

Leonard Cheshire Disability

Agate House - Care Home with Nursing Physical Disabilities

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

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

About the service

Agate House Care Home with Nursing Physical Disabilities is a residential care home providing personal and nursing care to 32 people, some who may be autistic or living with a learning disability or a physical disability, at the time of the inspection. The service can support up to 36 people.

Agate House Care Home with Nursing Physical Disabilities provides all accommodation, communal areas and therapy support on one ground floor level. The building is split into four separate wings, each of which has adapted facilities. People share communal areas such as kitchens, lounges and bathrooms and have their own bedrooms.

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

Right Support:

- Reasonable adjustments were not always made so that people could be fully involved in discussions about their support. Staff did not always communicate with people using their identified and preferred methods.
- People did not always benefit from an interactive or stimulating home environment and sometimes felt isolated or bored.
- Staff had started to support people to be independent if this was their choice. The management team were continuing to support staff to improve in this area.
- People were being supported to pursue their interests and achieve their aspirations and goals.
- People were supported to follow social interests and past times.
- The service gave people care and support in a clean environment which met their physical needs and people were able to personalise their bedrooms.
- The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative.
- Staff supported people safely with their medicines.
- People were mostly 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 mostly supported this practice.

Right Care:

- People who had individual ways of communicating such as using symbols or body language could not always interact comfortably with staff as they did not have all the skills necessary to understand them.
- Staff did not always have the training or knowledge to support people effectively. The management team were still improving the way staff knowledge and competency was being checked.
- People's support plans did not always fully reflect their range of needs and promote their wellbeing and enjoyment of life.
- Staff supported people to assess any risks they might face in a safe way and supported people to take positive risks.
- Staff promoted people's equality and diversity and knew them well as individuals for the most part.
- People received kind and compassionate care which fully promoted their privacy and dignity.
- Staff were prompting people to try new things which may enhance their wellbeing and enjoyment of life.
- Staff members mostly knew people well and communicated with them in a kind and compassionate manner.

Right Culture:

- Audits completed at the service by management had not always picked up on areas that could have been improved to help support a more positive culture.
- People and those important to them, felt they were not always involved in planning their support.
- Staff turnover was very high meaning people did not always receive consistent support from a staff team who knew them well.
- There were still some occasions where people were left without engagement from the staff team for extended periods of time.
- People received good quality care and support and were supported to lead inclusive and empowered lives for the most part.
- Staff were responsive to people's needs and worked well together to achieve good outcomes for people. Feedback from people and relatives was that there had been improvements at the service.
- The new manager, staff and management team were passionate about continually improving the service and supporting people to achieve their goals and aspirations.
- Staff worked hard to achieve good quality care and good outcomes for people.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 19 July 2022) and there were breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of all the regulations in breach at the last inspection. However, the service was still in breach of one regulation.

This service has been in Special Measures since 15 December 2021. 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

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

Enforcement and Recommendations

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

We have identified a continued breach in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Agate House - Care Home with Nursing Physical Disabilities

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.

Inspection team

Two inspectors and a medicines team inspector carried out the inspection.

Service and service type

Agate House Care Home with Nursing Physical Disabilities is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Agate House Care Home with Nursing Physical Disabilities is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a manager in post who had started the process of registering with the CQC.

Notice of inspection

This inspection was unannounced

What we did before inspection

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

During the inspection

We spoke and communicated with 14 people who used the service and 11 relatives about their experience of the care provided. People who used the service who were unable to talk with us used different ways of communicating such as using their body language. We spent lots of time observing how staff interacted with people using the service.

We spoke with 21 members of staff including support workers, activity support workers, domestic care staff, team leaders, cooks, the maintenance team, deputy managers, the manager, members of the quality management team and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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.

Staffing and recruitment

At our last inspection there were not enough staff to support people in a timely manner or in line with their preferences. This put people at risk of potential harm. This was a breach of regulation 18(1) (Staffing) 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 (1).

- People were supported by staff in a timely manner most of the time. Staff were able to respond to people's request for support in areas such as personal care or having something to drink. One person said, "If I use the call bell staff come quickly or let you know they will be there in a few minutes. They certainly do not leave you waiting around like they used to."
- The management team had reviewed their staffing dependency tool and made changes to the way staff were deployed at the service. This meant there was more engagement with people throughout the day as more staff were available to support them. One person told us, "Things have got much better. [Staff] are always about and I get out and about every day if I want to now."
- The provider was still using a large amount of agency staff at the service. However, measures were now in place to help ensure agency staff supported people safely. Agency staff were not left to support people alone unless they had worked with people for a long time. The management addressed any issues with agency staff performance to ensure people were supported safely. One person told us, "[Agency staff] are more regular now and know what they are doing. The managers deal with any staff who do not listen to us."
- Staff were more positive about the current staffing situation. They told us they had time to support people safely and in line with their preferences, for example what time to wake up. One person said, "[Management team] came and asked me what time I wanted to get up in the morning. [Staff] stick to the time unless there is an emergency in which case I do not mind."
- Despite our findings, some people and relatives still had concerns about staffing levels. One person said, "The main problem is there are not enough staff in the mornings. It takes a long time to be supported with personal care." A relative told us, "I would say things are a bit better but [family member] is still left sitting by themselves a lot."
- Though there was more engagement with people, there were still times where people went for long periods of time without staff being present. This was evident at weekends, during mealtimes and if all staff were busy supporting people with personal care. One person said, "It can still be very quiet with no staff about sometimes."

- Some staff did not engage with people when they had the time to do so and instead conversed with each other or stayed in areas away from people using the service. One relative told us, "Staff do talk to [family member] more now but I do sometimes wonder what they are doing when they stand in [different rooms to people]. They could be chatting with people but do not seem to do this."
- We fed this back to the management team who said they would continue their observations and checks to make sure there were enough staff to support people in line with their preferences at all times.
- The provider completed employment checks on staff members in line with legal requirements to help ensure they were suitable for their job roles.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection systems were not robust enough to mitigate risks to people's safety. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's risk assessments in relation to areas such as pressure area care and food and fluid monitoring were clear and gave good guidance to staff. Staff monitored these areas of people's care in line with these risk assessments. One person said, "I am dependent on staff making sure I move regularly and use [piece of equipment]. The staff know how to use the equipment and how to move me safely."
- Risk assessments and support plans had been reviewed to make sure there was no conflicting information about people's support needs in them. A relative told us, "I was asked to go through [family member's] support plan with the staff and it is much better now. All the folders are available for me to see and staff are recording everything properly."
- The maintenance team completed thorough health and safety checks of the building to make sure people were safe. Where issues were identified, actions were taken to ensure people's safety. One relative said, "Whenever I visit the service [maintenance team] are always busy making sure everything is running as it should be."
- The management team had assessed people's needs relating to staying safe and put measures in place to support them. For example, people now had specialised call bells which made it easier to call for staff support. One person told us, "The call bell I have now is much bigger and much better making it easier to call staff for help if I need it."
- People's risk assessments focusing on how to support them if there was a fire were not as detailed as other risk assessments.
- Some people's risk assessments had not been reviewed as thoroughly as others. These did not give staff as clear guidance as the risk assessments that had been reviewed. The management team assured us they would focus on updating these.
- Although we found improvements in the recordings of people's daily care in some cases, it was confusing to locate information. For example, the total amount of fluid a person had throughout the day was kept in a different folder to where the recording forms were stored. The management team told us they were continuing work to improve the processes of auditing these care records.
- Some relatives still had concerns about risk management in relation to staffing levels. Their comments included, "I still worry about how long [family member] is left when they need personal care, especially at weekends." and, "Things have got better but not by much. It depends on which staff are on shift." We fed these concerns back to the management team who discussed how to improve people's care and support with these relatives.

- The management team reviewed incidents and accidents to see if any lessons could be learned when things went wrong. These were discussed and shared with the staff team in staff meetings.

Systems and processes to safeguard people from the risk of abuse

- People felt safe being supported by the staff team. One person said, "I think I do feel safe. [Staff] know about my [health conditions] and what signs to look out for and the regular agency staff know these too now." A relative told us, "[Family member] is very safe and this has got better recently when staff put [new piece of equipment] in place."
- Staff had training in safeguarding and knew how to report abuse both to management and to other organisations such as the CQC or the local authority safeguarding team.

Using medicines safely

- People were supported safely with their medicines. Nursing staff told us they had time to administer medicines in a timely way. One person told us, "The nursing staff deal with all the medicines and I have never had a problem with this. No worries."
- People who were prescribed 'as and when required medicines' had clear guidance in place around these to help ensure staff administered them safely. The deputy manager had created specific inductions for each person regarding medicines. This meant new or agency nurses would know how to support people with medicines when they worked at the service.
- Audits were effective in monitoring how medicines were being managed. Actions were taken to improve practice if this was necessary.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was 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.
- People were supported to have friends and family visit the service at any time.
- The service looked clean and domestic staff were busy throughout the day ensuring good infection control practices were followed. Domestic staff told us they had time to complete all of their duties. One relative said "[Family member's] home is always kept beautifully clean every time I visit."

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection systems were not in place to ensure that staff had the support, training, skills and experience to support people safely. This was a breach of regulation 18(2) (Staffing) 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(2).

- Staff received training in the key areas of their job role and were positive about the impact this training had on their performance. New staff told us they had a thorough induction at the service which prepared them for their job roles. One person said, "Staff seem confident and they know what they are doing." A relative told us, "There has been a big difference in how the staff support [family member] with [equipment]. Much better now."
- Agency staff working at the service now received more supervisions and checks on competency to help ensure they had the skills and knowledge to support people. On one of our visits a deputy manager had come in out of regular working hours to support a new agency nurse. One relative told us, "The [regular] agency staff are really good now. They fit in to the staff team."
- Despite our findings, there was still no formal process in place to supervise or complete competency checks with agency staff. Some agency staff still did not know people well and found it hard to speak with them. One relative told us, "Some staff are good, and some are not so good. There is a big difference when the not so good staff are on shift as they do not know how to support [family member] as well." The manager told us they would implement a system to improve how agency staff practice was evaluated.
- Staff were still not receiving regular formal supervision to monitor their knowledge and skills. Staff told us they would appreciate this, so they had some goals to work towards. The management team had plans in place to address this.
- Staff told us they would like more specific training in supporting people living with a learning disability and autistic people and Right Support, Right Care, Right Culture. They also told us that training in the accessible information standard and communicating with people in different ways would be useful. The management team told us they had organised this training to take place.

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

- People's mealtime experience was more positive. There was a relaxed atmosphere during mealtimes and

people were supported to use adapted cutlery to eat more independently. People had access to condiments and napkins.

- Food looked and smelled appetising and there was a variety of food on offer for people. The provider had purchased equipment which meant people had access to hot meals at any time of the day. One person said, "One thing that is so much better is the food. It has got so much better and I am much happier eating the delicious food they give me now." Another person indicated to us with signs that they were enjoying their food.
- Catering staff knew people's food preferences and how to safely prepare food for people with specific dietary requirements. People who needed their food and fluid intake monitored were supported with this. One person told us, "There are always drinks available and [staff] refill these regularly."
- Despite our findings, mealtime experiences were not always positive. People still waited a long time for their meals in some cases. One person became visibly quite distressed by this. There were numerous staff available to support people who needed help with their meals. However, these staff members waited in a different room or completed cleaning tasks when they could have supported people.
- We received mixed feedback from relatives about the food at the service. Their comments included, "I have still not seen [food dish] being served to [family member] despite them asking for this numerous times." and, "[Family member] follows [diet] and this is not catered for so they end up eating the same thing all the time."
- We fed these points back to the management team. They acknowledged further work was needed to make sure people's mealtime experience was consistently positive. They told us they would continue observations of mealtimes to put these improvements in place.

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

- Since our last inspection, the management team had started reassessing people's care and support plans with a focus on preferences, likes and dislikes. Action was then taken to support people with individualised care. For example, people now only had their food and drink intake monitored if this was necessary. People were now supported to take part in social pastimes in line with their likes and dislikes. One relative said, "I think staff are making more effort to treat [family member] as a unique person. This should have been happening the whole time and it is good that this has happened."
- People had been assessed to have new equipment to make it easier to call for support or regain independence. For example, different types of call bells were now available for people enabling them to call for support. One person said, "The staff know how important it is for me to use [equipment] and help me do this regularly."
- The manager told us they were working with other professionals to make sure people had one to one support in place if this would improve the quality of their care. This would further improve the support people had.

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

- People were supported to see health professionals if this was necessary. Advice from health professionals was recorded and followed by the staff team. One relative said, "[Staff] were very proactive when [family member became unwell] and organised everything. The nursing staff are very observant and would contact professionals if necessary."
- Staff now supported people consistently with any exercises recommended by health professionals. One person said, "I saw [health professional] the other day as I have been feeling a bit down. They recommended some exercises and the staff help me with them. I feel better now."
- Staff supported people to be healthy by encouraging regular eating and drinking or supporting people to exercise regularly. One relative said, "There has been an improvement in the specific and specialised care

[family member] is getting."

- Despite our findings, some relatives still had concerns about the length of time it took for professional support to be put in place for people. One relative said, "I worry that [family member] will losing their skills if staff do not stimulate them. Professionals have not been in to see them despite it being a long time since the service said they would do this."
- The management team showed us evidence of professional's support being sought and chased up regularly for people if this was needed. They told us they would continue to engage with people and relatives to ensure the right support from professionals was in place for people.

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

- The service was large and spacious. People had been supported to personalise their bedrooms to their liking. One relative said, "The service is very homely and [family member] sees it as their home for life."
- Redecoration works were continuing at the service to make all areas feel homely and welcoming. One relative said, "The service is starting to look better again and get back to how it used to be."
- Some people felt the garden area could be improved. They told us, "It is a shame the garden does not look better as it is big and it would be nice to go outside more." We fed this back to the management team who said they would improve this area.

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 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, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , 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.

- People were asked for consent before staff supported them and staff respected people's day to day choices. Where people lacked capacity, assessments and decisions in people's best interests were made. One person said, "I would say I am very much in control here and get to make all the choices."
- Staff had a good understanding of the MCA and how this applied to them when supporting people. DoLS were in place for people in line with legislation, where these were necessary.

Is the service caring?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

At our last inspection people were not receiving kind and compassionate care and were not being supported to be as independent as possible. This placed people at risk of not receiving respectful and dignified care. This was a breach of regulation 10 (Dignity and respect) 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 10.

- People mostly received kind and compassionate care from staff. For the most part, staff spoke with people with respect and people were visibly relaxed and happy being supported by staff. People's comments included, "[Staff and agency staff] are much more kind and caring now." and, "I would describe the staff as caring now. Whatever [management team] has done has worked well and I am much happier now."
- Relatives also felt staff were kinder and more respectful. Their comments included, "[Staff] certainly seem to know [family member] well and help them get involved in goings on at the service." and, "[Family member] feels the staff are her friends and I would include them in our friendship circle."
- Staff engaged with people on a more regular basis decreasing the risk of social isolation and boredom for people. Staff spoke with people about their individual likes and dislikes and told us how they knew people well as individuals.
- The management team had addressed issues since our last inspection. This included audits to make sure regular engagement between people and staff happened and ensuring staff only spoke in languages people understood. One person told us, "[Staff] no longer speak in languages I do not understand. If they do then this is dealt with by [management team.]"
- Despite our findings we still saw times where people were not supported with dignity and respect. Some people were left for extended periods of time with visible stains on their skin and clothes after eating or drinking. We had to ask staff to support these people. Some staff moved people in wheelchairs or put aprons on people without speaking with them about what they were doing.
- One staff member became visibly upset with a person when they asked for their food to be served a different way. This staff member loudly said 'well I will just make it again' as they put the food in the bin. When a person became upset, staff spoke about how best to support them whilst standing over the person. This did not respect people's dignity or respect.
- Some daily records written by staff members were still written in undignified language.

- Some relatives still gave mixed feedback about the caring nature of the staff team. One relative said, "It depends which staff are on. Some staff do not know [family member] and would rather leave them on their own than talk with them." Another relative told us, "[Family member] is very smart and knows what is going on and I do not think all staff know or respect this."
- We fed our findings back to the management team. They acknowledged more work was needed to ensure care was consistently kind and caring. They were spending time observing staff practice and feeding back areas for improvement to the staff team.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and understood the need for personal space. One person said, "If I need time to myself staff respect this and leave me to it." Another person told us, "I like that staff knock on my door now before they come in."
- People were supported to be independent if this was their choice. Staff supported people to use aids such as cutlery to encourage independence. One relative said, "[Staff] have supported [family member] to become more independent meaning they will be able to [achieve goal] soon."

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

- People were supported to make choices about their day to day care. One person said, "[Management team] have recorded my choices like when I want to get up. Night staff get me up early in the morning now which is much better." Another person indicated to staff they did not like their meal. Staff asked them what they wanted, and the person was able to choose something else.
- People and their relatives had been supported to review their care and support plans and make choices about their long-term support. One person said, "I like that I was asked about my care plan. It is about me and now I know what is in the plan." One relative told us, "I was asked to come along and have a look at [family member's] care plan. It was good to discuss any changes or things they might like to do."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

At our last inspection people were not supported in a person-centred manner. People were not engaged throughout the day, and people's individual likes, dislikes and preferences had not been sought nor considered. This was a breach of Regulation 9 (Person-centred care) 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 9.

- People were receiving more personalised care based around their individual preferences, likes and dislikes. The management team had made efforts to speak with people and record their preferences. These were then put in people's support plans and adhered to by staff. For example, when people wanted to get up in the morning or how they wanted their meals prepared.
- Staff knew people as individuals and knew their support needs for the most part. One person said, "[Staff] take more time to talk with me now and this helps us get to know each other." One relative said, "Things are definitely better. The staff seem to know how to get [family member] motivated now. They are much happier."
- The management team promoted staff supporting people with things important to them. For example, one person told us only certain staff supported them with a preferred activity because these staff had an interest in this as well. One person said, "I think it is good that staff have spoken with me about what is important to me. It shows they care and means I can talk about what I like with someone who understands it."
- Most people's support plans had been reviewed to ensure they were personalised and included information about their specific health conditions. These were detailed and gave good guidance to staff on how to support people. However, some support plans had not yet been reviewed and were lacking in personalisation and detail. The management team were aware of this and were continuing work on support plans.
- Despite our findings some people still gave mixed feedback about person centred care. One person said, "Some staff still do not really know or understand me, and I feel like they do not speak with me because of this." One relative told us, "I think [staff] could [support] family member better. I think because they cannot speak up, they are left to sit by themselves." Another relative told us staff were not supporting their family member to use an electronic device which was important to them.

- The management team were aware that some people required more one to one support to achieve their outcomes. This was being looked in to by the management team.
- Since our last inspection people had been supported to set and achieve goals which made sense to them. These included, cinema trips, attending social clubs or learning new skills such as cooking. When goals were achieved these were celebrated with people and staff. One person told us, "I told staff what my goals are, and they helped me get there. I really enjoy [social pastime] which I now take part in regularly."
- There were more opportunities for people to engage in social pastimes at the service. Activity staff had spent time discussing people's interests to try and personalise social pastimes and engagement with them. Social events such as wheelchair dancing and community outings were well attended and enjoyed by people. One person said, "There is a lot more to do now. Always something going on."
- People were being supported to go out into the community more regularly. One person explained to us using signs they had been supported to book a holiday and also to go out shopping. Other people were supported to go out for meals, to churches and to cafés.
- Despite our findings, some people and relatives still felt there was not enough to occupy them or their family member at the service. One person said, "The activities here just aren't for me. It would be nice if someone asked me what I wanted to do." A relative said, "There is not enough to occupy [family member]. They just sit and I think they are quite bored."
- We still observed missed opportunities where staff could have been engaging and conversing with people. People were still left for extended periods of time without engagement. At sometimes of the weekend, there was little opportunity for social engagement or leaving the service. On person said, "Weekends are very quiet, so I tend to just stay in bed."
- The management team were aware that work needed to continue regarding people receiving person centred care. They told us they would continue working on this and continue discussions with people and reviews of social engagement to ensure they met people's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- There had been some work completed about the AIS since our last inspection. For example, discussions had happened with some people about how they would like to be communicated with. Some people's support plans had been produced in an accessible format which made sense to them. Food choices were given to people in pictorial formats.
- However, there remained work to be completed regarding the use of the AIS. In some cases, people's support plan stated that different communication methods would not help people. There was no rationale recorded as to why this was the case. In these cases, people may have benefitted from using other technology.
- Information such as meeting minutes were not available in accessible formats. One relative said, "[Staff] still do not really understand [family member]. Staff are missing out on chances to speak with them because they find it hard to [communicate verbally.]"
- Staff told us they would like more training in using different communication methods. We saw staff speaking with people verbally and it was unclear whether people truly understood staff members.
- The management team acknowledged further work was needed regarding the AIS. They told us they would continue reviewing support plans and support people to try other methods of communication if this would help them. They were also in the process of organising further training for staff in using different communication methods.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and concerns were responded to in a timely manner. People were positive about the new manager dealing with their concerns directly. One relative said, "I think the new manager is really keen to make things better. They speak with [family member] if they have concerns and take action to improve things."
- The complaints policy was available for people in accessible formats.

End of life care and support

- People were supported with kindness and dignity at the end of their life. One relative told us, "We were very grateful that [family member] had their home at Agate House. [Staff] supported them so well and we were happy they spent their last days in their home."
- People had been supported to put plans in place for the end of their life. These focused-on people's specific preferences and gave good guidance to staff about how to support them at this time.

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

At our last inspection the provider had failed to consistently assess, monitor and mitigate risks to people's health, safety and welfare or instil and promote a positive culture at the service. The provider had failed to improve the quality of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, whilst there had been a lot of improvements, further work was needed, and the provider remains in breach of Regulation 17.

- There had been improvements at the service since our last inspection. This was in part due to a large amount of input from a senior management and quality team. Audits had been developed and put in place to monitor quality and drive improvement at the service. These had been successful in a number of areas.
- However, despite these improvements, audits had not been effective at completely remedying issues from previous inspections. These issues included, low levels of engagement with people, some risk assessments not being detailed, staff training and supervision not always being adequate, improvements being needed to people's meal time experiences, people not always being supported with dignity and respect, more work still needing to be done on individualised care for people and further improvements needed on the AIS and how this is used to support people.
- The provider had a large service improvement plan in place at the service. Some actions such as mealtime experience audits, people being treated with dignity and respect and support plan reviews had been signed off as completed. However, our observations and feedback from people showed that improvement were still needed in these areas.
- Relatives still gave mixed feedback about the speed of improvements at the service. Their comments included, "I think things are better than it was, but it is slow going and certainly not brilliant." and, "I think things are slightly better but the service still has a long way to go."
- There was a more positive culture at the service, however there were still areas for improvement. This included people not always being engaged with and some staff still not treating people with dignity and respect. One person said, "It still has not got much better here. There is a big difference between staff at the weekends. They seem to go back to the old ways of working."
- Improvements had been made at the service thanks to the support of several senior managers. The

provider was aware that improvements still needed to be made despite their input. They were aware that maintaining and continuing improvements would still be a challenge and would require careful monitoring.

We found no evidence people were at risk of harm. However, audits were not always effective in identifying areas for improvement and taking effective actions to improve the quality of care people were receiving. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team completed other audits which had been effective in driving improvements at the service. This included areas such as medicines management, the monitoring of people's care and support and observations of staff practice.
- People and relatives gave positive feedback about improvements at the service. People's comments included, "The managers have made a big difference. Things have finally got better." and, "Since the last inspection, there have been lots of things happening, all for the better. I have been going out and doing things a lot more." A relative told us, "Things are getting much better and staff are making more of an effort to support [family member] in an individual way."
- Despite more work being needed, there had been an improvement in the culture of the service. People and staff were visibly happy and there was a more positive feel about the service. Staff engaged with people more often and people appeared more relaxed and happier.
- People and relatives had noted improvements to the culture of the service. People's comments included, "I know there have been troubles the last couple of years but [management team] are really making an effort now." and, "Everything is better now and it is nice to see staff smiling again." A relative said, "I feel there have been lots of improvements. The service is a truly wonderful place and staff try their hardest."
- Staff were positive about the impact the management team had and felt well supported by the new manager.
- We were assured the new manager; deputy managers and team leaders were committed to continually improving the service. They accepted there was still work to do and were positive they would be able to make and sustain improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 management team had made efforts to engage with people, relatives and the staff team on a regular basis. This included meetings and one to one discussion. One person said, "There are meetings now, but I like it when staff come and speak with me by myself in my room." A relative told us, "Things have really improved regarding communication with the service."
- Despite our findings some relatives still felt communication between them, and the staff team could be improved. Comments included, "I have missed some meetings, but no one has sent me minutes or rang me to talk about what was discussed." and, "It's very hard to get a response from the management at the service. They do not return calls or e-mails."
- Minutes from meetings and discussions with people were not available in accessible formats for people who could not understand written words. This did not fully consider people's equality characteristics.
- We fed our findings back to the management team. They assured us they would address communication separately with every person and their relatives on an individual basis to make sure it worked well for them. They also assured us they would continue their work on the AIS, and this would include meeting minutes.
- Staff felt supported at the service and felt that team meetings were positive and a good chance to discuss the direction of the service. Staff were very positive about the support they had from the new manager and felt positive that improvements would continue at the service.

- People and relatives were positive about the impact the new manager was having. One person said, "I like the new manager. They seem to know their stuff and want to keep making things better." A relative said, "I feel like the new manager is going to make things better. They really listen to [family member] and this was missing in the past."
- The provider and management team were open and honest with people and relatives when things went wrong. They had updated people and relatives about the issues at the service and informed them where improvements were still underway.

Working in partnership with others

- The management and staff team worked with health professionals to support good health outcomes for people. One relative said, "Professional advice is sought well in advance which is a relief as [family member] is kept healthy and well because of this."
- Staff had linked with several groups in the community to support people leaving the service and engaging with friends outside of the service. One person said, "I attend [social event] regularly now and this has helped me feel a lot better."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	We found no evidence people were at risk of harm. However, audits were not always effective in identifying areas for improvement and taking effective actions to improve the quality of care people were receiving.