

Look Ahead Care and Support Limited

Wadeville

Inspection report

2a & 2b Wadeville Close
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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Wadeville is a care home providing care and support to people living with learning disabilities, mental health and physical disabilities across two units. The service was registered to provide support for up to 13 people, there were 11 people using the service at the time of our inspection.

The service didn't always consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons, the service was not always suitable to meet people's needs. People's choices were not personalised in response to their change of circumstances due to Covid 19.

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

Risks to people were not managed safely. Medicines were not managed safely. Improvement was required to ensure safe staffing levels. Infection prevention control guidance in place was not robust to manage risks in relation to COVID19. Staff had not followed the MCA Code of practice. The service was not clean in places and some areas of the service appeared tired and run down. People had no access to easy read or pictorial information leaflets for complaints, and Covid 19 to explain social distancing in line with the Accessible Information Standard. People were not always supported enough to follow their interests and take part in activities. Systems to manage risk and monitor the quality and safety of the service were not robust.

We have made two recommendations about accessible information in relation to meal times, complaints, and Covid 19 to explain social distancing.

The registered manager took swift action to address the issues we found with the premises and records. They told us they would take action to address other areas of concern found.

People's care records included risk assessments which included information for staff about action to be taken to minimise the risks to people. The provider had arrangements to deal with emergencies. Staff and external agencies, where necessary, carried out safety checks. Staff recruitment procedures were in place. There were procedures to reduce risk from any visitors to the home spreading infection at the entrance to the premises. Safeguarding alerts were monitored to enable learning from the outcomes of any investigation. The provider had a system to manage accidents and incidents and discussed in staff meetings and supervision, to reduce the likelihood of them happening again.

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 coronavirus and other infection outbreaks effectively.

People's rooms were personalised. Staff understood the importance of gaining people's consent before they supported them. People's personal care reviews were carried out and the relevant decision had been made in their best interests, with the involvement of staff, relatives and healthcare professionals, where appropriate. People were supported to eat and drink safely. Staff supported people through a transition plan as part of the pre-admission process. Staff were supported through induction, training and regular supervision to ensure they had the appropriate knowledge and skills to meet people's needs. Staff worked in partnership with GP's and other health and social care professionals to plan and deliver the service. People received support to manage their healthcare needs effectively.

Staff received training on equality and diversity and people were treated with dignity and respect. People and their relatives had been consulted about the care and support they received. Staff respected people's choices and preferences, such as the clothes they wanted to wear, their food and drink preferences. People's privacy was respected, and their dignity was promoted. People were supported to maintain their independence.

People took part in a range of arts and crafts activities throughout the day, but activities were not personalised. They were group based. People had care plans that described their health and social care needs and included guidelines for staff on how to best support them. Care plans were kept under regular reviews to ensure people's changing needs were met. However, there was no detail plan for a person about how their specific goals and needs were being met. Staff knew people well to ensure their needs were met. People knew how to make a complaint and would do so if necessary. Senior staff had investigated and responded to any complaints in a timely manner and where necessary they held meetings with the complainant to resolve their concerns.

There was a clear management structure at the home. The registered manager and staff were aware of the roles of the management team. Staff described the leadership at the service positively. Relatives commented positively about staff and the registered manager. The provider had systems and processes to assess and monitor the quality of the care people received. The provider had worked effectively in partnership with a range of professionals and acted on their advice.

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

Rating at last inspection

This service has been operating for many years but was registered with CQC on 30/10/2019 under a new provider Look Ahead Care and Support Limited and this is their first inspection.

The last rating for the service under the previous provider was Good, report published (11/11/2016).

Why we inspected

The inspection was prompted in part due to safeguarding and whistleblowing concerns. This service has not been inspected since its registration in October 2019. As a result, a decision was made for us to inspect all the five key questions safe, effective, caring, responsive and well-led.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to people's risk management, medicines management, staffing levels, infection prevention control, mental capacity assessment, cleanliness, accessible information standards activities, and systems to manage risk and monitor the quality and safety of the service 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 for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Wadeville

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand 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

The inspection visit was carried out by one inspector and an inspection manager. An Expert by Experience supported the inspection by making calls to relatives following the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. A second inspector made calls to staff following the inspection.

Service and service type

Wadeville is a care home providing care and support to people living with learning disabilities, mental health and physical disabilities across two units. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included details about

incidents the provider must tell us about, such as any safeguarding alerts that had been raised. We spoke with the local authority safeguarding and commissioning teams about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with four relatives of people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data, staff supervision 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always managed safely. There were no risk assessments in place, with regards to some aspects of people's care
- For example, one person had no risk assessment regarding their skin integrity, given they were noted to be sitting down much of the day in the same place. Another person had no risk assessments for their mobility needs and use of aids/stairlift. A third person had no risk assessment in place for the risk of choking or about their mental health.
- Whilst staff told us they had worked at the service for many years and knew how to support people, there was a risk of inconsistent support without accurate risk assessments or guidance for staff (or similar).
- Whilst the service carried out regular fire drills during the day however, there were no fire drills carried out at night to ensure staff knew what to do if a fire occurred outside of daylight hours.
- A legionella risk assessment had been completed by the previous provider in 2018, but the registered manager could not provide any evidence that the actions taken within it had been completed. A full water risk assessment has now been scheduled for 5/10/2020, to ensure risks were mitigated as appropriate.

We found no evidence that people had been harmed however, these risks had not been safely managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager sent us supporting documents to show what action they had taken in relation to the above concerns found at the inspection.
- People's care records included other risk assessments for example on behaviours which challenge, fire, accessing the community, finances, medicines, COVID-19 Pandemic, eating and drinking. Risk assessments included information for staff about action to be taken to minimise the chance of accidents occurring.
- The provider had arrangements to deal with emergencies. People had personal emergency evacuation plans (PEEPs) in place which gave guidance for staff and the emergency services on the support they would require evacuating from the service safely.
- Staff and external agencies, where necessary, carried out safety checks on the environment and mobility equipment such as stair lift and the safety of gas appliances.

Using medicines safely

- Medicines were not managed safely. We found some areas of improvement required to ensure effective systems and processes in relation to medicines management were fully embedded.

- Three people were prescribed medicines as and when required basis (PRN). Two people had person centred guidance in place for when these medicines should be administered, however the third person did not. The manager said these guidelines had recently been implemented and would ensure the third person's guidelines would be put in place immediately.
- Some people were prescribed creams to keep their skin healthy. One member of staff told us, they applied cream to two people from knee to the foots, to treat fungal infection and that the legs are healing now. Another member of staff said, they applied cream to two people's whole body, morning and evening. Whilst staff told us they knew how to support people with their creams there were no body maps which increased the risk of consistent support.
- Staff did not routinely date when bottles of medicine were opened, to ensure they were safe to use.
- Medicine audits in place was not robust enough to manage people's medicines as they had not identified the issues found at this inspection.

We found no evidence that people had been harmed however, medicines had not been safely managed. This placed people at risk of harm. This was a further breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored in people's individual rooms and medicines administration records (MARs) showed that people received their medicines as prescribed.

Staffing and recruitment

- There were not enough staff to meet people's needs safely at all times.
- Staff told there was not enough staff to meet people's needs. One member of staff said, "I do not think that we are able to meet all needs of people, because we have to do so many things for example, for 11 people we have three staff, is very strenuous on us to do activities, personal care, cooking, health and safety checks. Some people would like to go for a walk we are not able to do that."
- We saw during the day, one staff member did not have oversight of everybody for most of the morning, as they were doing an activity with three people, other people were in the lounge out of eyesight and left unsupervised.
- The provider had not carried out a staff dependency assessment to determine the appropriate staffing levels at each of the two units. Staffing levels had not been reviewed despite Covid19 and need for cleanliness and that people are in the service all the time currently and need for stimulation, supervision and care. The registered manager could not say why staffing numbers were decided as they were.

We found no evidence that people had been harmed however, improvements was always required to have appropriate staffing levels. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We brought this to the attention of the registered manager, who sent us staff commissioned hours and actual hours delivered record and told us, currently they are providing more hours than commissioned and they continued to engage with the commissioners to increase commissioned hours.
- Staff recruitment procedures were in place. Staff recruitment records included completed application forms, employment references, evidence that criminal record checks had been carried out, and proof of identity.
- Most of the staff were transferred over from the previous provider. However, one new staff member did not have a full employment history in place and the gaps were not explored. Following the inspection feedback, the registered manager sent us the employment history details.

Preventing and controlling infection

- People were not protected from the risk of infection. Staff did not always wear appropriate personal protective equipment (PPE) including suitable masks. The provider visitor template also needed revision to reflect current guidance. For example, it did not specify PPE required for visitors.
- The service was split into two different units and was on a larger site with other services. Some staff worked across these different units and services, increasing the spread of infection.
- A Covid 19 risk assessment had been completed for staff but did not identify high risk with black and minority ethnic (BAME) staff. The team leader seemed surprised and not aware that BAME staff are high risk. The registered manager was not aware of individual circumstances which could make staff at high risk.

We have signposted the provider to resources to develop their approach.

- There were procedures to reduce risk from any visitors to the home spreading infection at the entrance to the premises. A relative told us, "Staff wore PPE during personal care. I have visited several times, sat in the garden with my [loved one], socially distanced." Another relative said, "Staff ask us to contact them to plan a visit. We agree a time and sit in the garden. Staff wear masks."
- We observed a health professional visit the home and their temperature was taken and process followed by staff when they entered the home.
- People had individual risk assessments for Covid 19 which included their identified health risks and what action to take if they contracted Covid 19.
- Staff spoken with told us they had received training on infection control and specific training relating to COVID 19 and the use of PPE.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of avoidable harm. People and their relatives told us they felt safe. One relative told us, "Staff and the environment keep [my loved one] safe." Another relative said, "Staff are attentive and fully understand [my loved one's] needs. My [loved one] would be able to tell staff if they felt frightened."
- The service had safeguarding and whistleblowing policies in place. Staff had completed safeguarding training and understood what to do, to ensure people were protected from abuse or harm. Staff told us they would report any concerns of abuse to their line manager.
- Staff knew of the provider's whistleblowing policy and said they would escalate any concerns of poor practice to senior management staff, the local authority and CQC.
- The service-maintained records of safeguarding alerts and monitored their progress to enable learning from the outcomes of any investigation. They also notified CQC of these as they were required to do.

Learning lessons when things go wrong

- The provider had a system to manage accidents and incidents and discussed in staff meetings and supervision, to reduce the likelihood of them happening again.
- Staff completed accident and incident records which were reviewed by the registered manager to improve safety and prevent reoccurrences. For example, additional training was given to staff in manual handling. One person was offered an alternative void room, where it is now easier for them to manage their mobility needs.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The service was not always suitable to meet people's needs. The service was larger than an average residential property, which did not always allow for a homely feel.
- Some areas of the service appeared tired and run down. There was flaking paint and plaster in some areas which looked unkept. There was large strip lighting in one kitchen which was dirty and visibly contained debris.
- The service was not clean in places for example some areas of the skirting boards and carpet rails were dusty, and bathrooms contained limescale.
- One toilet was blocked for a week and had been stuck down using silver tape to prevent people from using it. A member of staff told us, "One person used to go to that toilet every morning after waking up, but when they go there and find it is not working, they do not like it. We have to explain to them and ask them to use another toilet." Another staff said, it has been reported to maintenance staff in our head office and as of now it has not been repaired."
- Windows in the dining area had no restrictors and could open to full width. Other windows upstairs and down had restrictor that does not confirm to health and safety guidelines, as it could be removed manually.

We found no evidence that people had been harmed however, the premises were not suitable for the intended purpose. This placed people at risk of harm. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People's rooms were personalised. One relative told us, "My loved one is very meticulous, with everything just so. Likes the colour blue and has pictures and photos." Another relative said, "My loved one has their own room and possessions. Has family photos up. Last year had new bedroom furniture – bed, wardrobe and draws." We saw a person's bedroom had display of trains.

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

The Mental Capacity Act 2005 (MCA) provides legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff did not work within the guidelines of the MCA. Staff had not followed MCA code of practice and best interest decisions in relation to obtaining consent for testing for Covid-19.
- Staff had applied for DoLS for people and told us that people lacked capacity to make decisions for themselves. However, no mental capacity assessments had been completed demonstrating how this decision had been reached.
- We asked the management team why mental capacity assessments had not been completed, and they told us they believed that was the responsibility of 'social services' or people's representatives. They did not understand their responsibilities under the mental capacity act.

We found no evidence that people had been harmed however, mental capacity assessments were not completed as required. This placed people at risk of harm. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following the inspection feedback, the registered manager told us that they have commenced mental capacity assessment and a best interest decision making process.
- Staff we spoke with understood the importance of gaining people's consent before they supported them.
- Staff told us people's personal care review were carried out and the relevant decision had been made in their best interests, with the involvement of staff, relatives and healthcare professionals, where appropriate.

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

- People were supported to eat and drink safely. A relative told us, "My [Loved one] is eating better (since moving in). We can tell they feel comfortable." Another relative said, "My [Loved one] loves the food and would say if they didn't get enough."
- One person was on a specialist diet, and on the day of inspection a speech and language therapist (SALT) visited them to ensure they were receiving the support they needed.
- Staff had worked with people to plan the weekly menu. A member of staff told us, "Every week, we have meeting with people and show them pictures and ask them what they want, and the manager does online shopping. Before, I cook every day I ask them what they want to eat and cook what they want."
- During the inspection staff used pictures to show people different options for lunch. Whilst this increased their opportunity to make choices, there was further scope to improve people's involvement in knowing what was available to eat using pictorial menus or similar.

We recommend the provider seeks advice from a reputable source regarding displaying accessible information in relation to meal times.

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

- Staff supported people through a transition plan as part of the pre-admission process for each person's needs, to see if the service was suitable and to determine the level of support they required. This process included an assessment of people's physical and mental health needs; mobility, nutrition, allergies and social activities.
- This information was used as a basis for developing person centred care plans to meet people's needs.

- Most people living at the service had lived there for several years. The registered manager told us they were in the process of updating people's care plans to ensure they were up to date and contained accurate information.

Staff support: induction, training, skills and experience

- Training records showed most of the staff had completed training in areas including basic life support, food safety, health and safety, infection control, end of life care, moving and handling, falls management, administration of medicines and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff told us they found the training programmes useful.
- However, some staff training was outstanding, and this required improvement. For example, equality and diversity, fire safety, infection prevention and control, health and safety and mental capacity and deprivation of liberty safeguards training were due.
- The provider supported staff through induction and training to ensure they had the appropriate knowledge and skills to meet people's needs. Staff told us they completed a comprehensive induction training before they started work. One member of staff told us, "I had one-week induction training at our head office."
- Staff were supported through regular supervision. Supervision included discussions about staff wellbeing and sickness absence, their roles and responsibilities, and their training and development plans. One member of staff told us, "I have supervision every month, they are very useful."
- Staff felt supported and said they could approach their team leader and the registered manager at any time for support.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked in partnership with GP's and other health and social care professionals to plan and deliver the service. A relative told us, "Local doctor visits. My [loved one] fell over recently and hurt knee. Doctor seen and given pain relief, it was all sorted out."
- People's care records included evidence of regular contact with health care professionals for example, the GP, SALT, physiotherapist, dentist, chiropodist and hospital. Records were made of individual health care appointments, the reason for the visit, the outcome and any recommendations.
- Information was available and shared with other health care services such as hospitals when this was required. For example, people had health action plans which outlined their health needs for professionals.

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

- People received support to manage their healthcare needs effectively.
- Some people were living with chronic conditions which required ongoing monitoring. Staff checked people's blood pressure and pulse when needed and shared this information with healthcare professionals involved in people's care.
- When staff needed support to manage people's healthcare needs appropriate referrals had been made.
- People's needs in relation to oral health had been fully assessed.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with dignity and respect. A relative told us, "They [staff] have all been really lovely and helpful as possible. They were very respectful and understanding of our wishes when a family member died. Nothing was too much trouble. Staff [name] is absolutely fabulous." Another relative said, "They [staff] are always welcoming. I can ask anything."
- Staff told us they had received training on equality and diversity. A member of staff said, "I respect everybody's belief, race, colour, age, disability. I give people everything according to their choice." Another staff told us, "I treat everybody as equal and respect them."
- People's care records included sections about their cultural and religious backgrounds and relationships that were important to them.

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

- People and their relatives had been consulted about the care and support they received.
- Relatives told us they were involved in planning for their loved one's needs. One relative told us, "I go to reviews, when the social worker comes to the annual review, staff are helpful with the process. I sign off their care plan which, has a picture version." Another relative said, "Care reviews are very useful, staff go through everything and take on my views."
- Staff respected people's choices and preferences, such as the clothes they wanted to wear, their food and drink preferences. A relative said, "They [staff] are very caring and encourage my loved one to ask for help if they need it."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, and their dignity was promoted. A relative told us, "My loved one attended their relatives funeral with staff and was treated with dignity and respect."
- Staff said they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their rooms.
- People were supported to maintain their independence. Staff told us they encouraged people to complete tasks for themselves, as much as they were able to. One relative said, "My loved one likes to help, makes cups of tea, put things in the dishwasher and sets the tables."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were not supported enough at all times to follow their interests and take part in activities. During the inspection we saw people took part in a range of arts and crafts activities throughout the day, but activities were not personalised and were group based, so did not appeal to all.
- The service was reliant on people accessing a large day service, run by a different provider for most of their activities, particularly if they were going out. People's care plans stated they accessed the service multiple days a week. These care plans had been updated in June, however, due to the COVID-19 pandemic people had not been able to attend the day service regularly.
- One member of staff told us, "People would like to go for a walk, we are not able to do that." Another staff member said, "To meet the needs of all people about their activities, we need additional staff." A third member of staff commented, "I took a person [name] to the neighbourhood market, once in the last six months and was not able to take anyone else. If the management can arrange additional staff for taking people into the community like town centre, shopping, walk around, and park it will be beneficial."
- We spoke with the registered manager about how they ensured that people were able to take part in activities outside of the service. They told us in detail about their plans to buy a karaoke machine, and other activities that people could do inside the service.

We found no evidence that people had been harmed however, people were always not supported enough to follow their interests and take part in activities. This placed people at risk of harm. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- One relative told us, "My loved one is never in their room, likes to be in the hub of the home. Recently bought art and craft bits, does a lot with staff and they display it on the walls." Another relative commented, "My loved one had a party for their birthday. I think they do games or dancing on Saturday evenings."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Some people living at the service required additional support to communicate, and whilst there were pictures displayed of people and one small A4 piece of paper displaying a monthly activity plan, there was a

lack of visual support regarding who was supporting people or what people were doing that day.

- People had no access to easy read or pictorial information leaflets for complaints, safeguarding, and Covid 19, to explain social distancing in line with the Accessible Information Standard.

We recommend the provider consult best practice guidance on the meeting people's accessible information standard's needs.

- Following the inspection, the registered manager sent us a copy of easy read pictorial information leaflet about safeguarding.

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

- People had care plans that described their health and social care needs and included guidelines for staff on how to best support them. However, there was no detailed plan for a person about how their specific goals and needs were being met. For example, to promote their independence and access the community.
- Care plans referred to people's behaviours where appropriate and detailed how people needed to be supported with these behaviours. For example, there were guidelines in place advising staff how to support people out in the community and with tasks within their home.
- Care plans were kept under regular reviews to ensure people's changing needs were met.
- Staff knew people well and told us of the support they provided to ensure individual needs were met. One relative told us, "My loved one has a care plan, staff are good." Another relative said, "They [staff] know my relative very well."

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and would do so if necessary. One relative told us, "I had a few issues with the management. They were quickly ironed out with meetings. I am happy with the service. My loved one is secure and happy." Another relative said, "Any issues, I feel okay to talk to them. Haven't had any."
- The provider had a policy and procedure for managing complaints. However, this information was not in line with accessible information standards displayed in the communal areas to ensure people were aware of what they could expect if they made a complaint.
- The provider maintained a complaints log which showed when concerns had been raised. Senior staff had investigated and responded to any complaints in a timely manner and where necessary they held meetings with the complainant to resolve their concerns. The registered manager told us that there had been no recurrence of the issues that complaints had been addressed to people's satisfaction and this was confirmed by the details in the complaints log.

End of life care and support

- There was an end of life care policy in place. People's end-of-life preferences had been discussed with them, and care plans being developed to ensure their preferences in this area were met.
- The registered manager told us that none of the people currently using the service required support with end of life care. They said they would liaise with the appropriate health care professionals to provide people with end of life care and support, when it was required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems to manage risk and monitor the quality and safety of the service were not robust. During the inspection, we found the infection control guidance in place was not robust to manage risks in relation to COVID-19.
- Mental capacity assessments and best interest decisions had not been completed in relation to obtaining consent for testing for Covid-19.
- The provider's systems for health and safety checks had not identified risks in relation to the premises and windows. There were no recorded checks to verify that these risks were monitored.
- The service was not always suitable to meet people's needs. The service was larger than an average residential property, which did not always allow for a homely feel. People's choices were not personalised in response to their change of circumstances due to Covid19.
- People had no access to easy read or pictorial information leaflets for complaints, and Covid19 to explain social distancing in line with the Accessible Information Standard (AIS).
- The medicines audits have not picked up issues we found.

We found no evidence that people had been harmed however, systems to manage and monitor the quality and safety of the service had not been effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager took action and sent us supporting documents in relation to the AIS about safeguarding, window restrictors, legionella, Covid 19 visitors guidance following the inspection.
- The registered manager understood their role and had submitted appropriate notifications to CQC when required.
- There was a clear management structure at the home. Staff were aware of the roles of the management team.
- Staff described the leadership at the service positively. One member of staff said, "The new manager is very approachable, looks calm, listens to people and I feel supported." Another member of staff said, "The new manager is very attentive and listens to you, she always comes very early before 6.30am and asks everybody how my shift is and encourages me to come to her if need be."
- Relatives commented positively about staff and the registered manager. A relative said, "I met the new manager and had meetings at my request. I am happy with the service."

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

- Relatives said they had been supported to have planned visits and phone calls with their family members. A relative said, "My loved one went to Wadeville in April and was self-isolated for 2 weeks. Staff ask us to contact them to plan a visit. We agree a time and sit in the garden. Staff wear masks."
- The provider sought people's views using satisfaction surveys. We found the responses were positive. For example, a relative commented, "Not seen my loved one since lockdown but rings home. Happy with staff prompt response. Service is good at keeping everyone safe and interacting with table games. Extra staff would help when things are back to normal." Another relative said, "Wadeville has a warm and welcoming atmosphere. Things done well are, care kindness and a feeling of security."
- The registered manager held regular meetings with staff where they shared learning and good practice, so they understood what was expected of them at all levels. Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health and social care professionals, any changes or developments within the service.
- Staff also discussed the changes to people's needs during the daily shift handover meeting to ensure continuity of care.

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

- There have been two managers since the new provider Look Ahead Care and Support Limited was registered on 31/10/2019. The new registered manager started on 3/8/2020. The registered manager was open and receptive to the feedback during the inspection. Where they were able to rectify concerns quickly, they did so and sent us supporting documents following the inspection where they had completed actions we identified.
- The registered manager told us they understood the duty of candour regulation and recognised the importance of being open and honest with people and their families.
- Relatives told us they were happy with the way the home was managed.
- Staff told us they felt well supported by the registered manager and the senior management. We noticed senior management had visited the service during the pandemic to provide reassurance to staff and understand any anxieties.
- Staff meetings were held to ensure staff were kept informed about any changes. There was a system of regular handovers between staff shifts to ensure any changes in people's needs were identified and managed safely.

Working in partnership with others

- The provider had worked effectively in partnership with a range of professionals and acted on their advice. For example, they worked with commissioners, dieticians, GPs, Speech and Language therapists and hospital staff.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People were always not supported enough to follow their interests and take part in activities.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Staff did not work within the guidelines of the MCA.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people and their medicines were not managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The service was not always suitable to meet people's needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Improvement was required to ensure safe staffing levels.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to manage risk and monitor the quality and safety of the service were not robust.

The enforcement action we took:

We issued a Warning Notice.