

# Your Choice (Barnet) Limited

# Ansell Court

## Inspection report

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14 October 2020

15 October 2020

16 October 2020

19 October 2020

21 October 2020

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Ansell Court is an extra care scheme. It is a block of 53 self-contained flats. This service is a new purpose-built property for people who are aged 55 and over, providing care and support to those who need it due to age or disability. At the time of the inspection there were 41 people living in the service.

Ansell Court is fully accessible for people using wheelchairs. There is 24-hour staffing.

The provider is Your Choice (Barnet) Ltd - a social care local authority trading company (LATC) based in North London and part of a larger organisation called The Barnet Group.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The feedback from people using the service and their friends and families was generally good about the quality of care and support provided to them.

Some people who had raised concerns or complaints were not happy about the outcome or did not fully understand the outcome despite an investigation taking place.

The service identified risks relating to people's health and care needs and there was guidance in place on how to minimise the identified risks for people. Their care and support needs were written in a care plan which they agreed to and staff followed the plans in order to provide the right support to people.

People received their medicines safely and as prescribed. There were some minor recording errors which had not been identified during audits so that learning could take place.

There was a safe recruitment policy and procedure to ensure staff recruited were suitable people to work in the service.

There were increased infection control measures in place in response to the coronavirus outbreak. The provider reacted appropriately to keep people safe, but most staff had not received infection control training. The registered manager arranged this training immediately after our inspection. Staff had appropriate personal protective equipment and knew how to use it safely.

Fire safety was a concern as some staff were overdue with completing essential fire safety training. This was addressed immediately following feedback from our inspection.

Staff had regular supervision to help them to carry out their role effectively. Those who had been employed for a year had also had an appraisal. Staff told us that they felt supported, worked well as a team and found the manager helpful and approachable.

Staff supported people with their nutritional needs when needed. This ranged from helping with food shopping and cooking to helping people to eat and drink.

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.

Most relatives felt engaged with the service and confirmed that they received regular updates and feedback about their relative. However, some relatives did comment that communication between them, and the service could be improved. We gave this feedback to the registered manager who agreed to act on it.

The registered manager listened to feedback from people and people were empowered to take part in the running of the service for example setting up a gym in the service.

There were regular health and safety, care and records audits to help the management team and the provider have a good oversight of the quality and safety of the service and identify improvements where needed. Some audits did not contain enough detail for us to see which records had been checked.

We have identified one breach of regulation in relation to how the provider communicated the outcome of concerns and complaints to people at this inspection. Please see the action we have told the provider to take at the end of this report.

We have made two recommendations to the provider. One is to improve the recording of medicines and the other is to improve some audits.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

This service was registered with us on 5 February 2019 and this is the first inspection.

#### Why we inspected

We carried out an focused inspection of this service. The inspection was prompted in part due to concerns received about infection control. A decision was made for us to inspect and examine those risks. We did not find serious concerns about infection control in the service. We inspected and widened the scope of the inspection to become a comprehensive inspection.

#### 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 consistently safe. Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective. Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring. Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not consistently responsive. Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well led. Details are in our well led findings below.

**Requires Improvement** ●

# Ansell Court

## 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 team consisted of two inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Experts by Experience contacted people living in Ansell Court and their relatives and friends by phone to seek their views on the service.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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 announced. We gave 24 hours notice of the inspection as we were mindful of the impact and added pressures of Covid-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic.

Inspection activity started on 14 October 2020 and ended on 21 October 2020. We visited the service on 19 October 2020.

#### What we did before the inspection

We reviewed information we had received about the service. This included complaints, whistleblowing concerns, safeguarding alerts and feedback from the local authority. It also included notifications of incidents sent to us by the service.

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

#### During the inspection

We spoke with 11 people living in Ansell Court and 16 of their relatives and friends by telephone. We also spoke with eight members of staff including the registered manager, senior support worker and care assistants. We had feedback from a representative of the local authority.

We reviewed a range of records. This included six people's care records and six people's medicines records. We looked at six staff files in relation to training, supervision and appraisals and recruitment records for three staff. A variety of records relating to the management of the service, including quality assurance, training records, complaints and health and safety were also reviewed.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at further fire and health and safety records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

### Using medicines safely

- People received safe support with their medicines but there were some areas where improvement was needed.
- Medicines were safely managed. Systems were in place for ordering, administering and monitoring medicines. Staff completed training in administering medicines and assessed as competent before they administered medicines. Staff confirmed that they had been assessed.
- There was a medicines policy in place and comprehensive procedure outlining levels of support offered to people with medicines. Each person had a medicines risk assessment and consent form. The procedure was detailed and easy for staff to understand. Staff had a good knowledge of the difference between prompting people with medicines and administering them.
- People received their medicines as prescribed.
- Staff signed that they had given a person their medicines. There were no gaps in recording, which provided a level of assurance that people were receiving their medicines safely. However there were minor administrative errors in copying information onto the Medicines Administration Records (MAR). The registered manager told us they would ensure they had oversight of the MAR auditing after the inspection.
- People said they were happy with their medicines support. One person said; "They come twice to give my medication and they write it down." A relative told us, "The carers make sure that mum takes her tablets ,they don't make a fuss about it either ,I know it's just part of the conversation."
- Where a person needed a medicine as and when required we saw two people's written protocols for when the medicine needed to be given. One was clear with the name of the medicine and dosage and when and how to give and what action to take if the medicine did not work. The other did not have clear information as the medicine was spelled incorrectly and the dosage was not recorded.

We recommend that the service follows best practice guidance in the recording of medicines in line with NICE guidelines.

### Preventing and controlling infection

- People were generally protected by the safe use of infection control procedures and practices and improvements were made after the inspection.
- We passed on a concern reported to us that good food hygiene and PPE practices may not be followed in the kitchen to the registered manager to look into which they agreed to do. An environmental health

inspection was also due to take place.

- Although the staff we spoke with showed understanding of when to use and how to put on and dispose of PPE most staff had not been provided with up to date infection control training despite an outbreak of COVID-19 in the service earlier in the year.
- Staff confirmed they had access to a full range of PPE. This included masks, gloves, visors and disposable aprons. They told us they had full body suits for use when providing care for someone who had COVID-19. People told us staff wore PPE appropriately when providing their care. One person said, "All the carers wear gloves, aprons and masks all the time now I don't really like it, but I know it's for my own safety with this COVID thing."
- The registered manager and staff said that information on PPE was displayed in the service and discussed in meetings. When we raised the concern about lack of training in infection prevention and control, the registered manager arranged training for staff in December and then provided some infection control training in a staff meeting a few days after the inspection and provided written confirmation to us that they had done so. This action reduced the risks in the service relating to infection control.
- The service did not have a COVID-19 service plan to address the risk of another outbreak in the service. However the provider and registered manager had taken action by ensuring tenants and staff had access to information about COVID-19, restricting visitors to the service, social distancing in communal areas and additional cleaning procedures. The registered manager confirmed the service followed Public Health England guidance to reduce risk of an outbreak and to provide safe care to anyone who may contract COVID-19 in the future.

Assessing risk, safety monitoring and management;

- People's risks associated with their health, safety and care needs had been assessed and there was written guidance on how to minimise the risks to keep people safe.
- Personal Emergency Evacuation Plans (PEEPs) were in place outlining people's specific support needs in an emergency evacuation due to fire. People's support needs due to disability, hearing impairment etc were documented but the PEEPs did not specify whether evacuation equipment was required for the person to be safely evacuated.
- We informed the registered manager of our concerns about the fire evacuation procedure and they acted immediately to arrange a fire safety officer visit where they received advice that the arrangements in place were satisfactory and evacuation equipment was not needed.
- There were risk assessments in place for people addressing risks such as falls, moving and handling, epilepsy and COVID-19. The service gave staff guidance to address risks and also ensured people's capacity to make informed decisions about risky behaviours were carried out. This was good practice.
- Where a person used moving and handling equipment staff were trained to use the equipment, there had been a full assessment and there were written guidelines for staff to follow to ensure they used the equipment safely.
- Risks to people's health arising from their health conditions, non-compliance with medicines or substance misuse were addressed.
- Risk assessments were reviewed to ensure they reflected people's current needs.
- The registered manager completed monthly health and safety audits.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff understood and followed the provider's procedures to identify and report possible abuse. Staff told us they had completed eLearning training on safeguarding and the training was discussed in staff meetings to ensure they understood it.
- Most people said they felt very safe at the service. Two people said they had concerns about security in the building. These concerns were brought to the attention of the registered manager and service manager who



acted to address the concerns.

- The registered manager understood their responsibility to report safeguarding concerns to all relevant authorities including the Care Quality Commission (CQC) and had notified us of all safeguarding allegations in the service.
- The registered manager was responsive to feedback and committed to learning and improving the service.

#### Staffing and recruitment

- The provider employed staff using a thorough recruitment procedure to ensure staff were suitable. The provider carried out checks on applicants including criminal records, employment history, conduct in previous employment and health checks.
- The registered manager and staff said there were enough staff employed to meet people's support needs. People using the service had mixed views about staff. They said most staff were good and met their needs but there were some negative comments made about weekend and night staff.
- One person said, "The girls come in three times a day and they never ever miss a call," and a relative of another person said, "I have asked my sister in the past if she has plenty of time for her calls and if she feels rushed and she said it's all fine."
- People's comments included; "The only drawback is they are short of staff and the agency doesn't know what to do. I don't like the agency they don't speak English and they don't like to be told what to do", "They come on time rush that is my big issue", "Some look at their watches all the time drives me mad. I do feel lonely some of them chat some don't" and, "But they need to do something about the agency, the weekends are bad. They just don't care I have to call them, and they don't come." Other people said weekend staff were not as good as weekday staff and did not stay with them for the required amount of time.
- Two people told us they had concerns about care at night. We passed these concerns to the registered manager to address and they confirmed that they carried out spot checks at night to check that people were receiving support when they required it from night staff. They also said they would address the concerns people raised about weekend staff.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

Staff support: induction, training, skills and experience

- Staff had received some required training to deliver effective care and felt well supported.
- Staff completed an induction when they started work though some had not yet completed the care certificate which is the nationally recognised induction training. The manager said that staff will all eventually complete this training. Staff told us they were supported by senior staff until they felt confident in the job.
- There had been challenges in completing some training due to the COVID-19 pandemic and some essential training had not been provided. Most staff had no up to date infection control training or fire safety training. This is addressed in the safe section of this report. The registered manager addressed this immediately after the inspection.
- Staff told us they completed virtual training during the pandemic and were able to discuss the content of the training in staff meetings.
- The service had three senior staff who supervised the care staff. Supervision sessions took place regularly and staff said they found senior staff to be very supportive. Those who had worked at the service for one year had been appraised and the registered manager planned for all staff to receive an appraisal at the end of their first year.
- Staff also told us their training equipped them for the job. One staff member said, "I feel very confident as the training is good. If I don't understand anything or don't feel confident the seniors will always help."

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

- People's needs and choices were assessed prior to moving to the service to ensure the service was able to meet their needs and expectations effectively.
- The service's assessment form was detailed about people's holistic needs. It included areas such as hobbies, medicines, falls history, aids used, religious and cultural needs, continence needs, relationships, preferred involvement of next of kin and safeguarding background.
- The registered manager completed the assessments with people interested in the service. The process included visiting the service and the vacant flat. They explained the process after assessment was to make a task list of what tasks people needed support with and at what time of day. A full care plan was then devised within four weeks.
- The care plan format was comprehensive. We informed the registered manager that the quality of the care plans was dependent on who had written them as some were more detailed than others, however in general there was good detailed guidance for staff to follow. Nobody raised any concerns with us about the content of their care plan.

- Most people said that staff knew their needs and preferences and provided their support effectively. One person said, "The carers all know what I like and how I like things doing."

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

- People were supported to eat and drink where this was one of their assessed needs.
- People chose their own meals and those who were able did their own shopping and cooking. Staff supported people with menu planning and shopping where needed and supported some people with eating and drinking.
- The assessment carried out with people included their food and drinks likes and dislikes.
- The service had a kitchen where a lunchtime meal was prepared for tenants to buy if they wished. Some people had expressed concern about the quality of meals, but the registered manager told us this was being addressed. The kitchen was not yet registered with the local environmental health team, but a food safety inspection was requested and expected to take place in a few weeks. Following the inspection the service planned to extend the meal options for people to two meals a day.
- People gave good feedback about the support they had with their food. One person said, "I have some of my meals in the café but others the girls make for me and I always get asked what I want." Another said, "I buy all my own food and the staff help me heat up meals if I need help." "
- The registered manager said that nobody needed a special diet or had any risks related to choking or food allergies. People managed their own dietary choices. One person confirmed they had Kosher food.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. 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.

- People were safely and effectively supported by care staff in line with the principles of the Mental Capacity Act 2005 (MCA).
- Some people were deprived of their liberty authorised by the Court of Protection. Another person had an assessment of their mental capacity during the inspection where it was decided that an application would need to be made to the Court for their safety.
- We were satisfied that people's best interests were considered in line with the MCA where there were concerns for their safety, for example, a person living with dementia leaving the service to go out alone but not able to find their way back again and a person refusing support with personal care but needed that support.
- Some staff had completed training in understanding the MCA, but others were still waiting for this training which was planned. Staff said they understood the need to ensure people consented to their support and where there were concerns about a person's capacity to make a decision staff told us they asked the senior

staff or registered manager for advice. Therefore the lack of training did not have any negative impact on people's care. The registered manager had a good understanding of the MCA and how it applied to this service.

- People signed their care plans as evidence they agreed to the support and there were consent forms for staff use of a master key, sharing information with other parties for example relatives and having their photographs taken (to be used if people went missing). People signed the consent forms or signed that they didn't agree.

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

- People were supported with their health where this was an assessed need.
- Staff supported people to make and attend medical appointments. One person said, "Carers come with me if I need to go to the hospital for appointments." One staff member told us that one person preferred them to go with them to appointments and people were able to request a preferred member of staff to support them with medical appointments. The outcome of appointments was shared with staff if there was a change to the person's support needs.
- Relatives were generally satisfied with the support people received with their health. Where one relative was concerned about a person's health and weight we discussed this concern with the registered manager. They told us that they had already discussed the concern with a consultant and agreed to speak with the relative and update them about the person's health condition.
- The registered manager and senior support workers liaised with health professionals and had a system in place to ensure they all had up to date information. They passed relevant information from people's health professionals to staff in writing and ensured changes were made to people's care plans, risk assessments, MAR and task lists.
- Staff in the service followed guidance from other professionals to ensure safe care was provided. This included following advice from an occupational therapist on moving and handling for one person and supporting people with exercise programmes devised by their physiotherapists.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Most people felt they were treated well but there was a lack of consistency in people's experiences.
- Most people gave us positive feedback about the staff and how well they were treated but three people said they thought staff didn't stay the allocated amount of time with them and said temporary staff were not as good as permanent staff. One person said, "They are always respectful, but some are a bit brusque." We gave this feedback to the registered manager to address.
- Positive comments included; "Ansell Court is a lovely place, no complaints about the care. The ladies are very amenable. No problems with the manager. Care is good" and, "I couldn't be happier with my carers every one of them has different qualities, but they are all so kind and caring."
- One person said, "The girls [care staff] are lovely. They are really good to me." Another said, "Majority of staff are very professional and very pleasant. No concerns about staff."
- There were documents which assessed people's religious and cultural needs but there was little information about this in the care plans we looked at so we could not be assured that all diverse needs were met.
- Staff completed training in equality, diversity and human rights.
- One person told us they had culturally appropriate food and had been to their place of worship. There was no evidence of an unmet need arising from a person's protected characteristics. The registered manager said they would address this omission in people's care plans.
- The initial assessment asked people about their preferred gender and sexual orientation which was good.

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

- People were involved in planning their care. They initially drew up a task list of what tasks they wanted help with and when. They then helped to devise their care plans.
- People told us they could speak with the staff or the registered manager if their needs changed and they wanted more support. Care plans were reviewed and changed as people's needs changed.
- There was a key worker system in place where a staff member provided extra support to a person such as help with bills, contacts with relatives etc. A staff member told us if the relationship doesn't work well they would discuss in a staff meeting and change key worker if person doesn't engage with the worker well.

Respecting and promoting people's privacy, dignity and independence

- People's rights to privacy, dignity and independence was recognised and supported.

- Staff told us how they encouraged people to be as independent as possible and respected their wishes to make decisions for themselves about the level of support they needed.
- Relatives told us that people's right to independence was respected. A relative told us, "[ My relative] really doesn't want the carers, but she needs some help, so I do know they only help her as a last resort." Another relative told us, "I live a long way from my father and under normal circumstances I can only visit about once a month and it gives me real peace of mind that he can remain independent with minimal input from other people."
- The registered manager told us of one person who had reduced their care hours by 75% a week, at their request to be independent. Senior staff supervised the person to assess their safety and contacted their social worker to discuss and agree a new reduced care package. This was a good example of supporting a person to be more independent in line with their wishes.
- One person said, "When I am being helped in the shower I do what I can myself and the carers leave me to it and when I am finished they come back in the bathroom."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place. People could complain to the registered manager or staff, and staff reported complaints to the registered manager. The procedure was to provide a response within a week. If a person was not happy with the registered manager's investigation they could complain to a senior manager or the provider. The service provided people with a complaints form with telephone numbers and email address for the provider.
- Three people we spoke with were not happy with the way the service had responded to their complaints/concerns. We discussed these with the registered manager and service manager. They had not provided a letter of the outcome with a clear explanation of their action to people.
- Although all concerns had been investigated, the lack of written explanation of the outcome or the unsatisfactory outcome had caused some unhappiness. A lack of written outcome also meant that people were not advised of what steps to take if they were not happy with the response.
- The registered manager had not been aware of the details of one of the concerns.

This was a breach of Regulation 16 (Receiving and Acting on complaints) of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.

- The registered manager took action during and after the inspection by agreeing to speak with the people who had concerns, provide written outcomes and taking remedial action in one case.

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

- People's care was personalised to meet their needs and preferences.
- People were fully involved in choosing the support they received and in the way they wanted it. Where there was a conflict for example where a person asked for extra support which was not part of their care package we heard from the registered manager of how they tried to find ways of meeting people's additional requests.
- People's care and support packages differed according to their individual needs and wishes. Some people had support with eating, using the toilet and moving between wheelchair and bed. Staff also supported people with shopping, paying bills, housework, laundry and cooking. The level of support was dependent on peoples' needs and choices. Staff checked and put away shopping for some people or supported them with online shopping or went shopping with them.

- Staff supported people to go out if they needed support.
- People could express a preference for male or female staff to support them if they had a preference. They could also request specific staff members to help them with certain tasks.

#### 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.

- The service knew people's different communication needs. Where a person used an alternative language to English they used family or an interpreter telephone service to help communication.
- A deaf person was supported three times a week by a worker who could use British Sign Language (BSL). Most staff in the service were not able to sign but they used a BSL helpline where needed to communicate.

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 arranged a variety of activities for people and supported them to follow their own interests.
- Due to the COVID-19 pandemic most people's usual social life and leisure activities were not taking place. The service had previously arranged two daily activities in the communal lounge, but this had been reduced to one each day due to the pandemic and activities could only happen in socially distanced small groups to avoid risk of infection.
- People said they enjoyed some social interaction and activity with each other. Every afternoon there was an activity for those who wished to join, including; movie afternoon, games and puzzles, sing a long, exercises and Bingo.
- Two people said they were looking forward to the opening of the gym in the service in the next few weeks. People had requested a gym and contributed financially by buying the equipment. Staff were also able to help people with physiotherapy exercises in their flats.
- Visiting had been stopped due to the pandemic, but the service had started allowing visitors to come, limiting one family at a time for one hour in the garden. The registered manager said they planned to hold visits in the greenhouse during the colder weather.
- One person said they felt lonely with no visitors but appreciated staff taking time to chat when they came to support them with their care needs.
- Relatives said communication from the service improved with the new registered manager, but some relatives said they thought there was not enough communication during the lockdown, and they worried about whether their relative living in Ansell court was alright. We passed this feedback to the registered manager who said they would act on it.

#### End of life care and support

- People were able to receive care and support at the end of their life from this service if they wished to stay at Ansell Court.
- Staff had not had training in end of life care at the time of the inspection, but two tenants had end of life care provided by a local hospice team and the registered manager said people were able to remain living in the service at the end of their life if that was their wish.
- Some people's care plans had their end of life preferences recorded. Others did not but it was recorded that the person did not wish to discuss the subject at that time.
- The service supported people in a sensitive way with funeral plans if requested and the registered manager arranged for a tenant's friend to help them with arranging their funeral plan.



# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were systems in place to monitor the safety and quality of the service and the registered manager was committed to improving these and to continuous learning.
- The service manager on behalf of the provider carried out quarterly audits in the service to enable the provider to have oversight of quality.
- There were daily, weekly and monthly audits in the service. However some audits lacked detail as they did not detail how many records or whose records had been checked. When we found minor discrepancies for example in MAR, staff training and the management of complaints and concerns, it was not evident whether these had missed by the service's own audits or whether that particular record was not included in the audit.

We recommend that the service develop more comprehensive audit records in line with best practice.

- The registered manager was supported by three senior support workers who each had separate responsibilities. We spoke with one senior who was clear about their role and responsibilities. Care staff said that the seniors were supportive and always available to advise them.
- There were daily spot checks by senior staff to see if care records were completed and care tasks completed to people's satisfaction.
- The registered manager had an understanding of legal requirements for running the service and of the notifications required to be reported to CQC. They told us they kept a link to the regulations on their desktop to refer to.
- We found the registered manager to be well organised and knowledgeable.
- The registered manager was able to give examples of learning and improvements made in the service such as improving the quality of assessments, taking part in tenants meetings and acting on people's suggestions. Some staff and relatives told us that the service had improved since the registered manager started working there.

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

- The registered manager, tenants' ambassador and regular tenants meetings helped to promote a person

centred culture.

- People in the service had regular tenants meetings and had appointed an ambassador who was one of the tenants who supported people with their concerns and liaised with the registered manager on tenants' behalf. We saw from tenants meeting minutes that people felt free to give their feedback on important matters such as the quality of the food and the registered manager told us what action they had taken to respond to the feedback.
- The registered manager said they tried to implement a person centred culture by involving tenants from the day they move in and ensuring care plans were created with them or alternatively with their relatives where that was appropriate.
- People had grown salad vegetables in the service greenhouse and garden which they had picked and eaten. They were also growing flowers and plants for Christmas. Tenants asked to turn a communal room into a gym as local gyms were either closed or inaccessible. Tenants voted on the suggestion and the flooring was designed to meet the needs of people with a physical disability and visual impairments. Tenants and their families paid for the equipment. This was an example of a culture that was inclusive and empowered people.
- People's feedback about the service varied but was overall positive.

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 around duty of candour and being open and honest when something had gone wrong. However a clear written explanation of the investigation of concerns and complaints was not always provided. They submitted statutory notifications to CQC and informed us and the local authority of relevant incidents.

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

- Relatives of people living in the service had mixed feedback about how the service engaged and involved them.
- Some relatives said they did not feel there was enough communication during the lockdown period. One relative told us, "it would be good if I got a phone call at least once a week to reassure me that my mum is ok especially as we are not allowed to go to the flat", and another said, "I emailed the manager she didn't reply to me she doesn't always reply." Some other relatives also said they would like a regular call updating them on their relative's wellbeing.
- Other relatives were happy with the level of communication they had. One person said, "I arrange with the manager to do a video call at a specific time and she makes sure that she is available to receive the call in the reception area ,I really appreciate this." Other relatives said, "It is such a relief that dad is where he is. I know that someone is going in 3 times a day and I would get a call if anything was wrong" and, "The best thing about the service is knowing my mum is safe at all times ,she is encouraged to do what she can for herself and that if anything is wrong I will be the first to be told."
- One relative said, "The manager is doing a good job and the staff are consistent." Another said, "Yes I know the manager, we can go to her."
- The service had sent satisfaction surveys to stakeholders in August, but the registered manager had not yet received the outcome of these from the provider.
- The registered manager gave us examples of good communication with friends and relatives about a person's health and risks when needed.
- There were regular staff meetings and staff told us they felt supported and could make suggestions and raise any concerns with the registered manager. Staff were happy working in the service and told us; "All our team members are brilliant", "We always help each other", "All the seniors are there to help us if we got

some problems" and "We are like a family here, it is a great team."

#### Working in partnership with others

- The registered manager worked with the local authority's care quality team to implement improvements in the service.
- The staff team liaised with a variety of health and social care professionals to help ensure people received care and treatment they needed. One of the senior staff told us they had overall responsibility for liaising with GPs and communicating any necessary information about people's healthcare to the rest of the staff team. We spoke with one professional who told us the local authority was monitoring the service making progress with an improvement plan.

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
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The registered persons were not consistently operating an accessible system for responding to complaints as, although complaints were investigated, the outcome was not consistently communicated to the complainants in writing to ensure they understood the outcome and next steps they could take if not satisfied.</p>