

## Choice Support

# Howard Goble House

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Howard Goble House provides care and support for older adults with learning disabilities, physical disabilities and people living with autism, some people also live with dementia. It accommodates up to 12 people over two floors with separate adapted facilities. At the time of the inspection the home was providing care and support to ten people.

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

We identified concerns in relation to fire safety, the premises and people's health risks. There were not always sufficient numbers of staff deployed and the provider's system for managing the quality and safety of the service remained ineffective. The previous registered manager had failed to notify us of an incident of serious injury to a person earlier this year.

Deprivation of Liberty Safeguard authorisations were complied with; however, people were not always supported in the least restrictive way possible. We have made a recommendation that the provider seek best practice guidance in this area.

Improvements were needed to ensure people's care and support was person-centred and supported them to be an active part of the local community. The new manager had identified this and started to address this area.

Some improvements had been made since the last inspection. People and their relatives were all positive about the care and support they received from staff. We observed some warm interactions and people were treated with dignity and respect.

Medicines were safely managed and the home was clean and followed safe infection control practice. People's nutritional and health needs were met.

The new manager was working to make improvements. People and their relatives had met the new manager and said the home was well run.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture (RSRCRC) is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not always able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support: The care home was designed to accommodate a larger than recommended number of people and was not best suited to increasing person centred care, or people's independence and skills. The care home shared a building with a supported living service and the provider treated aspects of these service together so that it had some of the characteristics of an even larger campus style setting.

Right care: People and their relatives were positive about the support and care provided. However, we found some people's care needs were not being consistently met in a person-centred way. The new manager was working to introduce goals to improve outcomes for people. Improvement was needed to evidence that people were encouraged and consistently supported to develop and maintain skills and that any goals and outcomes were regularly reviewed with them and their families.

Right culture: The providers ethos was for people to lead inclusive and empowered lives and the manager demonstrated commitment to these values. Further work was needed to increase people's involvement in the community. Some adaptive equipment had been introduced to support people to be more independent or become involved in daily living skills. However, the provider had not identified the shortfalls in their current model of care and best practice principles for people with learning disabilities and autistic people to empower them to lead as full a life as possible.

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

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 31 July 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvements had been made and the provider was in continued breach of some regulations.

This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating. We carried out an unannounced comprehensive inspection of this service on 25 June 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, dignity and respect, person centred care, staffing and the governance of the service.

We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements.

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

The provider and manager took prompt action to mitigate risks we found.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Howard Goble House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 continued breaches in relation to fire safety, the assessment of some risks, staffing levels and the absence of good oversight of the service from the provider.

We served a warning notice on the provider in respect of the continued breaches we identified. We told them to comply with the notice by 31 December 2021.

#### 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 to check our notice has been complied with. 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** ●

# Howard Goble House

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Service and service type

Howard Goble House is a care home and provides care and support for adults with profound learning disabilities and autistic people. Some people also live with physical disabilities and dementia. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection there was no registered manager in post. There was a new manager who told us they would be applying to register as registered manager with CQC.

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included the provider's action plan from the last inspection and information about incidents the provider is required to notify us about. We sought feedback from the local authority who commissions services from the provider.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with the ten people living at Howard Goble House. However, most of them were unable to express their views about the care they received. 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 also observed the support they received in the communal areas and tracked their care to check if it matched with their care and support plan.

We reviewed records related to the running of the home. These included the care records for four people using the service, fire safety records, meeting minutes, accident and incident records and audits.

We spoke with four relatives of people using the service and an advocate by phone following the site visit.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested further information from the provider including staff training data, recruitment records and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same.

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

At our last inspection the provider had failed to assess some risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- There was a failure to assess and act on some risks to people's safety. Fire safety risks identified in a fire risk assessment in February 2020 had not been acted on. There was no clear fire evacuation policy. People's emergency evacuation plans, were not available to the manager or inspectors at the inspection. Those evacuation plans sent subsequently to CQC were confused. Staff gave conflicting accounts of what to do in the event of fire. It was not evident that all staff including night staff had taken part in a fire drill. We referred our concerns to the London Fire Brigade fire safety team.
- Risks in relation to the premises were not always identified. Staff did not carry out checks of window restrictors or radiator covers to ensure they did not pose any risks to people's safety. Hot water temperature checks were not consistently recorded to be assured that they were regularly carried out.
- Staff completed individual risk assessments in relation to people's health risks but these did not always reflect people's current risks, or, provide guidance to staff on how to mitigate these risks. For example, for one person there was an identified risk that they could move their wheelchair with the brakes on. No guidance was provided for staff to reduce possible risks for them or other people. Another person identified as at high risk of falls had a care plan that said they had one to one support in place 24 hours a day to reduce risk. However, this was not in place at the inspection and no new risk assessment had been carried out to assess the risk of falls or provide staff with guidance to reduce this risk.
- Where people needed support to walk to reduce identified health risks, this support was not always provided which increased the risk to their skin integrity and ability to mobilise. We raised a safeguarding alert with the local authority in respect of this risk. The manager took action to address this following the inspection.

We found no evidence that people had been harmed but care and treatment was not always provided in a safe way, which placed people at risk of harm. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



The provider responded immediately during and after the inspection. They confirmed all they were working to address all the fire safety issues and had put more robust checks of the environment in place. They also confirmed they were working on people's individual risk assessments. We will check on this at our next inspection.

- Other risks to people were identified and assessed and staff had guidance on how to reduce these risks. For example, risks in relation to the use of equipment, skin integrity risks and risks in relation to people's emotional needs.

#### Staffing and recruitment

At our inspection on 25 June 2019 we had found there were not enough staff deployed to meet people's needs in a timely manner. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- At this inspection we found the provider had increased staffing levels on each unit, but there were not enough staff deployed to meet people's needs at all times.
- There were not enough staff at night to safely meet people's needs. Staff advised inspectors they needed to call on staff from the supported living service to assist at times with personal care. The provider was not able to assure us that the night-time staffing levels could safely support any evacuation of the home if needed.
- Relatives said they thought there were enough staff to support people safely when they visited. We observed during the day on one unit there were periods throughout the day when the communal areas did not have a staff presence. This meant people did not always get the support they needed to manage and maintain their safety.
- For one person we found they were restricted to using their wheelchair when their healthcare plan stated they should be supported to mobilise for short periods. Staff told us there were not enough staff to meet these needs and this had been referred to the local authority to review.
- The regional manager showed us a system they introduced to assess the number of hours of support people needed. This did not reflect accurately people's needs or time staff spend in the additional tasks such as cooking or cleaning.

We found no evidence that people had been harmed but there were not always sufficient numbers of staff deployed. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following feedback at the inspection the provider acted immediately and increased night-time staffing levels, while waiting to consult a fire safety specialist and the London Fire Brigade Fire Safety team. They subsequently told us they had increased staffing levels during the day. We will check on this and the impact on people at our next inspection of the service.

- Safe recruitment processes were in place. We checked the recruitment records for two new staff members. We found all appropriate recruitment checks in place to ensure they were suitable for their roles.

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

- Systems to safeguarding people from abuse needed some improvement to ensure they were consistently

followed. We found a safeguarding alert had not been raised in response to an unwitnessed fall. Otherwise safeguarding alerts had been raised promptly and appropriately.

- People told us they felt safe from abuse and we observed that people felt relaxed in the presence of staff and each other. People's relatives told us they thought their family members were safe at the home. One relative commented, "It's the best care [my family member] ever had. It's very safe there, always."
- Staff received regular safeguarding training and understood their roles in safeguarding adults and how to whistle blow if they felt concerns were not addressed. The provider had safeguarding policies and procedures in place for reporting any allegations to the local authority. The manager understood these procedures and knew to notify CQC of any allegations of abuse.
- There was a system to review people's accident and incident reports and consider any actions to reduce risk and identify learning.

#### Using medicines safely

- Medicines were safely managed. People received their medicines as prescribed from staff who were trained and qualified to administer medicines safely to people.
- We observed the administration of medicines at lunchtime and saw staff followed safe administration procedures and signed the medicine administration record charts (MAR) clearly to show medicines administered.
- There was a protocol in place for the administration and management of 'when required' medicines. Arrangements for the management of controlled drugs were in place when needed.
- Medicines were stored within safe temperature ranges, in line with the manufacturer's instructions.
- Staff received regular medicines training and an assessment of their competency to safely administer medicines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement

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

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

- The provider did not always follow the spirit of least restrictive practice, which required improvement. One person was restricted to using their wheelchair when their healthcare plan stated they should be supported to mobilise for short periods. The home had advised the local authority they were unable to meet this need and their DoLS authorisation also recognised this limitation. However, the provider had not engaged with the local authority to consider how the spirit of the law and the least restrictive options could be supported.

We recommend that the provider consult best practice guidance in relation to MCA and DoLS authorisations to ensure they work within the MCA code of practice.

The provider told us these issues were addressed following the inspection. We will check through our monitoring processes and at the next inspection of the service.

- Where people had DoLS authorisations in place there was a system to ensure they were renewed in a timely way, if required. Any conditions placed upon people's DoLS authorisations were also monitored and met.
- We observed staff asked for people's consent before supporting them. Where people were unable to

express their views verbally staff explained how they would look for signs that would show people were happy to be supported. Staff understood the principles of the MCA and received training to keep their knowledge up to date.

- Capacity assessments and best interest meetings were carried out for separate decisions where people lacked capacity to make a decision for themselves. These were held with health professionals, relatives and advocates as appropriate to the decision. For example, in relation to Covid-19 vaccination or medical treatment.

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

- The service design needed improvements as it did not reflect our Right Support, Right Care Right Culture (RSRCRC) guidance and best practice for people with learning difficulties and autism. The service was larger in size than recommended to ensure people received individualised care.
- The building was also shared with another of the provider's services. We observed staff and people using a shared entrance and lift which contributed to it being a campus style setting.
- The home was clean and tidy throughout and relatives confirmed this was usually the case. However, it remained tired in places and needed some refurbishment. We observed the flooring in some bathrooms needed replacement as it was starting to wear at the edges. This had been identified and was being addressed. Relatives confirmed the new manager had bought some new furnishings since being in post.
- Some people agreed to show us their rooms. These were personalised with items such as achievement awards or photographs that were important to them. There was appropriate signage in place to help people orientate themselves more easily

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

- Relatives confirmed people's needs were assessed in line with guidance and the law before they came to live at the home. These assessments were carried out with people, their families and health and social care professionals. They included all aspects of people's needs and choices, including their culture and any health or disability requirements.

Staff support: induction, training, skills and experience

- People received care from staff who were supported and trained for their roles. Staff told us they received regular training. Records showed that some training needed refreshing in line with the providers requirements. The manager told us they had some IT issues which were now resolved and were working to ensure staff training was fully up to date.
- Staff had not received positive behaviour support training which is a way of focusing on people's strengths to minimise triggers for distressed behaviour. While there was no current identified need to support any distressed behaviour the regional manager agreed it could be helpful and said they would look into arranging this.
- New staff received an induction, this included a period of shadowing more experienced staff and completion of the Care Certificate. (The Care Certificate is the recognised benchmark for care workers new to health and social care.) One staff member commented, "The shadowing is important because that's where you get to know the person properly...and get to know how best to work with them."
- Staff were supported through regular supervisions and annual appraisals in line with the provider's policy.

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

- People's nutritional needs were assessed and supported. Where people needed modified diets to reduce choking risk, we observed that staff were aware of these needs and followed guidance from health professionals to ensure they received the correct diet.
- People said they enjoyed their meals and helped to choose the menus. A staff member told us this was

done on a weekly basis and they tried to ensure people's preferences and wishes were met. A relative remarked, "The food is lovely there. All freshly cooked from scratch."

- Staff knew people well and understood their preferences, dislikes, allergies, and any cultural dietary needs. Staff said they supported people to choose menus and enjoy healthy meals and a varied diet.
- We observed the mealtime experience and saw that food was freshly cooked and where people wanted to help with food preparation they were supported to do so.
- People's weights, fluid and food intake were monitored to ensure their needs were met. We observed people were offered a range of drinks 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

- People were supported to maintain their health. People and their relatives said they were supported to see the doctor, dentist or optician when needed. Oral health care was detailed in people's care plans. Staff were aware of the need to support people with oral care. One relative commented, "The oral care is good. They were quick to contact the community dentist when needed." Health care plans identified people's health needs with guidance for staff on how to support them with their health care.
- The service worked in partnership with health and social care professionals to ensure people received effective care and support. People were supported to access health care when needed. We saw from people's health care plans that staff worked proactively to involve and refer to health professionals when needed.
- People had hospital passports to provide emergency staff with important information about them.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

At the last inspection on 25 June 2019 we found care was not being delivered in a person-centred way. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People were well treated and cared for. People and their relatives were positive about the care and support they received from staff. One person told us, "I like it here, I like the staff, they are my friends." A relative remarked, "All the carers are wonderful so kind and caring, every one of them."
- We observed that people felt relaxed and while there were some task orientated interactions there were also warm interactions and humour between staff and the people they supported.
- Staff knew people well and could describe their interests and characters and what was important to them. An advocate commented, "People are happy living there. They are well looked after I have no concerns."
- People's diverse needs were identified in their care plans and supported. For example, one person was supported to attend a place of worship. Staff received diversity and equality training to ensure their awareness of people's diverse needs remained up to date.

Respecting and promoting people's privacy, dignity and independence

At the last inspection on 25 June 2019 we found people were not always treated with dignity and respect. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- We observed that people were treated with respect in the way staff interacted with them. They called them by their preferred name and spoke in calm and respectful tones. They understood people's non-verbal signs and responded to people appropriately.
- People and their relatives said they were treated with respect and dignity. A relative said "Absolutely, all the staff are respectful and mindful of everyone's dignity."

- People looked clean, well presented and tidy. Where people chose to use protective clothing to prevent their clothes getting dirty while eating this was used for the shortest possible time to maintain their dignity. Staff told us how they would help support people's dignity for example, by covering them while they were supported with their personal care.
- People were supported to be as independent with their care needs as possible. For example, the new manager had arranged for adapted cooking equipment to be provided to support some people to more easily help with the preparation of meals when they wished. We observed staff encouraged people where needed to use adaptive equipment to enable them to eat more independently.

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

- People were involved in making decisions and choices about their care, for example when they wanted to get up and how they spent their time. Where people were not able to communicate verbally we saw staff communicated sometimes by gestures and they understood the signs or gestures people made to communicate with them about their choices or moods.
- The service used a keyworker system to try to develop meaningful relationships between people and specific staff members and better understand their needs.
- Relatives confirmed they were usually invited to reviews of their family members care where this was appropriate. They confirmed staff contacted them to advise them of any changes to their family member.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- People had plans for their care and support but these did not always reflect their current needs. For example, for two people their current mobility needs were not always supported. The new manager was working to address this and where they had updated care plans they did reflect people's needs accurately.
- People and their relatives told us the care they received was personalised to their needs. Some relatives commented they had seen improvements in their family member's since being at the home. One relative commented, "It's the best care yet. They are so happy and talking more now."
- Some people had goals they were working towards; although it was not clear how these were measured. The manager told us they were starting to introduce these to reflect better people's preferences and wishes. Some people were supported and encouraged to develop daily living skills such as laying the table or doing house checks supported by staff.

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.

- People's communication needs were assessed which guided staff on how to support verbal and nonverbal communication.
- Easy read information had been produced by the provider to explain aspects of the service. Information could be made available in a range of formats to meet people's needs.

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 supported to take part in activities to engage and interest them. However, some further improvements were needed to ensure people had opportunities to express and develop their own personal choice of activities. People told us they enjoyed the group activities. We observed that while some people were actively engaged in group or individual activities these did not always reflect their preferences.
- People did go out supported by staff usually to cafes or shops. However, there was an absence of proactive planning to look for opportunities to integrate and engage people more in the wider community through their needs or interests. The new manager told us she had identified these issues and we saw she was working to address this through engaging with people to understand how to support their preferences.
- Staff told us the new manager was trying to address links with the community. We heard one person ask staff if they could go to a football match, staff responded positively to this saying they would look into it for



them.

#### Improving care quality in response to complaints or concerns

- There was a system to investigate monitor and learn from complaints. The home had a complaints policy available in different formats so that it was more accessible to people at the service. The provider monitored any complaints to identify any learning.
- Relatives told us they had not needed to make any complaints and said staff were responsive in dealing with any small issues they raised.

#### End of life care and support

- People's end of life care needs were considered and planned for as part of their care and support plan. We saw these reflected people's preferences and choices.
- Nobody at the service was receiving end of life care at the time of the inspection and the manager told us they would work with the person, their families and health professionals to ensure their needs were met.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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.

### Continuous learning and improving care

At the last inspection on 25 June 2019 we found the provider's systems to monitor the quality and safety of the service were not always effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Systems to assess, monitor and improve the quality and safety of the service were not effectively operated in some areas. The provider had a system of oversight but this was not effective. Several actions identified in a fire risk assessment report from February 2020 had not been acted on. Evacuation plans were contradictory and staff were not clear what the fire evacuation procedure was for the home. There was no consistent fire evacuation strategy; this had not been identified by the provider.
- Processes to monitor the health risks to people had not identified the issues we found. The system of oversight of risks to service users' health and safety had not identified were no regular checks on window restrictors or security of radiator covers carried out. Hot water temperatures were not consistently recorded. There was no flushing carried out of outlets in empty rooms in line with the legionella risk assessment. These issues were not identified by the providers own quality monitoring.
- There was a lack of consistent oversight of required staffing levels. The provider had updated their nurse call system in order to monitor night-time care needs and reduce risk of falls but this data was not being collected or analysed and used to reduce risk.
- The system to review accidents and incidents failed to identify the need to raise a safeguarding alert, following an incident earlier this year. Accident and incident reports were not analysed for patterns and trends across the home such as the time of incidents or staffing levels.
- People, their relatives and staff had not been asked formally for their views about the service since the last inspection to better understand any areas for improvement.
- Data management systems were not effectively or safely operated. Records were not readily available to the manager or inspectors when needed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a

continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: 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 was no registered manager in place at this inspection. The new manager was recently in post. They told us they would be applying to register as manager with CQC. The previous registered manager had deregistered on 28 July 2021. While they had notified us of some events as they needed to under the regulations; there had been a failure to notify us as required of a serious injury to one person earlier this year. This had also not been identified by the provider until this inspection.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The provider submitted the notification required as soon as they realised they had failed to do so at the time.

- The new manager told us they were being supported to understand their role, and their responsibilities under the duty of candour, by the regional manager and the provider. They were aware of the requirements to notify the Care Quality Commission (CQC) of significant events.
- People and their relatives were positive about the new manager and told us they thought the home was well managed. One relative remarked, "The new manager seems on the ball. They have been ordering new furniture and sorted out a quiet room for people to use." The new manager was open, honest and proactive at the inspection in trying to address issues we identified. They also worked with the regional manager following the inspection to rectify areas of concern.
- Staff said they felt well supported by the new manager and that they were starting to introduce positive changes at the service. For example, people were going into the community more often and some people's bedrooms had been redecorated and refurbished.

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

- Some improvements were needed to the way the culture to reflect the principles of RSRCRC and empower people fully in a person centred and inclusive way to achieve good outcomes. The campus style setting did not reflect current best practice for people with learning disabilities and autistic people. For example, there were set mealtimes rather than people choosing when to eat.
- There was a blurring of the management of the supported living service and care home provision. Records such as policies for both services were held in one office and were sometimes combined and difficult to distinguish; adding to the campus feel. This included the training records, the fire evacuation policy and business continuity policy. Staff training records did not clearly identify which staff were from which service. The regional manager told us this was being acted on following the inspection.
- Relatives commented they thought staff supported and advocated for people with health professionals to improve their quality of life.
- The new manager showed a commitment to empowering people and developing better person-centred care. People were involved in some aspects of the running of the service for example they were supported by staff to carry out the health and safety checks.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- There was an advocate who visited regularly and supported people at the service and monitored the deprivation of liberty safeguards. They told us people's engagement in the community had been impacted significantly by COVID-19 and the new manager was making some progress to reduce this. Staff considered people's protected characteristics and supported them for example with food that was appropriate to their culture.
- The home worked with a range of professionals such as the GP, district nurses and the hospitals to meet people's needs. Care records included the advice received from health professionals.
- There were residents' meetings where aspects of the service were discussed and any suggestions recorded. These were followed up at the next meeting to track progress.

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 18 Registration Regulations 2009 Notifications of other incidents  The provider failed to notify us of a serious injury as required. Regulation 18

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 12 HSCA RA Regulations 2014 Safe care and treatment  People did not always receive safe care and treatment as risks to people were not always assessed or safely managed. Regulation (1)(2)(a)(b)

### The enforcement action we took:

We served a Warning Notice and told the provider to comply with the notice by 31 December 2021.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems to monitor the quality and safety of the service were not always effectively operated. Regulation 17(1)(2)(a)(b)

### The enforcement action we took:

We served a Warning Notice and told the provider to comply with the notice by 31 December 2021.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Insufficient numbers of staff were deployed at all times. Regulation 18 (1)

### The enforcement action we took:

We served a Warning Notice and told the provider to comply with the notice by 31 December 2021.