

Mrs Susan Kay Hardman

Luke's Place

Inspection report

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Date of inspection visit:
23 March 2022
29 March 2022

Date of publication:
06 February 2023

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?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Luke's Place is a residential care home which can support up to four people. At the time of the inspection three people who were autistic or living with a learning disability were being supported with personal care. People have their own personalised bedrooms and bathrooms and access to shared communal areas such as a kitchen, lounges and a large garden.

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

Right Support

- People were not consistently supported to pursue their interests or achieve their aspirations and goals.
- People were not being supported to try new things or to follow social interests and past times on a consistent basis.
- Reasonable adjustments were not always made so that people could be fully involved in discussions about their support, including support to travel where they needed to go. Staff did not always communicate with people in their identified and preferred methods.
- The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative.
- The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their support needs.
- Staff supported people to take their medicines in their preferred way. People were supported to live healthy lifestyles and staff members promoted healthy choices in areas such as eating and drinking.

Right Care

- Staff were not promoting people to try new things which may have enhanced their wellbeing and enjoyment of life.
- Staff did not have all the skills necessary to communicate with people who had individual ways of communicating such as using symbols or body language. This meant people could not always interact comfortably with staff who understood them.
- Not all staff had the training to support people effectively. The registered manager was not checking staff competency to perform their job roles consistently.
- People's support plans did not fully reflect their range of needs and promote their wellbeing and enjoyment of life

- People received kind and compassionate care. Staff protected and respected people's privacy and dignity.
- Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff knew how to recognise, and report abuse and they knew how to apply it.
- Staff had people's best interests at heart and offered them choices in their day to day life.

Right culture

- The management and staff team did not understand some of the key principles of guidance such as Right Support, Right Care, Right Culture. Audits completed at the service by management had not picked up on areas that could have been improved to help support a more positive culture.
- People and those important to them, were not always involved in planning their support. Staff did not evaluate the quality of support provided to people, involving the person, their families and other professionals as appropriate.
- The service had a positive atmosphere and staff wanted what was best for the people using the service.
- People were happy and relaxed being supported at the service.

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 inadequate (report published 15 October 2021) and there were breaches of regulation. At this inspection we found the provider remained in breach of regulations. The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection. This service has been rated requires improvement or inadequate for the last nine consecutive inspections.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to person-centred care and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Luke's Place

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was completed by one inspector.

Service and service type ☐

Luke's Place is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Lukes Place is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This 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. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke and communicated with three people who used the service and three relatives about their experience of the care provided. People who used the service who were unable to talk with us used different ways of communicating such as using their body language. We spent lots of time observing how staff supported people in their day to day lives at the service.

We spoke with 10 members of staff including support workers, senior support workers, the registered manager and the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit 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 inadequate. At this inspection this key question has improved 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; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure people's safety was promoted in terms of the environment such as fire safety, staffing levels, medicines and infection control. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The registered manager had ensured that actions to improve fire safety at the service had been completed. Staff completed checks of equipment such as fire alarms and equipment. People and staff took part in regular fire drills to practice leaving the service in the event of a fire. One person said, "We practice what to do in a fire and all have to go outside quickly. There are new fire doors as well."
- People had risk assessments in place depending on their support needs such as moving and handling, eating and drinking or using vehicles. However, some of these risk assessments lacked specific detail about how to fully mitigate the risks to people. Risk assessments did not clearly reflect what changes had occurred when people's support needs changed. The registered manager told us that they would continue to review and update these.
- Staff understood how to support people in line with assessed risks. One relative told us, "[Staff] understand how to keep [family member] safe. Staff support them to use the right equipment (for mobility) and always supervise them in the kitchen."
- Staff completed health and safety checks of equipment that people used to make sure it was safe. One person said, "[Staff] always check equipment before they help me use it. They wouldn't want me to fall out!"
- We could still not be fully assured that lessons were always learned when things go wrong. Systems were still not fully developed to ensure that incidents and accidents were shared and discussed with staff to promote lessons being learned. The registered manager told us they were still in the process of implementing systems such as regular team meetings to ensure lessons would be learned consistently.
- The registered manager had worked with an external agency to help make improvements at the service following the last inspection. This included systems to better record incidents and accidents and monitor these for lessons learned.

Staffing and recruitment

- There were enough staff to support people safely. However, sometimes staff were not utilised to ensure

people could do what they wanted at certain times of the day. For example, the provider removed a staff member from a shift to help them do the shopping, meaning there were less staff to support people. Other options such as completing an online shop or supporting a person to go shopping were not considered.

- People and their relatives told us there were enough staff to support people safely. One person said, "There are always enough staff to help me. Some of them are new but they are all really nice." A relative told us, "I would say there are enough staff. [Family member] would let me know if there were any problems."
- The staff team was consistent, meaning unfamiliar and agency staff usage was minimal. When agency staff were used, the registered manager ensured they used the same agency staff. This helped people know the staff supporting them well.
- The registered manager completed checks on new staff in line with legislation to make sure they were suitable in their job roles.

Using medicines safely

- People had protocols in place for 'as and when required' medicines to guide staff as to when these medicines should be administered. However, some of these lacked detail as to the signs people may show if they needed these medicines. However, staff were supporting people safely with these medicines. The registered manager told us they would update these protocols.
- People were supported safely with their medicines. Staff were trained and had good knowledge about how people liked to take their medicines. One person told us, "[Staff] measure my medicines up for me and then I take them myself. This gives me a bit of independence."
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- The registered manager completed audits and checks of medicines to ensure that these were being administered safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People's friends and family were able to visit in line with current government guidance.
- Staff kept the service clean and the registered manager had systems in place to monitor and audit infection control. One person said, "It's very clean here. Staff take it in turns to keep my home spotless."

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure people's safety was promoted in relation to potential harm and abuse and there were no systems to help ensure incidents were investigated robustly. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Whilst, there were still improvements that could be made, systems were now in place to respond to incidents such as unexplained bruising. These included the use of a body map and processes to report to external organisations such as the local authority safeguarding team is necessary.
- People and relatives told us they/ their family member were safe at the service. Staff knew what signs may indicate potential abuse and who to report concerns to both at the service and externally to the local authority or CQC. One person said, "I really feel safe. If I didn't, I would tell someone." A relative told us, "We know [family member] is safe and settled living at Luke's place."
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. People were not being supported with physical restraint techniques because of this.

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.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had the training, skills and knowledge to be effective in their roles. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- The registered manager was still not consistently checking staff competency to ensure that training had been effective. When staff competency was checked, it was not clear how the decision that staff had been competent had been made, or what support would be put in place to support and encourage staff to develop in their roles.
- Staff had not completed training relevant to their roles. Some staff had been working at the service for several months and had yet to complete a lot of their training such as safeguarding or food and hygiene. This meant that staff may be missing skills to ensure they are competent in their job roles.
- Staff were not receiving consistent support in the form of continual supervision, appraisal and recognition of good practice. This meant that there were missed opportunities for staff to discuss and improve in their job roles.

We found no evidence that people had been harmed. However, the provider had failed to ensure staff had the training, skills and knowledge to be effective in their roles. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they would take actions to address this. This included sending reminders to staff to complete their training and making competency checks more effective. However, we could not be assured these actions would be effective as they had not yet had an impact since our last inspection.
- Despite our findings staff had knowledge in key aspects of their job roles such as safeguarding, moving and handling and infection control. One person told us, "The staff are really well trained and make me feel safe. They seem to know what they are doing." A relative said, "Staff seem to be well trained and they all seem to know how best to support [family member]."

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

- The provider and registered manager had not kept up to date with current guidance such as Right Support, Right Care, Right Culture and this had not been embedded in staff practice at the service.
- People's care plans would have benefitted from being more detailed to ensure they captured and reflected people's goals and aspirations. There were not clear pathways to future goals and aspirations, including skills teaching in people's support plans.
- People's needs were assessed when they started using the service to ensure they could be met in line with people's preferences. One person said, "When I moved in, I spent the night here to make sure I liked it. I was scared at first, but I wouldn't live anywhere else now."

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

- People were supported to eat and drink according to their preferences and in line with their support needs. Staff encouraged people to eat a healthy and varied diet and people could eat their meals and snacks at times of their choosing. One person signed to say they were enjoying their meal.
- People were supported to make choices about what they wanted to eat. One person told us, "Food and drink is good here and staff always ask us what we want. I help with the preparation and there are always alternatives."

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical preferences. One person said, "I love it here- the garden and surrounding area is beautiful, and it is all on my doorstep."
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. One person used sign language skills to say they were happy with how their room had been decorated.
- The service had been designed to support people's individual needs. For example, there was ample space for the equipment that people used to help them move around the service.

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

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. One person said, "I see the doctor whenever I need to, either face to face or a video consultation. Staff wouldn't wait to ring if I was unwell."
- People were supported to attend annual health checks, screening and primary care services as and when necessary.
- Staff understood where people may need more support to make healthy choices, for example drinking and eating healthy foods. Staff explained this to people in an encouraging way that helped them understand what healthy choices might look like.

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.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was documented in support plans. For people assessed as lacking mental capacity for certain decisions, assessments and best interest decisions were in place.
- Staff knowledge about the MCA was variable, however in practice people were supported in line with this legislation.
- People were asked for consent before staff supported them. One person told us, "Staff always make sure they ask me before they do things. I can let them know how I want things done."

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 improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Staff were patient and used appropriate styles of interaction with people. One person said, "I would give this place a ten-star rating. I explain it as I never feel alone here- the staff are great." Another person told us staff were 'very good'.
- Staff knew people as individuals and understood their individual likes, dislikes and preferences. Relatives comments included, "As I am sure you saw, [family member] is extremely happy which is critical" and, "[Staff] support [family member] very well indeed. They are polite and it is good to see such supportive staff."

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

- People were supported to make day to day decisions about their support such as what to eat and drink or what to wear. One person told us, "I have lots of choices I can make here, and staff never push me to make a choice I am not happy with." Staff supported another person to make choices using eye contact and sign language.
- People took part in meetings to discuss their care and support and if any changes needed to be made.

Respecting and promoting people's privacy, dignity and independence

- Staff, for the most part, tried to support people to be as independent as possible. Staff supported people to move independently, put used items in the bin and prepare drinks. One person said, "[Staff] help me with independence all the time. It is what I was looking for and I think I have found my independence."
- People's support plans indicated that people's independence could be promoted in areas such as preparing meals.
- Staff knew when people needed their space and privacy and respected this.



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 remained the same. This meant people's needs were not always met.

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; 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 were not being supported to try new thing and develop new skills and there were no records of new things being offered to people. Staff did not discuss goals and aspirations with people in a meaningful way or support people to achieve these goals and aspirations.
- Records showed that people had limited opportunities to leave the service and pursue social interests and past times in the community. People spent a lot of time at the service watching TV, listening to music or in bed. There was no recorded evidence to show that this was people's choice. One relative said, "I don't think staff understand that they are supposed to be support workers and not carers. [Family member] just sits and watches TV all the time. Life is about more than this and [family member] has their own staff member all the time. I don't understand why they are not doing more [social past times in the community.]"
- There were also missed opportunities to involve people in pastimes at the service. For example, people were not asked to take part in cooking and meal preparation or cleaning their bedrooms. People's support plans indicated past times people might like to take part in whilst at home, for example counting and number games. However, staff did not encourage or support these. One relative told us, "I think [family member] has been deskilled living at the service. Staff do not encourage them to keep up with their reading and writing and their life would be much richer if they used this. They were also not supported to do [in-house interest] which is something we know they love doing."
- People's support plans contained some detail about how they communicated. However, these were not always followed by the staff team. One person used a piece of equipment to aid their communication, however staff were not using this to support the person. A relative said, "[Staff] do not use [piece of equipment] and I am not sure any of the staff know how to use it."
- One relative explained how staff had not supported their family to contact them using their preferred method of communication. This had meant that the person was unable to speak to their family in a way they understood.
- Staff held group and individual meetings with people to discuss their support. However, discussions at these meetings were written up in plain text and people using the service would have understood these better in another format. Support plans were also not produced in an accessible format for people to aid

their understanding or promote their involvement.

- There was limited use of individualised support such as tailored visual schedules to support people's understanding. People's visual schedules were not updated to show what they would be doing in a day and daily notes showed that schedules were not always followed.

We found no evidence that people had been harmed. However, people were not being supported to try new things and achieve their aspirations and were not always being supported in line with their assessed communication needs. This is a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they were still working on making documents more accessible for people.
- Despite our findings, people were happy being supported at the service. One person told us, "I like doing what I am doing at the house. I have no worries and staff are surpassing my expectations."
- Some documents such as the complaints procedure were available in accessible formats for people.
- Staff knew how to support people to communicate in some ways such as using signing or eye contact. Staff offered people a lot of choices in their day to day life.
- People were supported to stay in contact with their family, if this was their choice.

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

- Staff did not always provide people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. Support plans and assessments did not always give enough detail about how to support people to set and achieve aspirations or how to support people to communicate. There were missed opportunities for people to try new things or be involved in past times at the service.
- There was a lack of focus on people's outcomes and these were not regularly monitored by the staff team.
- Staff knew people well and knew what they liked and disliked. People were offered choices based on what staff knew about their preferences. One person told us they were 'happy' when staff offered them a choice of their two favourite films to watch.
- People and relatives were happy with the support at the service. One person said, "[Staff] make me laugh and since I started living here, I am much more confident and not shy anymore." A relative told us, "[Family member] has grown up at the service and just seems so much happier."

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints and these were responded to. There had not been a formal complaint recorded at the service for some time.
- People and relatives told us they would speak to the registered manager or the staff team if they had any concerns. One relative said, "I have no concerns, but would definitely raise them with [registered manager] if I had any."

End of life care and support

- People had not been supported to formally put plans in place for the end of their life. However, the registered manager had plans to start discussing this with people. They also told us they would consult external professionals to support the staff team should people need support at the end of their life.

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 inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

At our last inspection there were significant shortfalls in how the service was being managed and a lack of governance to help ensure that people were receiving safe, quality care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider is still in breach of regulation 17.

- There had not been consistent improvements made at the service since our last inspection. Whilst some progress had been made in areas such as safeguarding and fire safety, other areas of the service still required improvement. These areas included staff training and competence, people being supported to achieve goals and aspirations and be supported in line with Right Support, Right Care, Right Culture, people being supported fully in line with their communication needs and audits not being effective in identifying and promoting improvements.
- The registered manager had audits in place to monitor the quality of the service. Some of these were effective, for example those relating to health and safety and maintenance checks. However, audits were not effective in identifying if people were being supported to follow social interest and past time or achieve goals and aspirations. Audits did not pick up on gaps in relation to staff training or competency assessments being completed to ensure training had been effective.
- Since our last inspection, the provider and registered manager had support from the local authority to improve the service. However, this had not been effective. The registered manager had taken audit templates and had not adapted these to fit the service. For example, audits referred to people living with dementia and the support they needed. No one using the service was living with dementia.
- The provider had not fully invested in staff by providing them with quality training to meet the needs of all individuals using the service.
- The registered manager was reliant on external support for key areas of their job role such as the implementation of effective policies, audits and action plans. They had not learnt these aspects of their job role from the external support from the local authority.
- Audits completed by the registered manager did not have clear actions set to improve the service.

- The service has been unable to sustain a rating above requires improvement for the last ten inspections.
- There was little support in place for the registered manager from the provider. When the registered manager was absent from the service, there were no plans in place to monitor the service and support the staff team. There was no other help available to the registered manager to support them in their job role. One relative said, "I feel for [registered manager]. They keep taking on more and more responsibility with no real support."
- People's support plans and risk assessments still needed to have more detail to ensure they were supported in line with their assessed needs and preferences.
- People using the service remained at risk, due to a lack of effective governance systems at the service. One relative told us, "[Registered manager] is trying so hard but they are just fire-fighting all the time and they have no support. It means that issues will never be fully ironed out."

We found no evidence that people had been harmed. However, there were still shortfalls in how the service was being managed and a lack of governance to help ensure that people were receiving person centred, quality care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager acknowledged there were still improvements that needed to be made at the service. They explained the plans they had to continue with improvements. However, we could not be assured that these would happen as planned, as the service has continually failed to sustain at least a 'good' rating at any inspection.
- There had been improvements in several areas since the last inspection such as fire safety and health and safety checks, people being safeguarded from abuse and people receiving consistently kind and compassionate support from the staff team.
- The registered manager was open and honest with people, their relatives and the staff team when things went wrong.
- Staff understood their job roles relating to keeping people safe and supporting them with kindness and compassion.

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

- There were missed opportunities to engage with people using the service. Documents and meeting minutes were not available in accessible formats. There was no recorded evidence that people had been supported to be involved in reviews of their support plans.
- Relatives felt that communication at the service could be improved. Their comments included, "Communication between us and the staff is poor. Messages never seem to get passed on when we speak to the staff team. We have never seen [family member's] support plan and have never been asked to comment on it" and, "I have not been involved with support plans and so not really get updates from the service. I ring them if I need anything."
- Relatives and friends of people were not being asked to feedback about the service. One relative said, "No, never been asked to feed back. I am not sure this is something the service is supposed to do."
- Staff were not involved in consistent formal supervision and team meetings. However, staff felt well supported by the registered manager and felt that they could share ideas about the service with them.
- People told us they were able to speak about what they wanted from the service. One person told us, "[Staff] always ask me how it is going, and we sometimes have meetings as well."

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

- Our findings also demonstrated there had been improvements made regarding the culture of the service. People were happy and relaxed being supported by staff and there was a positive and caring feeling at the service.
- People and relatives were positive about the support at the service. One person said, "I would not want to live anywhere else. This place is perfect for me.". Relatives comments included, "I am very happy indeed. [Family member] is happy so I am happy" and, "The place has a lovely atmosphere and staff really try to make it feel kind and caring."
- People and relatives were positive about the registered managers support. One person said, "There could not be a better registered manager." A relative told us, "The registered manager is trying very hard and this is an improvement in itself."

Working in partnership with others

- The registered manager and staff team linked and worked with external professionals to support people's health and wellbeing.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>We found no evidence that people had been harmed. However, people were not being supported to try new things and achieve their aspirations and were not always being supported in line with their assessed communication needs.</p>

The enforcement action we took:

Notice of proposal to remove provider registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed. However, there were still shortfalls in how the service was being managed and a lack of governance to help ensure that people were receiving person centred, quality care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

Notice of proposal to remove provider registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>We found no evidence that people had been harmed. However, the provider had failed to ensure staff had the training, skills and knowledge to be effective in their roles.</p>

The enforcement action we took:

Notice of proposal to remove provider registration