

Aston Care Limited

# Downshire House

## Inspection report

9, Downshire Square  
Reading  
RG1 6NJ

Tel: 01189595648

Website: [www.astoncarehomes.co.uk](http://www.astoncarehomes.co.uk)

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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 well-led?

**Good** 

# Summary of findings

## Overall summary

### About the service

Downshire House is a residential care home without nursing, providing accommodation and personal care for up to 8 older people and younger adults living with a learning disability, autistic people, people living with mental health needs, dementia, sensory impairments and physical disabilities. At the time of our inspection there were 7 people using the service.

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

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.

Staff understood and effectively delivered care and support in accordance with the principles and values of Registering the Right Support and other best practice guidance. This ensured that people who used the service lived as full a life as possible and achieved successful outcomes.

### Right Support

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff had completed additional training on how to recognise and report abuse and they knew how to apply it.

Staff were focused on people's strengths and promoted what they could do, so people experienced a fulfilling everyday life. Staff had completed training in relation to reducing restrictive practice and positive behaviour support.

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.

Staff enabled people to make decisions following best practice decision-making and communicated with people in ways that met their needs.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcomes. Staff supported people to play an active role in maintaining their own health and wellbeing.

### Right Care

People received kind and compassionate care from staff who protected and respected their privacy and dignity. Staff understood and responded to people's individual needs.

People's support plans reflected their range of needs and promoted their wellbeing and enjoyment of life. Staff provided care to meet people's needs and aspirations, focused on their quality of life, and followed best practice.

Staff had the necessary skills to understand people who had individual ways of communicating, using body language, sounds, pictures and symbols. We observed people were happy and relaxed when interacting and communicating with staff.

#### Right Culture

The ethos, values, attitudes and behaviours of the manager and staff ensured people led confident, inclusive and empowered lives.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities of autistic people and people living with a learning disability.

We observed people receiving care that was tailored to their individual needs.

Since the last inspection, staff turnover was low, which supported people to receive consistent care from staff who knew them well and placed their wishes, needs and rights at the heart of everything they did.

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

The last rating for this service was inadequate (report published 8 December 2022).

This service has been in Special Measures since 8 December 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 13 September 2022. 7 breaches of legal requirements were found. The provider completed an action plan after the last comprehensive inspection to show what they would do and by when to improve good governance, safe care and treatment, safeguarding service users from abuse and improper treatment, need for consent, staffing, fit and proper persons employed, duty of candour and notification of other incidents. The provider was served with 3 warning notices for breaches of regulation in relation to good governance, safeguarding service users from abuse and improper treatment and the need for consent.

We carried out an announced targeted inspection of this service on 31 March 2023, to check whether the warning notices we previously served in relation to safeguarding service users from abuse and improper treatment and the need for consent had been met. At that inspection we found, although some improvements had been made, the provider had not met the warning notices in full and therefore remained in breach of regulations and remained in special measures.

We undertook this focused inspection on 14 June 2023, to check they had followed their action plan and to confirm they now met legal requirements, including those subject to the three warning notices. This report

only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link on our website at [www.cqc.org.uk](http://www.cqc.org.uk). This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

**Good** ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Downshire House

## 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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. We did this to understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was conducted by one inspector.

#### Service and service type

Downshire House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Downshire House 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service.

Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The former deputy manager had been recently appointed as the manager and had applied to register with the CQC. We are currently assessing this application. The deputy manager was being mentored and working together with the recently appointed area manager. For the purpose of this report, where the manager and area manager have shared responsibility for areas of work, they are referred to as the management team.

### Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. We gave short notice of the inspection, so staff could prepare autistic people and people living with a learning disability for our visit, to minimise the risk of our visit causing anxiety.

### What we did before the 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 checked information held by the fire and rescue service, Companies House, the Food Standards Agency, and the Information Commissioner's Office. We looked at the content of the provider's website. We used all this information to plan our inspection. We took this into account when we inspected the service and made the judgements in this report.

### During the inspection

We spoke with 3 people who use the service and 10 staff, including the area manager, new manager, 3 team leaders and 5 support workers. We observed support in communal areas, for example, during meal preparation and activities in the lounge, dining room and garden to help us understand the experience of people who could not talk with us. We reviewed a range of documents, including seven people's care records and daily notes in two different record systems. We reviewed the provider's policies, procedures, accidents and incidents, and quality assurance audits. After the site visit, we continued to seek clarification from the management team to validate evidence found and spoke with community health and social care professionals who engaged with the service. We requested and received further records, quality assurance documents, and were provided with a variety of additional evidence for consideration.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed 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.

### Recruitment

At our last comprehensive inspection, the provider had failed to assure and regularly review staff were of good character, suitably qualified to support people living with autism or a learning disability. This was a breach of Regulation 19(1) 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.

- At the last comprehensive inspection, we identified major deficiencies within staff recruitment files, including a missing file for a staff member who had been dismissed under the provider's disciplinary procedures. At this inspection, we found the management team had addressed all of these deficiencies.
- The management team had reviewed all staff recruitment files to ensure all necessary security checks to assure the good character and suitability of staff to support autistic people or those with a learning disability, had been completed. For example, the management team ensured that all staff had a current Disclosure and Barring Service (DBS) check completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The management team had improved staff recruitment files by ensuring they contained full employment histories of staff, with the reason for any gaps being explored. Where staff had experience working for other care providers, the management team had made the necessary enquiries to establish staff conduct in these roles and their reasons for leaving.
- However, we reviewed a risk assessment that related to a staff member who was subject to an adverse DBS check, the document did not contain sufficient information to explain the circumstances of concern or the continued employment of the staff member. The area manager took immediate action to address it. The area manager assured us they would be quality assuring future staff recruitment and would deal with all staff risk assessments when required. There had been no impact on people because the staff member had continued to provide good quality care.

We recommend the provider ensures staff undertake suitable training in relation to their role and responsibilities to assure that only fit and proper persons are employed.

### Assessing risk, safety monitoring and management



At our last comprehensive inspection, the provider had failed to establish and effectively operate systems to assess, monitor and mitigate risks to people to ensure their safety. This was a breach of Regulation 12 (1) 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.

- At the last comprehensive inspection, the service was using 3 different systems to record and manage people's needs assessments, risk assessments and care plans. These records contained multiple inaccurate entries, with contrary information regarding people's prescribed medicines, allergies and accidents and incidents.
- At this inspection needs and risk assessments had been significantly improved and contained the required information to enable staff to provide the right support to meet people's needs.
- At the last comprehensive inspection, the provider used 3 systems, 1 being digital and 2 being paper based to record accident and incidents relating to injuries sustained by people. We found all of these records were awaiting review and action by a supervisor.
- The provider told us the digital system was no longer in use, was going to be replaced and they were going through a consultative process with the staff to find the most suitable system for the service. In the interim, the area manager had established a stand-alone paper system for recording of accident and incidents, to inform risk management. The new system effectively recorded incidents and accidents. However, we found the digital system had not been fully decommissioned and staff were still recording entries. The manager was able to demonstrate that all accidents and incidents had been reviewed and appropriate action and review of relevant risk assessments taken. However, there was a risk that incidents and accidents may not be reviewed in the absence of the manager. The area manager undertook to speak with staff to prevent the recording of incidents on the digital system, to eliminate the duplicitous recording and ensure effective review in the absence of the manager.
- People's risk assessments recorded people's allergies accurately. For example, they now provided the correct information relating to a person's allergy to penicillin and another person's allergy to walnuts. This enabled staff to protect them from the risks of an allergic reaction.
- Risks to people's safety during major incidents and emergency situations in case of events such as fires and floods, were now effectively mitigated. For example, a contingency plan had been developed, detailing where people should be transferred after an emergency evacuation when immediate return to Downshire House was not an option.
- The manager had completed monthly fire drills and updated the last fire safety audit, which had been completed in January 2018.
- The management team had appointed fire marshals to oversee fire safety drills and audits. The fire marshals ensured the emergency grab bag contained people's personal emergency evacuation plans and other required fire emergency information.
- Since the last inspection the provider had taken appropriate action to implement required safety measures and monitoring to ensure people were protected from the risk of scalding from hot water.

### Using medicines safely

At our last comprehensive inspection, the provider had failed to establish and effectively operate systems to assess, monitor and mitigate risks to people to ensure their medicines were managed safely. This was a breach of Regulation 12 (1) 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.

- At our last comprehensive inspection, people were receiving their medicine from staff who had not had their competency assessed, and people's medicine management plans had not been reviewed since June 2019. These included a person's epilepsy protocol for the safe administration of prescribed medicine to prevent seizures. Where people had medicines 'as required' (PRN), for example for pain or for anxiety, there were no PRN protocols in place.
- At this inspection the management team had reviewed each person's medicine management plan with the person, their representatives, where appropriate, and the dispensing GP. The manager had arranged for the GP to complete a review of each person's medicines to ensure they were still necessary and appropriate to meet their current needs. This meant the provider could be assured that staff administered medicines safely and in accordance with their training and legislation.
- Staff had completed the provider's required training to manage people's medicines safely. This included a comprehensive programme of mentoring and observations before staff were authorised to administer medicines. Staff then had their competencies to administer medicines assessed annually. Staff were able to tell us about people's different medicines and why they were prescribed, together with any potential side effects.
- People's medicines administration records (MARs) showed they received their medicines as prescribed. People had protocols in place for any 'as needed (PRN)' medicines that they took, and for any rescue medicines, such as for epilepsy. Protocols were detailed and informed staff of signs that the person may be experiencing symptoms. Staff had completed additional training in relation to supporting people living with epilepsy and how to manage and administer their emergency medicines if required.
- People's preferred method of taking their medicines and any risks associated with their medicines were documented. We observed staff treat people with dignity and respect whilst administering medicines in accordance with their medicine management plans. For example, people were asked if they were ready to take their medicines and their wishes were respected if they wished to take medicines later, if these were not time critical.
- Since our last inspection, the provider had reorganised the dedicated medicines room. We found medicines were ordered, stored and disposed of in line with regulations and recognised best practice. There were additional security measures for specified medicines, as required by legislation.

### Systems and processes to safeguard people from the risk of abuse

At our last comprehensive inspection, the provider had failed to operate robust procedures to protect people from avoidable abuse and improper treatment, and to ensure staff had completed safeguarding training. This was a breach of regulation 13(1). We served the provider a warning notice and told them to meet Regulation 13 by 12 January 2023. We went back to the service to check that the warning notice had been met.

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

- People, their representatives, community professionals and the commissioners of people's care consistently told us they felt the service was safe.
- People were protected from the risks of potential abuse by staff who had completed the provider's safeguarding training. Staff understood the signs of abuse or neglect and knew what action to take if they felt people were at risk. Staff were able to demonstrate a clear understanding of their roles and responsibilities, including reporting concerns to external authorities.

- The manager ensured all safeguarding incidents were notified in line with regulations and were reported, recorded and investigated in accordance with the provider's policy, regulations and local authority guidance.
- Staff supported people to understand how to protect themselves and others, through the use of individualised tools, meeting people's individual communication needs.

## Staffing

At our last comprehensive inspection, the provider had failed to deploy enough suitably qualified, competent, skilled and experienced staff to meet people's needs and keep them safe. This was a breach of regulation 18(1) 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 18.

- At our last comprehensive inspection, we found the provider failed to deploy sufficient staff to meet their required assessed staffing ratios. At this inspection people and relatives told us there were always enough staff on duty to meet people's needs, keep them safe and provide stimulating activities, which enhanced the quality of their lives. This was confirmed by staff feedback and rotas. One staff member told us, "The staffing level is right now because we have lost one resident [person moved to more suitable placement to meet their needs] but have kept the same level of staff."
- The manager completed a weekly, or more frequently as needed staffing needs analysis when people's needs changed. Rotas demonstrated that staffing levels were reviewed regularly and changed whenever required to meet people's changing needs.

## Preventing and controlling infection

- Staff supported people to keep their home clean and hygienic. Staff performed effective hand hygiene which reduced the risk of cross contamination and people acquiring an infection. We observed staff followed good infection prevention and control procedures while administering medicines and supporting people to prepare their meals.
- Staff had training in infection control practices and had policies and procedures to support them. Personal Protective Equipment (PPE) was available and worn by staff where appropriate.
- We were assured that the provider was preventing visitors from catching and spreading infections.
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- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

#### Visiting in care homes

- The registered manager and staff were facilitating visits for people in accordance with current government guidance and the provider's policy. People and relatives told us the staff encouraged visiting and were supportive, making any arrangements.

#### Learning lessons when things go wrong

- Staff effectively reported incidents, accidents and near misses. Staff consistently told us the manager and area manager had developed an open and supportive culture within the service. Staff had no concerns reporting any incidents that took place, which were treated as learning opportunities to improve people's care.
- Staff received feedback about incidents and events in reflective practice sessions, team meetings and handovers. Staff were kept up to date with information relevant to them, such as changes in people's support plans.
- The management team analysed incidents and accidents daily to establish appropriate actions to reduce the risk of re-occurrence.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

### Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider could not demonstrate that people's consent to their care and treatment was always sought in line with legislation and guidance. This was a breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served the provider a warning notice and told them to meet Regulation 11 by 12 January 2023. At this inspection we checked that the warning notice had been met.

Enough improvement had been made at this inspection. The provider had met the warning notice and was no longer in breach of regulation 11.

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 MCA 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, 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and the manager could demonstrate that appropriate legal authorisations were in place where people had been lawfully deprived of their liberty. We reviewed the service DoLS tracker, which demonstrated that required DoLS applications had been authorised and new applications had been submitted before they expired.
- At the last comprehensive inspection the provider could not assure people had lawfully consented to their care and treatment. There were no decision specific assessments relating to people, in line with legislation.
- At this inspection staff were able to demonstrate a clear understanding of the MCA, best interest decision making processes and DoLS.
- Since the last inspection staff had reviewed people's MCA assessments, which were related to specific

decisions. People had relevant mental capacity assessments and best interest decisions recorded detailing key decisions. For example, those relating to people's medicines, activities of choice, and personal care.

- Staff understood their responsibility to support people to make choices and decisions they were able to.
- The management team demonstrated a clear commitment to minimising the use of restrictive interventions. For example, unplanned use of restrictive strategies triggered reviews of people's support plans and generated staff supervisions and reflective practice sessions to identify required learning and promote the reduction of restrictive practice.
- Visiting specialist nurses had previously raised concerns that a best interest decisions process had not been considered in relation to a person choice repeatedly declining their support. The manager had completed an appropriate best interest decision process to address these concerns. At this inspection, records demonstrated the person was more receptive to receiving support from the specialist nurses, together with clear guidance for staff how to support them with this decision.
- Where people had their liberty restricted the provider ensured the correct process had been followed in line with current legislation. For example, the management team had completed assessments explaining restrictive practices such as locked doors around the home. The assessments demonstrated these were the least restrictive options and, in each person's best interests. Staff were able to demonstrate increased awareness of circumstances which could amount to restrictions of people's liberty.

#### Staff support: induction, training, skills and experience

At our last comprehensive inspection, people received care from staff who were not adequately trained and supported to meet people's assessed needs. This was a breach of Regulation 18(2) 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 18.

- At this inspection we found staff had the required skills and knowledge to support people according to their needs. Staff had received regular supervisions and an annual appraisal of their performance. This meant staff had their training, learning and development needs identified, planned for, and supported.
- Since the last inspection, the management team had established and effectively operated a competency framework to assess and monitor the quality of people's care and support. The manager ensured staff delivered care in accordance with their training, through competency checks including observations, one to one supervisions, staff meetings and group reflective practice sessions.
- People, relatives and professionals told us staff had the required skills and knowledge to meet people's health and emotional needs. One relative told us, "I think the carers [staff] are well trained and understand [person's] behaviour and needs, and how to support him." A health and social care professional told us, "You can see they [provider] have invested in staff training focused on supporting people with complex learning needs and reducing restrictive practice. The staff are more aware of people's individual needs."
- Staff told us their training fully prepared them to meet the complex needs of people. Staff told us, "The training here has been very good. We've had face to face training since you last came, in safeguarding, mental capacity and reducing restrictive practice." A regular agency staff member told us they were impressed with the training they had received from the management team in relation to each individual and how to support them in relation to their complex needs. Staff consistently reported that the face to face training in relation to positive behaviour support, reduction of restrictive practice and mental capacity was much better than online training and had increased their confidence in applying their training in their day to day care delivery. One staff member told us, "The recent trainings have really raised my awareness about focusing on their [people's] needs and I feel more in tune with our residents [people]."

- New staff completed a thorough induction process that equipped them with the necessary skills and confidence to fulfil their role effectively. New staff told us their comprehensive training made them feel confident they were ready and able to meet people's complex needs.

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

- At the last comprehensive inspection care and support was not planned and delivered in line with current evidence-based guidance and best practice. People's care and support plans were not always reviewed and updated to ensure they contained up to date information to enable staff to deliver effective care.
- The management team had reviewed people's risk assessments and created new paper-based care and support plans. The updated support and care plans provided staff with the required information in line with NICE guidelines. NICE is the National Institute for Health and Care Excellence whose role is to improve outcomes for people using health and social care services by producing evidence-based guidance and advice for health and social care practitioners. For example, people's epilepsy protocols had been reviewed and updated following NICE guidelines.
- Prior to this inspection, the absence of any consistent management for an extended period meant the provider could not be assured people's care was planned and delivered in accordance with required standards. The management team had addressed the previous lack of staff training to meet people's individual needs, which allied to the provider's competency checks ensured staff were delivering good quality care in line with recognised best practice guidance.
- People's support plans now clearly identified the impact of their individual learning disability and how staff should support them. The area manager worked with staff to emphasise the importance of future planning and progression towards people's achievable long-term goals.
- Staff told us they were proud about how the support they provided to people achieved successful outcomes, improving their quality of life. For example, improving communication with people, developing greater understanding of their needs, reducing incidents involving increased anxieties and frustration and developing their life skills to promote their independence.
- Relatives and relevant health and social care professionals told us they were involved and wereworking in partnership with the service to assess people's needs and develop their support plans.

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

- People were supported to have enough to eat and drink and were encouraged to maintain a balanced, healthy diet. Staff placed a strong emphasis on the importance of eating and drinking well and reflected best practice in how they supported people in this respect.
- Staff followed guidance from relevant healthcare professionals to ensure people were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions. For example, people identified to be at risk due to weight loss and weight gain, had been successfully supported by staff to achieve desired outcomes.
- Where needed, staff supported people to learn about healthier options and nutrition in a way they understood. People were supported to balance their consumption of food and drink with exercise and physical activities. For example, staff offered people different options and encouraged them to choose healthy drinks and snacks they preferred.

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

- Staff worked effectively with health and social care professionals to make sure care and treatment met people's changing needs. Records demonstrated staff made prompt referrals to GPs, other health care specialists and relevant health care services, when required.
- The provider had developed an integrated approach and worked effectively with relevant health and

social care professionals to improve people's health and well-being. Health and social care professionals told us that people experienced successful outcomes, due to the diligent way staff had followed their guidance.

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

- The physical environment of Downshire House had been improved to meet people's sensory and physical needs. It provided people with the opportunity to live within appropriate accommodation according to their needs, preferences and lifestyle choices.
- People had their own bedroom, designed to provide an age-appropriate environment, which promoted dignity and respect for each individual. People's rooms were individualised to reflect people's choices and preferences in the décor of their choice.



# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last comprehensive inspection, the provider had failed to fulfil the legal requirements of their role, to ensure compliance with regulations, to assess, monitor and improve the service to ensure that quality and safety were not compromised and to mitigate risks to people. This was a breach of Regulation 17 (1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served the provider a warning notice and told them to meet Regulation 17 by 12 January 2023. We went back to the service to check that the warning notice had been met.

Enough improvement had been made at this inspection as the provider had met the warning notice and was no longer in breach of regulation 17.

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

- At the last inspection we found the provider's governance and performance management was not reliable and effective. Quality assurance processes had not effectively identified emerging risks to people and ensured they were managed safely. The provider's systems and processes had not enabled the registered person to identify where quality and safety were being compromised and to respond appropriately and without delay. The registered person had not always identified risks and introduced measures to mitigate the risks in a timely manner that reflected the level of risk and impact on people using the service. Investigations into accidents, incidents and near misses lacked the full rigour needed to identify any required learning.
- At this inspection, the manager who was now supported by the area manager had the skills, knowledge and experience to perform their role effectively and to ensure a comprehensive oversight of the quality of the service provided. The management team had comprehensive oversight of the service, the people living there and the staff supporting them.
- Governance was becoming embedded within the service and the management team operated an effective monitoring and assessment system. The performance management processes established by the area manager were effective, reviewed regularly and reflected best practice. These processes helped to keep people safe, protect people's rights, provide good quality care and where required, hold staff to account.
- The manager effectively operated risk management measures reflecting all aspects of people's lives and

the running of the service. Staff were supported to take a positive risk aware approach, which promoted people's independence and enabled them to try new things in a safe way.

- The manager often worked alongside staff to monitor the quality of service delivery. This ensured people experienced a consistent level of support. Staff told us the manager, area manager or a team leader were always available out of hours.
- Health and social care professionals told us they were impressed by the improved person-centred approach promoted by the manager and had confidence in the staff's capability to deliver good quality care to meet people's complex needs.
- The manager and area manager worked directly with people and led by example. This achieved good outcomes for each individual, which had a significant impact on their well-being and the quality of their lives.
- The manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.
- The provider had invested in staff by providing them with quality training to meet the needs of all individuals using the service.

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

- At the last inspection, the provider had no policies and procedures in relation to the Duty of Candour or Accessible Information Standards. This meant that managers and staff were unaware of their responsibilities.
- At this inspection, the provider had established policies and procedures in relation to the Duty of Candour and Accessible Information Standards.
- The management team were clear in their understanding of the Duty of Candour and knew the action to take should something go wrong.
- The manager fully assumed responsibility and accountability when concerns had been raised or mistakes had been made.

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

- The management team worked hard to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to flourish.
- The manager and area manager were highly visible in the service, approachable and took a genuine interest in what people, staff, family, and what other professionals had to say.
- People and relatives spoke in positive terms about the manager and the area manager. One relative told us, "It [the service] is well managed. The new managers are doing a good job."
- The manager motivated and inspired staff, which had resulted in a strong team spirit and high levels of staff satisfaction. Staff, and health and social care professionals told us the management team worked well together, led by example and were excellent role models. One staff member told us, "[Area manager] has lots of experience[of working] with [people with] autism people and learning disabilities and putting people's needs first and how to support them." Another staff member said, "The new managers are really supportive, [the manager] is always available to listen if we have a problem or suggestions about ideas to improve people's care."
- The management team had instilled a culture that valued reflective practice, learning and improvement. A team leader told us, their own professional development had benefitted from the area manager's openness to listen to fresh perspectives.

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

- The manager sought feedback from people and those important to them and used the feedback to develop the service. For example, how to support an individual with their anxieties before and after family visits.
- People were involved in all aspects of care. People, relatives and care managers were involved as much as possible in reviews of their support plans and their goals were prioritised.
- People, and those important to them, worked with managers and staff to develop and improve the service. People's families felt involved in the service and we observed staff keeping in touch with family and friends through phone calls, video calls and by email.

Continuous learning and improving care

- The manager was focused on continuous learning and improvement. Staff felt able to suggest ideas and were supported to implement them and seek people's feedback. For example, new activities or approaches to individual's support.
- The area manager kept up to date with national policy to inform improvements to the service.
- The area manager had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

Working in partnership with others

- The manager had forged strong links with people's healthcare professionals and wider support networks. The management team maintained good communication with health and social care professionals, through regular reviews of care, with notes and actions from these meetings communicated to all involved.
- The provider was involved in provider engagement groups organised by the Local Authority which aimed to help improve care services in the local area.