

One Housing Group Limited

Lime Tree Gardens

Inspection report

16 Burghley Road
London
NW5 1UE

Tel: 02074823332

Website: www.onehousinggroup.co.uk

Date of inspection visit:

10 April 2019

11 April 2019

17 April 2019

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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

About the service: Lime Tree Garden is a purpose-built care home for up to 24 adults with mental health needs. On the day of our inspection there were 23 people using the service. The aim of the service is to support people with enduring mental health illness to develop basic life skills so they can live independently in the community.

People's experience of using this service:

Medicines were not always managed safely. People were supported to take medicines in line with their preferences, but the service's processes to ensure that medicines were always administered as prescribed were not always effective.

People did not always receive personalised care. Their needs had been assessed by the service prior to receiving services. However, the care plans at times provided insufficient detail for staff to provide personalised, strength-based care and support that was consistent and responsive to people's individual needs. We noted that staff we spoke with had a good understanding of the needs of people they supported.

Staff received a range of training to help them to work with people who used the service. More training was required to guide staff on how to effectively work with people when they exhibited behaviours that challenged the service.

Staff received support in the form of one to one supervision and a yearly appraisal of their personal and professional development goals. However, supervisions were not always regular. Staff also participated in a range of meetings where they could discuss matters relating to caring for people and the service provision.

The service had checks in place but these had not identified shortfalls that were found during inspection. These related to the management of people's medicines, following the principles of the MCA, staff training and effective care planning and records keeping.

DoLS applications had been submitted when required. Improvements were needed in relation to what decisions individual people with no capacity could make and how staff could support them in doing so.

Improvements were needed to ensure that people's needs had been thoroughly assessed before they were accepted as suitable to live at the service. This was to ensure people's needs could be met by the service.

Some improvements were needed to how the service managed risk to the health and wellbeing of people using the service and health and safety of the premises. Accidents and incidents had been reviewed to ensure lessons were learnt and the safety of the service improved.

People were encouraged to be involved in planning and reviewing of their care through one to one

meetings. However, because the meetings were not always recorded, the provider could not evidence that they had taken place.

External professionals gave positive feedback about the commitment of staff working at the service. They also thought the service was well led. However, they thought further work was needed so the methodology and the recovery approach used by the service was clearly defined and visible when supporting people who used the service.

Safeguarding concerns were managed promptly. Staff had received safeguarding training and were able to recognise when people were at risk of abuse.

Safe recruitment procedures helped to protect people from unsuitable staff. There were appropriate staffing levels to respond to people's need.

The service asked people's consent before providing care and support to them. However, when people did not have capacity to make decisions, staff did not have enough information on how to support these people with making decisions about their everyday care.

People received support to have a diet that met their needs and preferences. People had access to health professionals when needed.

The accommodation provided people with space they could use to socialise or spend time on their own if they preferred. People could move freely between different parts of the service.

Staff protected people's privacy and dignity when providing personal care.

People could provide feedback about care received via regular residents' meetings, quarterly satisfaction surveys and via the complaints' procedure. The service dealt with people's concerns promptly.

Meaningful activities were available at the service and people enjoyed them. More spontaneous, social interactions between staff and people using the service were required.

People using the service, staff and external professionals thought the service was well managed and the managers were supportive. The manager was caring and strived to provide high quality care.

Managers and staff knew their roles and were able to explain what their responsibilities and accountabilities were.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have made one recommendation about staff training, the Mental Capacity Act.

Rating at last inspection: Requires Improvement (last report published on 30 December 2015). At the time of the previous inspection the service was providing care and support to adults with a history of alcohol dependence.

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

Follow up: We asked the provider to submit to the Commission an action plan to show how they will make changes to ensure the rating of the service improves to at least Good. We will continue to monitor the

service and we will revisit it in the future to check if improvement have been made.

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

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 ●

Lime Tree Gardens

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector, a specialist advisor, a pharmacist inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience had personal experience of mental health.

Service and service type: Lime Tree Gardens is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a general manager in post. The general manager was not registered with the Care Quality Commission at the time of our visit. However, they told us they have submitted the application and they were in the process of registering with the Commission.

Notice of inspection: This inspection was unannounced. Inspection site visit took place on 10, 11 and 17 April 2019.

What we did before the inspection: We reviewed the information we held about the service. This included the Provider Information Return [PIR] submitted by the service in October 2018 and notifications of significant events affecting the service. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this to plan our inspection.

What we did during the inspection: We spoke with members of the management team including the

manager, and two deputy managers. We also spoke with four staff members, a specialist support officer, a volunteer and the chef.

We spoke with eight people who used the service. We also spoke with two external healthcare professionals who visited the home during our inspection.

We looked at records which included care records for six people, recruitment, supervision and training records for five staff members, and other records relating to the management of the service, such as health and safety checks, team meeting minutes, medicines and the home's and the provider's audits.

What we did after the inspection: Following the inspection, the manager provided us with additional information related to the service provision, staff training and supervision trackers and other documents related to the running of the service. We included this information in our inspection findings.

We also contacted a number of health and social care professionals who worked regularly with the service. We received feedback from nine of them.

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Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

Using medicines safely

- Medicines were not always managed safely. People were supported to take medicines in line with their preferences, but the service's processes to ensure that medicines were always administered as prescribed were not effective.
- The service did not have a definitive list of current medicines for all the people who used the service which made it difficult to resolve discrepancies in medicines records. There was a risk that people would not receive their medicines as prescribed. Records for one person showed they previously had three types of eye drop medicines, but only two of them were on the current medicines administration chart (MAR). It was not clear whether the doctor had discontinued one, or whether it had been omitted in error. Therefore, we could not be assured that this person had received their medicine as prescribed.
- Staff did not follow safe practice in supporting people with their medicines. Therefore, there was a risk that people would not receive their medicines as prescribed. We saw that a staff member dispensed medicines for two people into two separate paper cups although both people were not present to take their medicines. The staff explained the medicines were to be given to the respective people when asked for. However, this was not consistent with good practice, which would have required other safety measures to be in place before administering medicines. Additionally, the medicines were left unattended, therefore where others could access them. There was a risk that medicines would be taken by a person they were not prescribed to.
- Staff did not have sufficient information to administer 'when required' medicines consistently. For example, one person was prescribed two medicines 'when required' but there was no information on the MAR chart, the administration protocol or the care plan to describe what the medicines were for. We saw that people were able to have pain relief on request, not just at set times, but the time of administration was not always recorded. Therefore, staff could not be sure that they were leaving the correct interval between doses. Consequently, there was a risk of people receiving an overdose of the medicine.
- The manager carried out regular medicines audits and these had led to some improvement in record keeping. However, the audits had not identified that staff were not following the policy for medicines transcribed on to the medicines charts to be checked and signed by two members of staff. We saw one chart where there was only one signature, and two charts with no signatures. This meant that staff were administering medicines against instructions which had not been appropriately checked.
- Medicines were stored safely but the service only recorded the current temperature of the medicines' fridge, and not the maximum and minimum temperatures. The manager told us the policy was being updated and full temperature records would be kept in future.

The above is evidence of a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke about issues related to the management of medicines with the manager. They said these had been mainly related to the difficulty in recruiting of a full-time nurse to manage medicines, as it was intended when the service was first opened. They explained that the recruitment was ongoing and that a nurse would be appointed shortly.

- One person was supported to take their own medicines under supervision and this was recorded in the care plan.
- People's medicines were regularly reviewed by the in-house clinical team and any changes communicated to the person's GP.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- We saw that risks in respect of smoking in the communal areas and starting fires, had been assessed and actions had been documented. However, during this inspection we saw evidence that suggested that people had continued to smoke in the communal areas. We observed burn marks on furniture. This presented a risk to people and others in the home. Identified risks to service users and others must be continually monitored and appropriate action taken.
- There were regular fire drills. However, records describing drills needed more information on the outcomes of each drill and what action had been taken when issues were identified.
- There was an internal service's fire risk assessment in place. The document did not reflect risks related to smoking in people's flats and the communal areas. The current fire risk assessment, completed by an external agency, was not available at the time of our inspection.
- Following our inspection, the manager contacted the Commission, to let us know immediate action had been taken to address issues around fire safety. This included ensuring people using the service had current PEEPs (Personal Emergency Evacuation Plans) and providing us with the current external fire risk assessment. The service had also invited the London Fire Brigade to speak with people about fire safety.
- There were also positive aspects to fire safety at the service. Parts of the building had water sprinkles installed to activate in case of fire. There were regular fire tests to ensure the equipment worked. Each person had an individual fire risk assessment completed.
- Health and safety and cleanliness checks of the building needed to improve. The service could not evidence that these had been carried out regularly. We discussed this with the manager who was responsive to our feedback. Since our inspection, the manager provided us with an example of the monthly health and safety checklist. This document provided staff with appropriate guidance to ensure they completed required health and safety checks at the service.
- Risk to people's health and wellbeing had been assessed and recorded in each care file we reviewed. Risk management plans would benefit from more guidelines for staff on how to engage people in behaviour that would reduce the risk and promote positive behavioural change. We discussed this with the manager during our inspection. Following our visit, the manager contacted us to let us know that they had taken action to address it. This included additional training for staff on a person-centred approach to risk assessment and positive change-oriented risk management planning.
- There was an infection control policy in place and staff received training in infection control. Personal protective equipment (PPE), such as, gloves, face masks and aprons were available to staff to reduce the risk of infection.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff who supported them. Two people said they had not always felt safe in the presence of other people receiving the service. One person told us, "A person using the service was hostile towards me. The staff was very supportive and helpful." We discussed this with members of the

management team. They were able to evidence that they were acting to protect people from harm.

- Staff completed safeguarding training and understood how to recognise potential safeguarding issues. The service had policies and procedures to guide staff on what to do if they thought somebody was at risk of harm.
- The management team had dealt with safeguarding concerns promptly. They worked with respective local authorities and the CQC to ensure people were protected.

Staffing and recruitment

- The provider had an appropriate recruitment process in place to safeguard people from unsuitable staff.
- There were enough staff deployed to meet people's needs. This included supporting people to partake in various activities and appointment in the community. However, some people told us, staff were often in a rush and not always talked to people. We observed there were enough staff on the shift, however, staff did not always chat to people when they did not have scheduled activities with people. We fed this back to the service's manager at the time of our visit.

Learning lessons when things go wrong

- The provider had an accidents and incident policy in place and staff knew what action to take when an accident or incident happened.
- Accidents and incidents had been recorded with details of what had happened and what action had been taken to address it.
- Staff met weekly for an accidents and incidents review meetings. The aim was to analyse occurring accidents and incidents, to learn lessons when things were wrong and agree needed improvements.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- When required, the service had submitted DoLS applications to the relevant local authorities. The service had followed up on the applications to check if they had been authorised.
- We noted that outcomes of DoLS authorisation had not always been correctly reflected clearly in people's care files. For example, one person was granted a DoLS in December 2018. However, their simple care plan from January 2019, used by staff for instant reference about people's current needs, stated that the person was not subject to a DoLS authorisation. Additionally, the DoLS authorisation for this person required staff to check every 1-2 hours to ensure the person had not left the premises unaccompanied. The records we saw suggested that these observations took place twice a day rather than every 1-2 hours. There was a risk that the authorised restriction on the person was not being adhered to thereby putting the person at risk of harm if they left the service unnoticed.
- When people did not have capacity, there was limited information in their files on what decisions they could make. There was also limited guidance on how staff could involve people in making decisions about their everyday care and ask for their consent. For example, one person was subject to DoLS authorisation. Care records for this person stated they refused to sign the consent documents presented to them. There were no records in their file to describe if the person could understand what was being asked of them, whether they could retain information presented, "use and weigh up" consequences of the decision, and communicate their response.

We recommend that the service seek advice and guidance from a reputable source, about working within the principles of the MCA.

- The majority of people using the service had capacity to make decisions. Care records showed that these people had signed their consent to care and support received from the service.
- When it was identified that people would benefit from external advocacy services, such as an independent mental capacity advocate (IMCA), we saw that appropriate referrals had been made by the service.
- Staff had received training in the principles of the MCA. Staff we spoke with understood the principles of the act.

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

- The service carried out a pre-assessment of people's physical, mental health and social needs before they were offered a place at the service. All referrals had been discussed with respective health professionals, staff and people (when possible). This was to ascertain if the service was able to provide required care to people.
- Despite the detailed assessment process, at least two people moved into the service, but the service was not able to fully meet their needs. We noted that the management team took action to support these people in moving to a more suitable accommodation. We discussed this with the manager. They assured us, that as the service model and the pre-assessment process had evolved, more appropriate referrals had been approved.
- People were encouraged to visit the service for social or overnight visits before they moved in. This gave them the opportunity to meet staff and other people using the service. They could also ascertain if they wanted to be supported by the service.

Staff support: induction, training, skills and experience

- People told us, "Staff seems to know what they are doing" and "The staff are supporting me 100% with the wheelchair and the walking frame." However, people also thought the service did not manage behaviours that challenged effectively. They told us this was affecting their well-being. They said, "They don't care about me, but they speak to me sometimes" and "Few incidents [happened]. I want to move out in a quiet place."
- Staff received mandatory training to help them to support people. Other training had also been provided to help staff to understand people with mental health needs. This included, basic therapeutic skills, understanding various aspects of mental health and understanding the forensic systems. Staff could seek further support through participation in various staff meetings, including staff and reflection meetings. They could also get additional support through regular discussions with the members of the onsite clinical team.
- However, staff had not received enough training on how to manage aggressive and other behaviours that could challenge the service. The observed approach towards the behaviour that could challenge the service was penal rather than supportive and promoting a positive change. Consequently, some people were at constant risk of eviction or the police being called to address their conduct. There was no evidence available to show that this approach led to positive change in people's behaviour and developing skills enabling them to live independently in the community. This suggested the approach was not effective.
- Staff we spoke with said they often based their interventions on previous training and experience of working in a mental health setting. Their comments included, "I did not have a de-escalation training here. I was told to call the police when people behave aggressively" and "I think more training on de-escalation and managing challenging behaviour would be useful." We assessed that this area of the service delivery needed to improve immediately.
- Staff felt supported by the managers and other team members. They said they received formal supervisions and other ongoing support. They told us, "I have my supervision once a month. I can talk about various work issues and training" and "The team is very supportive, I can always ask for help and I feel comfortable here."
- Records showed that the majority of staff received regular supervision. However, staff supervision had not

always taken place as is was cancelled due to "high workload". Consequently, not all staff received their formal support as frequently as required. We discussed this with the manager who agreed to address it.

The above is evidence of a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The majority of staff had worked for the provider for a number of years. Therefore, they were familiar with the provider's policies and procedures. New staff received induction to the service and working with people who used it. Staff told us the induction was useful.
- Staff received yearly appraisal of their personal and professional development goals.

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

- People were supported to eat and drink and have diet that met their needs. However, feedback received from people varied. Most people spoke positively about food provided. They said, "Food is nice. The chef is a very good cook. Yes, we do have a choice" and "Food is ok, it's very good indeed." One person told us. "Don't like the cooking, not presented well. Choice is limited, I have told the staff."
- There was a four-weekly menu. People were encouraged to participate in deciding what meal should be prepared for them.
- We spoke with the chef who was aware of people's specific dietary needs and requirements. This included people's individual likes and dislikes as well as religious and cultural preferences.
- There were drinks and fruit available for people throughout the day.

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

- The service was set up as partnership with Camden and Islington NHS Foundation Trust and was able to receive intense and consistent support from health professionals working for that NHS Trust. This included a consultant psychiatrist, an occupation therapist (OT), clinical lead psychologist and others.
- Staff supported people with accessing other health services when needed. This included a GP, a dentist and the district nurse service.
- We saw evidence of frequent clinical reviews of people's care and correspondence with external health professionals about support required by people.

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

- The accommodation included space across three floors of the building. The premises provided a bright and spacious environment where people could move freely with no restrictions. There was a lift to help people to move between the floors.
- There was a range of communal areas including two gardens and two communal lounges with small kitchenettes. The space was arranged so people could socialise with others or spend time on their own if they preferred to.
- There was some art displayed on the wall across the building. The manager explained that people using the service had produced a lot of art themselves. They were now in the process of agreeing which art pieces would be displayed in the building for everyone to view.

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

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

- People gave varied feedback about staff who supported them. Some people said staff were kind and had time for them. One person told us, "[Staff are] caring and supporting to me, they show me respect." Other feedback received from people suggested that they enjoyed aspects of the service, however poor practice around managing behaviour that could challenge the service affected their wellbeing.
- We observed various interactions between staff and people. We saw that some were very kind. For example, four staff members continuously approached people with kindness and gently and people responded positively to it. We saw when people came to the staff office asking for support, they did not have to wait long for staff to respond.
- However, we observed two staff responding abruptly to people who were in need of support. In another example, on the day of our inspection the usual cleaning service was not able to attend the service. Consequently, the toilets, bathrooms and some communal areas were left not cleaned and in poor condition. However, staff had not acted to address it so people could live in a clean and pleasant environment at all times. We discussed this with the manager who agreed action should have been taken to ensure the service was cleaned.
- Staff supported people with scheduled activities at the service and in the community. However, we saw, and external professionals we spoke with confirmed, there was limited social and spontaneous interaction between people and staff when activities were not scheduled. We saw people coming to the staff office to chat to staff, which they were welcomed to do. However, in the communal areas, where people spend most of their time staff presence was limited. An external professional said, "It would be useful to have more communal areas where people could socialise safely. Some people in the service exhibit behaviours that challenge, therefore others do not want to spend time there as they feel intimidated. I hardly see staff there." Another professional said, "More companionship could be offered. Sometimes people express feeling of boredom and this causes their frustration."
- We also received very positive feedback about staff from external health professionals. All professionals told us that staff were committed to supporting people. They said, "Staff attitude is very good and they are very supportive and caring even when they are stretched with resources", and, "Given the opportunity staff is eager to explore various ways of supporting people."

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

- People could discuss their care needs and goals in one to one meeting with allocated staff members. Reviewed care records showed that these meetings had not always been recorded. Therefore, the provider could not always evidence that people's care plans had been discussed with people and that people were

supported with achieving their goals.

- There were regular residents meeting where people could share their feedback about the service. Records from these meetings showed that topics discussed included, social activities, fire safety, relationships between people who used the service and maintenance issues.
- The last customer survey took place between January and March 2019 and 10 people responded. The responses showed that the majority people were satisfied with the service received. People said they felt confident about raising any concerns about care provided by the service.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were respected. They said, "They respect my privacy."
- People's care plans provided staff with guidelines on what personal care people needed and how they wanted the support to be provided.
- Staff understood the importance of protecting people's privacy and dignity when supporting them. Staff said. "We need to ask if people prefer a male or a female worker" and "We close the door during personal care so people's privacy is protected."

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People we spoke with told us they were aware of their individual care plans. People thought staff knew about people's history and background. One person told us, "Yes they know [my personal history], it's very helpful. Yes, I have a care plan."
- People's care plans included information about people's physical, mental, emotional and social needs. However, guidelines for staff on how to support people and help their recovery were often based on people's deficit rather than their strengths. This was specifically true when people exhibited behaviour that challenged the service. For example, one person's care plan stated staff would support them with exploring activities of their interest, but first the person needed to address their behaviour.
- Care plans had not identified strength-based strategies and common approach for staff on how to support people. Therefore, guidelines for staff on how to effectively risk manage people's behaviour and facilitate positive change at the same time were limited. Records for one person stated that they lost interest in going out, something they previously enjoyed a lot. We saw staff accompanying this person for a walk. However, the person's care plan did not have information on what common approach should be used by all staff to support this person in ensuring they stayed active.

The above is evidence of a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although we identified shortfalls in person centred care planning we also found evidence of positive practice. People's care plans had references to what people enjoyed doing and what their interests were. When possible, staff supported people in doing things they enjoyed. There were some meaningful activities available at the home. People told us they enjoyed a jewellery making and cooking lessons. There were weekly therapeutic art sessions. These included painting, listening to music or a poetry reading. We were told by a volunteer running these sessions that people's interest and attendance was steadily increasing. The involvement of external voluntary organisations that were supporting people to take part in things they liked doing was also clearly documented in people's care files.
- Staff we spoke with knew what people's needs were. They gave us examples of how they encouraged people to overcome some difficulties and to progress towards more independent living. External professionals also told us that care staff had been doing their best to empower people and support their recovery. One professional stated, "The care team is very good. Although the common approach to supporting people is not visible, staff are doing their best and people remain stable." However, the lack of clearly identified strength-based strategies and common approach to supporting individual people could result in the support not being fully effective or meeting people's needs.
- People were satisfied with activities available at the service and outside. One person said, "I'm happy with

the activities."

- People's communication needs had been reflected in their care plans. Appropriate arrangements were made where possible to enable effective communication with people. For example, one person spoke limited English and an interpreting service was involved to facilitate communication. Furthermore, a volunteer visiting the service could communicate with this person. Therefore, when possible, they worked closely to acquire information on what was important to this person and what their changing needs were.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and it was made available to people. People could also raise their concerns and complaints in their individual key-work sessions and regular customers meetings.
- People using the service told us, "Yes I have complained, it was dealt with very quickly and efficiently" and "I haven't complained, but I know how."
- The service received only one formal complaint and we saw this was dealt with promptly.

End of life care and support

- At the time of our visit, the service was not providing end of life care to any of people who lived there.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The service had checks in place but these were not sufficiently robust to have identified the shortfalls that were found during this inspection. These related to the management of people's medicines, following the principles of the MCA, staff training and effective care planning.
- Documentation relating to people's care and running of the service was not always fully completed or readily available for the inspection team to view. More robust checks were needed to ensure all required documentation was in place.
- There was a clear managerial structure in place and managers knew what their roles and responsibilities were.
- The service was in the process of clarifying role specifications for care staff members. This was to ensure that all staff knew what they were responsible and accountable for.
- Statutory notifications about notifiable events were being sent to the CQC and the service's CQC rating was displayed as required by the law.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service aimed to provide person centred care and psychosocial interventions to people so they could learn how to live independently in the community. Psychosocial interventions are therapeutic, non-pharmacological interventions which help to address the psychological, social, personal, relational and vocational difficulties associated with mental health disorders. However, we observed, as did other external professionals, the psychosocial approach was not always clearly visible. This area of the service delivery needed to improve.
- The care planning system needed to be reviewed. It had not always provided staff with strength base guidelines on how to support people to promote positive change. This was especially true when people exhibited behaviour that challenged the service.
- The manager was open, honest and transparent in relation to the services that they provided to people, and of taking responsibility when things went wrong. They were keen on driving improvements when needed and striving to provide best quality of care to people.

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

- People were invited to attend monthly residents' meetings where they could discuss matters related to the service delivery. People were also asked to complete surveys on a quarterly basis and we saw action was taken following feedback.
- Staff participated in a range of meetings intended to discuss and address matters related to caring for people and the service provision. These included team meetings, incident debriefs and team development meetings and other meetings related to providing care to people.
- Staff told us they felt supported by the managers. One staff member told us, "If I have an issue I can talk to managers and they will support me."

Continuous learning and improving care

- The managers were receptive to feedback throughout the inspection and responded quickly to address concerns and improve the service.
- The manager and team analysed information from accidents, incidents, complaints and concerns to ensure the quality of the service improved. When required an action plan was formulated to drive necessary improvements.

Working in partnership with others

- The service worked in close partnership with other social care and health professionals.
- Health and social care professionals thought that the service was well led. They said managers were proactive in identifying and addressing known risk to staff and people. However, they also commented that the service should work on clearer definition of the recovery approach and the methodology used by the service to support people.
- Health and social care professionals described staff as supportive towards people using the service. Professionals said, staff were eager to find effective ways of working with people so people could live an independent life in the community. They said, "Because of the staff support my client does well in the community" and "The strength is in staff attitude and staff trying to approach people sensitively." However, professionals also commented that people would benefit from staff offering more one to one work to people and spontaneous socialising with people throughout the day.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person had not ensured that care and treatment to service users was always appropriate and met their needs.</p> <p>Regulation 9 (1)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure care was provided in a safe way for service users because, they did not ensure the proper and safe management of medicines.</p> <p>Regulation 12 (2) (g)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered person had not ensured that staff received sufficient training and formal supervision to enable them to carry out the duties they are employed to perform.</p> <p>Regulation 18 (2) (a)</p>