Lifeways Community Care Limited

Sixth Avenue

Inspection report

53 Sixth Avenue
Blyth
Northumberland
NE24 2ST

Date of inspection visit:
11 May 2021
18 May 2021

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01 July 2021

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
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

Sixth Avenue is a residential care home providing accommodation and personal care to up to four people with a learning disability, autistic spectrum disorder or physical disability. At the time of the inspection there were four people using the service.

The service provides support to people in a purpose built bungalow in a residential area of Blyth. People have their own rooms and share a range of other facilities with their fellow residents.

People's experience of using this service and what we found
People told us they were happy living at the home and they felt well supported by staff. We observed people were treated with dignity and respect. Whilst there was some indication people were involved in care decisions it was not clear how successful this was. We have made a recommendation about improving people's involvement in these decisions.

Care records were detailed but were not always personalised. They were not always easy to follow and cross reference. Daily records were often minimal in detail and there had been no recent monthly reviews of care, meaning we could not be sure that care plans remained relevant and up to date. Care records were not always in a format that supported people to be actively involved in their review. There were limited easy read documents to support people's understanding of their care choices. People had been supported to maintain relationships during the COVID-19 pandemic and staff had worked hard to provide a range of activities during the periods of lockdown.

Quality monitoring and oversight of the service was not robust. Quality visits and reports failed to identify deficits found at the inspection. Where issues were identified then actions were not always followed up. Monitoring documentation was often minimally completed. There was some evidence people and staff were involved in decision making but this had been made more difficult due to the COVID-19 restrictions. People told us staff tried to respond to their requests, if at all possible. The registered manager and staff strived to ensure the environment was as homely as possible and we observed people to be happy and relaxed.

Staff did not always have access to training and development and staff supervision sessions were not always undertaken in a timely manner. Care delivery was based around people's particular needs and professional guidance was followed. Any restrictions to peoples' freedom were done so following proper legal processes. 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 was designed in a way which supported people to be as independent as possible and there was adequate access to food and drinks.

People were protected from harm as risks related to direct care and the environment had been considered and action taken to mitigate these risks. Staff recruitment was undertaken safely and effectively. Systems were in place to safeguard people from abuse and the home was following appropriate guidance in relation

to infection control and managing the risks associate with the COVID-19 pandemic.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was not always able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture.

It was not always clear that people had been actively involved in making decisions about their care or were involved in reviews of their care. Evidence that people's choices and particular likes or dislikes had been considered when developing care plans was not always clear. This meant it was not always evident that care was as individualised as it could be. Staff had a good understanding of how to promote and maintain people's dignity and human rights. Staff were clearly considerate of people's needs and their behaviour and attitudes empowered people to live fulfilling lives.

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 requires improvement (published 19 October 2020).The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

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

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has not changed from requires improvement. This is based on the findings at this inspection. You can see what action we have asked the provider to take at the end of this full report. The provider took immediate action to address the concerns that we highlighted during our inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sixth Avenue on our website at www.cqc.org.uk.

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. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to ensuring the service is effectively managed and that staff have access to appropriate and timely training and support. The provider had not addressed all the issues we found when we inspected the service in March 2020. We have also found short falls in ensuring people's care was personal to them and that they have been actively involved in decision about their care. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 service has been rated as inadequate in the well led domain on two occasions and the service is therefore 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 six 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 rating, 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 safe. Details are in our safe findings below.	**Good**
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**

Sixth Avenue

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand how the service is preventing or managing infection control, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector.

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

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

Notice of inspection
We gave a short period of notice on the morning of the inspection. This was so we could appraise ourselves of the current situation with regard to COVID-19 at the home and ensure the inspection could be conducted safely for the people who used the service, staff at the home and the inspector.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with one person who used the service about their experience of the care provided. We also observed the interaction between people living at the home and staff who supported them. We spoke with four members of staff including, the registered manager, lead care worker and two care workers. Following the inspection we spoke with the area manager for the service, who also forwarded us a range of management and quality documents.

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.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires Improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. 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.

• Risks related to the environment of the home were checked and monitored. There was evidence that electrical fixings and other key equipment was regularly checked.
• Care records contained evidence of risk assessments. Care plans contained enough information for staff to minimise risk when delivering care. For example, where people required additional support with eating and drinking the care plans followed the advice given by health professionals.
• At the previous inspection we found deficits in the management of legionella at the home. At this inspection we found action had been taken to address this.

Staffing and recruitment
At our last inspection the provider had failed to have in place a robust system for the recruitment of staff. This was a breach of regulation 19 (Fit and proper person employed) 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 19.

• Appropriate staff recruitment practices had been followed.
• Pre-employment checks, such as Disclosure and Barring Service (DBS) checks and the taking up of references had been undertaken.
• There were enough staff on duty to meet people's needs and staff felt the staffing levels were safe.
• Recruitment was ongoing, but there was a stable staff team to support people and staff had a good understanding of people's needs.

Systems and processes to safeguard people from the risk of abuse
At our last inspection the provider had failed to undertake robust assessments to ensure people were not unlawfully restricted. This was a breach of regulation 13 (Safeguarding) 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.

• People's rights under the Mental Capacity Act (2005) were protected.

• The registered manager had made applications to the local authority to restrict people's freedoms, as necessary. These restrictions were subject to independent assessment and were periodically reviewed.
• Where people did not have the capacity to make decisions about their care then best interests decisions had been undertaken. These assessments covered all the key areas of people's lives. However, documents did not highlight alternative actions and that the final decision was the least restrictive option, although staff were able to account for the conclusion reached. We spoke with the registered manager about ensuring records were clear when making best interests decisions.

Using medicines safely
• Systems were in place to manage medicines safely. Medicine records were complete, and medicines were stored safely in people's rooms.
• Staff were able to describe how they supported people with medicines safely.

Preventing and controlling infection
• The service had in place effective processes to manage the risk of infection at the home.
• Appropriate measures were in place to limit the spread of COVID-19. Checks were made on any visitors to the home and staff wore appropriate personal protective equipment (PPE) during the delivery of care.
• All areas of the home were maintained in a clean and tidy manner.

Learning lessons when things go wrong
• There had been no significant accidents or incidents since the last inspection.
• The registered manager spoke about how the COVID-19 pandemic had affected people and how the service had adapted to support people during this time.
• The registered manager spoke about how improved communication had been a key issue during the pandemic to ensure people's health and wellbeing were supported.

Requires Improvement

Is the service effective?

Our findings

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

At the last inspection this key question was rated as 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 establish a robust system to ensure staff training and development was up to date and undertaken appropriately. 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.

• Staff support and development programmes continued to lack a robust system for implementation.
• At the previous inspection staff told us they did not have sufficient access to online training systems. At this inspection staff said some problems remained. There was still limited staff access to electronic devices to undertake training. Staff told us there was a tablet device but accessing the wifi system was problematic. One staff member told us they chose to complete training using their own phone as this was easier. The registered manager and the lead care worker told us a laptop had been provided and work was ongoing to provide staff with logging details.
• Staff said they had raised concerns because when they completed training at home, they were not paid for this time. We saw staff had raised this matter and other concerns at a recent staff meeting.
• Staff and the registered manager told us the training platform used by the provider was unstable and the system was prone to logging out during training courses. The area manager told us that staff access to training was an ongoing issue.
• When asked for a full list of staff training the registered manager told us that the online system was not up to date and was not a true reflection of the situation. They subsequently provided us with a self-completed version.
• Staff told us they did receive supervision but were unsure of the frequency. The registered manager initially told us supervision sessions, due in March 2021, had not been completed. The lead care worker told us completing supervision had been delayed as they had spent time supporting people with direct care. Staff told us they could speak to the lead care worker or the manager at any time if they needed to. By the second day of the inspection delayed supervision sessions had been commenced.

The providers' failure to act on previous concerns around training and ensure sufficiently robust systems were in place to support and develop staff was a continued breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (regulated Activities) Regulation 2014.

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

At our last inspection the provider had failed to establish a robust system to properly assess and reflect people's support requirements. This contributed to a breach of regulation 17 (Good governance) 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 this element of regulation 17.

• People's needs and choices were assessed, and care delivered in line with guidance.
• Records showed people's needs had been considered and care plans reflected these needs.
• There was some evidence that people's choices had been considered, although records lacked specific detail around likes and dislikes or personal preferences. Staff had a good understanding of people as individuals. One person told us, "You get to choose things to do; holidays and things and a choice of meals. You can get up and go to bed when you like."
• Care records reflected professional guidance on how people should be supported.

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.

At our last inspection the provider had failed to work within the requirements of the Mental Capacity Act 2005 (MCA). This was a breach of regulation 11 (Need for consent) 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 11.

• The service was now meeting the requirements of the MCA.
• Applications to restrict people's freedom had been made to the local authority. Applications had been fully assessed and appropriately reviewed.
• Where people could not make decisions for themselves then best interests decisions had been undertaken. Where people had in place equipment such as wheelchair lap belts, that restricted their freedoms, people had either agreed to this or a best interest decision had been made.
• Staff understood the requirements of the MCA and how this affected people's care and actions.

Adapting service, design, decoration to meet people's needs
• The environment was maintained in a way to support people to be as independent as possible.
• At the previous inspection we had made a recommendation about improving access in the kitchen area for people using a wheelchair. At this inspection we saw action had been taken and a low-level sink area had been installed.
• The home had wide corridor areas to support people manoeuvre around and a ceiling hoist system to assist people with bathing and getting into bed.

Supporting people to eat and drink enough to maintain a balanced diet
• People were well supported to maintain a balanced diet and access snacks and drinks.
• Where possible, people were supported to access the kitchen area safely and make their own drinks. One

person told us, "You can pop in and make tea anytime you like."
• Where people had particular needs with regard diet, or were at risk of choking, then care plans reflected professional advice and contained information for staff to follow.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• Staff had contacted and worked with a range of professionals to ensure people's health and wellbeing were maintained.
• Staff spoke about the challenges of the COVID-19 pandemic and how they had worked with services to provide continued support during the restrictions.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

At our last inspection because of concerns found throughout the service we could not be confident people were receiving high quality compassionate care. This contributed to a breach of regulation 17 (Good governance) 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 this element of regulation 17.

Ensuring people are well treated and supported; respecting equality and diversity
• People were well treated and supported effectively by staff.
• Staff had a good understanding of people's individual needs and we observed good relationships and interactions between people and staff members. One person told us, "It's okay living here. It really is. It's good to know that you have the staff to support you."

Supporting people to express their views and be involved in making decisions about their care
• There was some evidence that people had been involved in decisions about their care, although this was not always explicitly stated.
• People said staff tried to support their requests, although it had been more difficult during the recent restrictions. One person told us, "If you ask staff will try and organise things. So, they will organise if you want to go to the doctors or if you want to go shopping. I'm going shopping this afternoon."
• The registered manager said they were trying to be more innovative about involving people and developing better systems. There were no regular meeting with people living at the home, but that staff spoke with each individual person.

We recommend the provider considers new methods to better support people to be involved in decision making about their care and the service.

Respecting and promoting people's privacy, dignity and independence
• People's privacy and dignity were respected.
• People had their own rooms which were personally decorated. Staff were aware of when people were spending time in their rooms and did not disturb them.
• Staff spoke about helping people to become more independent and how they were supporting people to take small steps and develop their skills.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

At our last inspection the provider had failed to develop robust care documentation and ensure care reflected people's personal needs. This contributed to 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 was still in breach of regulation 17.

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

- People's care records continued to lack detail of personal preferences or individualised care options. A quality check by the provider in March 2021 identified people's personal preferences, such as preferred toiletries, should be updated in care records. However, this had not been done.
- At the last inspection care plans were disorganised and incomplete. At this inspection, whilst there had been some improvements, there remained significant gaps in some areas of the records. It was not always easy to discern that daily care delivery had been undertaken in line with a person's care plan.
- Daily care records were often brief and did not always reflect fully the care issues identified in people's care plans. Whilst some information was available indicating professional advice around meals was being followed it did not always fully reflect the guidance given.
- Monthly reviews of care had not been undertaken, meaning there were no records of how people had progressed and whether main care plan details remained appropriate.
- Staff had a good understanding of people's needs and we did not identify any significant short fall in care delivery due to these omissions.

The providers' failure to act on previous shortfalls about care records meant people were at risk of inconsistent care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated Activities) Regulation 2014.

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.

- At the last inspection we had highlighted that whilst some easy read and accessible documentation was available to people, this was limited and not always personalised.

• At this inspection we found the easy read information remained limited for some people. Care plans were extremely wordy and detailed to support staff. However, records did not contain more accessible information on care, so people were able to be as involved as possible in their care.
• Whilst there had been no recent monthly reviews of care, care review documentation was not in a format that would aid people's involvement in this review process.
• Staff told us they spoke with people about their care and people said staff explained things to them.

The providers' failure to act on previous concerns around personalised care and accessible records meant they were not supporting people to be fully involved in their care decisions. Failure to carry out regular reviews left people at risk of inappropriate care. This was a breach of regulation 9 (person centred care) of the Health and Social Care Act 2008 (regulated Activities) Regulation 2014.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
• People were supported to maintain relationships and participate in activities in line with the current COVID-19 restrictions.
• The registered manager described the systems in place to support people to maintain contact with relatives and ensure they stayed safe.
• People told us that before the pandemic and restrictions staff worked hard to assist them in accessing the community, engage in activities and organise holidays.
• Staff spoke about the range of activities they had organised to try and help people cope with lockdowns and COVID-19 restrictions.

Improving care quality in response to complaints or concerns
• There had been no formal complaints since the last inspection. People's care records contained information about how they could raise a concern.

End of life care and support
• There was no one living at the home who was being supported with end of life care.
• People's care records contained information about people's final wishes and details of their funeral arrangements.

Inadequate

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; Continuous learning and improving care

At our last inspection the provider had failed to establish robust systems to maintain oversight of the service and improve quality. This contributed to a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst some changes had been implemented not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

• Quality monitoring and oversight of the service continued to lack detail and was not sufficiently robust.
• Quality checks had failed to highlight deficits found at this inspection. For example, a quality visit undertaken on 24 March 2021 indicated that daily care records were up to date, and a previous quality visit had found no issues with care records. However, we found that monthly reviews of care had not been undertaken between January to April 2021.
• A quality report highlighted the need for increased use of easy read documentation in care records and for personal preferences to be updated. This had not been undertaken at the time of the inspection.
• The quality visit record from 24 March 2021 stated, 'A lot of improvements made, a lot of work has gone into the paperwork and all support plans' However, we found a range of paperwork was poorly completed. People's support plans had not been updated to reflect previous quality advice and care records did not contain individualised goals. Some documentation had not been signed by staff to show who had completed various checks or records.
• Quality checks carried out in March 2021 did not identify staff supervisions had not been completed and an action plan did not highlight deficits found at this inspection.
• The registered manager was unable to easily find quality documentation on the day of the inspection and told us it was sometimes difficult to access their online My Lifeways Learning account. Weekly manager walkaround audits were often limited in detail and had not highlighted concerns found at this inspection.
• There remained deficits in staff training and support. Staff access to training systems, highlighted at the previous inspection, had not been addressed
• The area manager told us, "I have not been there that often, although there has been a lot of input from the quality team. I was only appointed in recent months so it has mainly been a quick visit to see how service users feel and do they look happy." A number of documents forwarded to us related to reviews of the service in June 2020 and there was limited evidence of more recent detailed quality oversight.

The providers' failure to act on previous concerns around robust quality monitoring and oversight meant that we were not assured there was strong and consistent management of the service. Failure to carry out regular checks put people at potential risk of poor care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated Activities) Regulation 2014.

• Some improvements had been undertaken since the previous inspection. Risk assessments related to both the environment and people's day to day care had been undertaken. There had been improvements in staff recruitment and staff records. Actions related to the Mental Capacity Act 2005 and best interests decisions had been taken.
• At the previous inspection we had noted that the Commission had not received notification of significant events the provider is legally required to tell us about. At this inspection we found notifications had been made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• The registered manager and team leader endeavoured to promote a positive culture within the service. Staff had good relationships with people and understood them as individuals. Staff strived hard to ensure the service was first and foremost people's home.

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 responsibilities under the duty of candour regulations. There had been no recent incidents that required the service to respond within these regulations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• At the last inspection we made a recommendation that the provider should reflect on the outcome and consider how better to engage with staff in the service.
• The registered manager told us regular staff meetings had been difficult to facilitate due to the COVID-19 pandemic. A staff meeting was planned during the first week of the inspection and we saw initial minutes from this meeting.
• Staff told us they felt well supported by the registered manager and care team leader and could approach them about any issues or concerns.
• Staff told us they knew people well and spoke with them individually about their needs and the service they received.

Working in partnership with others
• There was some evidence in care files the home had worked with a range of local services to deliver support and care for people. The opportunity to develop close relationships had been affected by the COVID-19 pandemic.
• There was evidence in care files of regular contact or appointments with health and social care professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider failed to have in place care and treatment plans that fully reflected the needs and preferences of people who used the service. There was insufficient evidence to demonstrate that people had been actively involved or consulted about their care choices or delivery. Regulation 9(1)(b)(c)(2)(3)(b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider continued to fail to meet this regulation. Management oversight and quality improvement processes were not robust. Processes to effectively assess, monitor and improve the quality and safety of the service were not in place. The provider did not maintain accurate, complete and contemporaneous records in respect of each service user. Regulation 17(1)(2)(a)(c).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider continued to fail to provide appropriate access to training and professional development as is necessary for staff to perform their duties. Regulation 18(1)(2)(a).