open-door policy, quality surveys and we discuss anything with the family. We have a very close relationship with people's families and they are informed about any issues straight away."

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

- There were monthly staff meetings. Issues discussed included fire safety, care documentation, the service's hygiene and cleanliness.
- There were service users' meetings and the last two meetings took place in March and June 2019. Minutes from these meetings indicated people were encouraged to participate and chair the meetings. Topics discussed included health checks, personal hygiene and grooming, complaints procedure and confidentiality. In these meetings people shared their feedback about the service provision. They stated they could choose what food they ate and what daily activities they participated in.
- There were regular quality surveys for family members. We saw three relatives responded to the latest survey and they all were happy about the quality of the service provided.
- The registered manager also participated in the provider's senior executive team meetings. They told us issues discussed included sharing best practice between the provider's services, updates and discussions on policies and current issues of concern.

Working in partnership with others

- The service worked in partnership with other professionals to ensure people received good care. This include health and social care professionals as well as members of the community and community centres where people spent their time. One professional told us, "I have no concerns. To be honest I would speak very positively about how people are doing here."

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 | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not ensured care was provided in a safe way for service users because:</p> <p>They had not done all that was reasonably practical to assess and mitigate risks to care and treatment of people who used the service.</p> <p>Regulation 12 (2) (a) (b) (d)</p> <p>They had not ensured the safe and proper management of medicines.</p> <p>Regulation 12 (2) (g)</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not operated effective systems to:</p> <p>Assess, monitor and improve the quality of the service.</p> <p>Regulation 17 (2) (a)</p> <p>Assess, monitor and mitigate the risks relating to health, safety and welfare of service users.</p> <p>Regulation 17 (2) (b)</p> <p>Maintain securely records in respect to persons employed in the carrying on of the regulated</p> |

activity, and the management of the regulated activity.

Regulation 17 (2) (d)

Analyse feedback received from relevant persons on the service provided for the purpose of improving such service.

Regulation 17 (2) (e)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered person had not ensured that staff received appropriate training and support as is necessary to enable them to carry out the duties they were employed to perform.

Regulation 18 (2) (a) (b)