

# ROCCS Residential Community Care Services Limited

## Brent Cottage

### Inspection report

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22 April 2023

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability, and autistic people, respect, equality, dignity, choices and independence, and good access to local communities that most people take for granted.

'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability, and autistic people, and providers must have regard to it.

### About the service

Brent Cottage is a residential care home which is registered to provide accommodation and personal care for up to 5 people, with 5 people living at the care home at the time of the inspection. The service is an adapted house providing people with separate bedrooms and shared communal areas.

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

#### Right Support

People at times were not able to spend their time freely and without pressure from others. People were supported with activities and pursuing hobbies and their interests, although improvements are required to look at longer term aspirations. Staff enabled people to access specialist health care support in the community. The environment and cleanliness within the home had improved and people were able to personalise their rooms. People received their prescribed medicines safely, from staff who had been appropriately trained. People were not always supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

#### Right Care

People's specific care plan information promoted equality and diversity in their support. Weekday staffing levels were sufficient, but the provider was reviewing the weekend numbers to ensure support was provided equally. Staff understood people's cultural needs and people received kind and compassionate care. People were supported to eat and drink enough and had a varied diet offered to them. Staff mostly protected and respected people's privacy and dignity. Staff responded to people's individual needs but a culture of people needing to ask for permission for some things remained. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

#### Right Culture

People were not always supported to achieve their individual goals and aspirations. Staff placed people's needs, at the heart of everything they did. People's relatives were involved where appropriate in the review of people's care plans. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect, and inclusivity. People's ability to access community activities had

increased since the last inspection. The provider and people had redeveloped the ethos and values of the service, aligning this with what people wanted from the care and support.

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 was inadequate (published 05 September 2022) and there were breaches of regulations found. We imposed positive conditions on the providers registration in respect of those issues which required improvements.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. They met with CQC and the local authority regularly to review the improvements.

At this inspection we found some improvements had been made and the provider was no longer in breach of regulations. This service has been in Special Measures since 22 May 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated inadequate overall or in any of the key questions. Therefore, this service is no longer in special measures.

#### Why we inspected

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

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

The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well led sections of this report.

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

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect. We will continue to meet with the provider to monitor progress against their action plan.

## 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** ●

# Brent Cottage

## 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

This inspection was carried out by two inspectors.

#### Service and service type

Brent Cottage is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Brent Cottage is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

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

#### During the inspection

We spoke with three person who used the service and one relative about their experience of the care provided. We spent time observing people with staff supporting and communicating with them. We spoke with three members of staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included three people's care records and medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records, further records relating to people's care and plans to further develop the quality of care. We met with a range of social care professionals to seek their feedback about the improvements made within the service.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

At our last inspection safeguarding concerns were either not identified, investigated, or notified to the appropriate organisations. This had placed people at risk of harm. This was a breach of Regulation 13 (Safeguarding) 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 13.

- People told us they liked living at Brent Cottage, felt at ease with staff and felt safe.
- Staff told us they had received updated safeguarding and whistleblowing training. Staff said they were confident they would be able to identify if people were at risk of any form of abuse, even if people would not tell them. They told us how they would report their concerns to management, the local authority and CQC if it was needed. One staff member said, "I monitor signs of physical abuse and psychological abuse. I always report behaviour changes. I know their triggers."
- We saw from care records that where incidents occurred, staff reported these promptly which were investigated swiftly. Where necessary, staff contacted the relevant professionals to both report the incident and refer for further assessment. Feedback from the local authority confirmed that incident reporting had improved significantly, and the management team worked in an open and transparent manner.
- Following incidents, managers held a reflective discussion with staff involved to reflect on what happened and if lessons could be learned to mitigate recurrence. However, monthly meetings with all staff did not always reflect on these incidents or look at themes and trends to benefit shared reflection.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection safety concerns were not consistently identified or addressed. Information to support the safe administration of medicines was not always present or not clear. This had 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.

Enough improvement has been made at this inspection and the provider was no longer in breach of regulation 12, but further improvements were still required.

- People told us they were happy with the care provided to them. One relative said, "Staff are lovely though

and take good care of [Person]."

- Risk assessments had been fully reviewed and clearly identified risks to people's safety and welfare. Care plans clearly documented the support people required and described how to deliver this care safely.
- Although risk assessments fully explored actions to keep people safe, not all staff, particularly new staff were aware of the contents of those care records. One relative told us about a recent incident. They said, "Recently [Person] had lashed out at staff. They are not aggressive, but some staff can push [Person] too much to do something or to stop something. If they don't all support [Person] the same, then they cannot cope and just waves his hands. It's [Persons] way to say it's too much and I think this is because of the new staff not knowing all about him." We discussed this with the provider who took immediate action to address this with staff, providing increased mentoring and training and discussions within meetings and supervisions.
- Regular safety and environmental checks were in place such as health and safety checks and fire safety. People had evacuation plans in place that described how to evacuate in an emergency and staff carried out regular drills involving people.
- At our last inspection, medicines administration records [MAR's] were not completed and guidance for 'As required' medicines were not clear. At this inspection we found improvements had been made and prescribed regular medicines were clearly recorded when given and guidance was in place to guide staff when to administer. Staff did not record when an 'As required' medicine was given on the MAR, and we raised this with the provider who took immediate action to ensure all medicines were recorded on the same form.
- Some people bought their own 'Homely remedies' such as vitamins or pain relief. These are purchased over the counter and do not need to be prescribed. However, a policy for the management of these was not in place. This was raised with the provider who immediately rectified this and implemented a policy to ensure the safe management of these.
- Regular reviews were carried out of medicines used to manage mood or behaviours. People were regularly monitored to ensure these medicines remained effective, and where changes were needed the prescribed, along with staff safely implemented this. Staff received training to safely administer medicines and their competency was regularly checked to ensure they remained competent.

## Staffing and recruitment

At our last inspection the lack of staff to meet people's needs and unsafe recruitment process was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of regulation 18.

- People were supported by enough staff, in line with the funding arrangements provided through the local authority. People were now able to access the community with enough staff.
- On both days of our inspection, people asked for staff to take them out to the shops or café which was not previously planned, and staff accommodated this. People and relatives said that staffing levels enabled them to receive appropriate support and to get out and about and pursue interests. One relative said, "I am very happy with the support [Person] gets, they have a life outside the home, they support with going out and this is great. They have settled very well."
- Staff told us there were enough staff on most days, but there were occasions when one person, at weekends could become anxious and needed additional support. Whilst waiting for a visit from a relative, this person would be excited, upset, agitated and anxious. They required at times almost one to one support, which could impact on others in the home. The provider was aware of this concern and was looking at options to provide additional support for these times.



- Recruitment checks ensured staff were suitable for their roles by carrying out relevant preemployment checks. This included criminal records checks and employment references. Staff confirmed the recruitment and induction process that was followed. One staff member said, "I had an induction and I have been trained but we are still learning."

#### Preventing and controlling infection

- At our previous inspection some areas in the home needed cleaning as they presented an infection control risk. At this inspection, the home was clean, spot checks were in place to monitor cleanliness and maintenance was carried out when needed.
- People's safety was promoted through the prevention and control of infection. The provider ensured personal protective equipment (PPE), such as disposable aprons and gloves were available and used by staff when supporting people with personal care.
- Although the use of PPE in response to managing COVID-19 had been relaxed, the provider had not risk assessed when to use PPE or what people's preferences were. During this inspection they completed this task to ensure people's choice or health condition had been considered.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection, the lack of personalised care plans and assessments was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's care and support plans were personalised and reflected their needs and preferences. Staff involved people in reviewing their plans through key work meetings. Further work and development was ongoing to ensure people's longer terms aspirations were assessed through key work, such as moving on from Brent Cottage, which was an area the registered manager was supporting staff to develop.
- Staff had received training and supported people using a positive behaviour support framework. This helped staff work positively with people to prevent them feeling anxious and being physically challenging. People received support in a proactive manner, where staff identified signs and implemented strategies to manage those. One staff member said, "I monitor signs and always report behaviour changes. I know their [People's] triggers but I am still learning. I read the care plans and I am confident I can pick up on most signs, but I am still learning. I have been trained but the management is bringing more training in." We have reported in the Safe domain that not all staff read the care plans thoroughly, however, the information was clearly recorded in people's risk assessments and care plans for them to review.
- The provider and registered manager had reviewed people's support needs alongside social workers and community nurses. This helped to ensure the assessments were appropriate, followed national guidance and best practice, and was delivered in line with standards. One visiting professional said, "A lot of work has gone into the assessments and care planning over the past 6 months. Where there are risks and people require support, the plans developed are appropriate and address those needs in a supportive way. If there is any clinical assessment needed, then staff are quick to ask for help."

Staff support: induction, training, skills and experience

At our last inspection we found there were not suitably qualified, competent, skilled and experienced staff to meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff had received training in relation to key areas of care and support, such as safeguarding, mental capacity, risk management and medicines. In addition, staff received ongoing training to understand the principles of Right Support, Right Care, Right Culture guidance. As a result, the staff teams' approach to supporting people to achieve positive outcomes, learn new skills and plan for the life they wanted to live had improved. However, this was an ongoing area of development, and the provider told us this was a continued focus for new staff.
- In addition to the core training provided, the provider had sought an independent review of ongoing training needs. This assessment was due for completion shortly after the inspection but would set out the further enhanced training staff would require. Plans were also in place for bespoke management training to support managers development, and workshops to support senior staff with their management responsibilities. We reported in the responsive domain that training to communicate appropriately with people had been provided, but in some examples required further development. The provider was aware of this need and was in the process of mentoring and supporting those staff. For example, through use of Makaton.
- Since 1 July 2022, all registered health and social care providers have been required to provide training for their staff in learning disability and autism, including how to interact appropriately with autistic people and people who have a learning disability. The provider was aware of this but had yet to provide suitable training at an appropriate level for all staff supporting people.
- Staff told us they felt supported by the management team, and that they met regularly to discuss their performance, and issues and reflect on practise. One staff member said, "Things are done properly now, training is good and its constantly reviewed by management so that when they identify a gap they source the appropriate training to upskill staff."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

At our last inspection people were not supported to have an active role in maintaining their own health and wellbeing. There were also no plans developed with people to promote healthy eating and a healthy lifestyle. This was a breach of Regulation 9 (Person--centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People continued to have annual health checks, and staff now supported people to understand the importance of screening tests and other important health appointments. Staff supported people to attend these and gave people the right information in the right way for them to understand.
- People's dietary needs were assessed and when necessary, were supported by health professionals such as the GP or dietician to modify their diet. Staff monitored people's weight and recorded what people ate, and helped people plan what meals and snacks they wanted to eat.
- Staff encouraged people to help prepare and cook their meals to support and develop their independence. However, there was further improvement needed to ensure staff allowed people to make their own decisions about snacks and treats.
- People were encouraged to remain physically active, both within the house, but also through activities in the community.

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

- Staff promptly referred people to other professionals when their needs changed. This included the GP, dieticians, nurses and mental health professionals.
- Care plans contained records and actions arising from professionals' visits which showed these were followed up.

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

- We previously found parts of the home in need of redecoration to maintain people's safety and to meet people's needs. At this inspection the home was well maintained, and previous concerns had been addressed
- People's bedrooms were personalised and decorated how they liked it. One person was very excited when telling us how they were going to redecorate their room and their choice of furnishings was being delivered.
- Regular safety and cleanliness checks were in place to support a maintenance programme to ensure the environment was appropriate and met people's needs.

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.

- During this inspection, although we identified actions had been taken to help ensure the service was working within the principles of the MCA, we noted some work was still required. Where best interest decisions were made, the registered manager had not sought the views of an independent advocate or health professional to support that decision. The provider immediately responded and took action to identify local advocacy that they could access and developed their policy to support this approach.
- Where necessary, applications had been made to the relevant authority and nobody was being unlawfully deprived of their liberty. There were systems in place to ensure that renewal applications were submitted in a timely way prior to existing authorisations becoming out of date.

# Is the service caring?

## Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence.

- People were supported to express their views and be involved in making decisions about their care. People were supported by a staff team who they were comfortable with and who had formed meaningful relationships. One relative told us, "[Person's name] has built up a really good relationship with staff there is a lot of care given, staff are friendly, kind which makes for a happy home."
- People's choices about where they spent their time were at times limited. For example, people would choose to spend time in the lounge area. However, behaviours from one person impacted on their decision resulting in them returning to their room and not being part of the wider community. People were able to choose to spend time alone in their rooms, but at times this decision was made in order to remove themselves from conflict.
- Relatives told us that staff promoted people's independence and respected their right to make choices for themselves. We observed this during our inspection, but this was limited to tasks such as cooking, cleaning and activities such as shopping. The provider told us they acknowledged more development was needed around key work to ensure longer, more meaningful person-centred plans to promote longer term independence around areas such as employment, education and move on.
- Staff shared good knowledge of protecting and meeting people's privacy needs and our observations showed staff mostly met people's privacy and dignity needs. However, we also observed where one staff member responded sarcastically when a person was telling them about their plans. We further saw staff scratching people under their chin when using terms such as, "You are going to be good," and "Good girl." The person responded with an angry look and was clearly not comfortable with the comments or action. We shared these concerns with the provider and registered manager who took immediate action.
- Staff spoke fondly about the people they cared for, and we also observed some warm and positive interactions between staff and people living at the home. People were familiar with staff members and overall, we saw staff who took time to have positive interactions with people.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for 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

At our last inspection we found that personalised support for people to develop new skills was not always provided. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider was no longer in breach of regulation 9, but further development was required.

- People's needs were documented and care plans described people's routines and preferences. Keyworker meetings were regularly held but required further development to ensure people's longer terms goals and aspirations were central to the support plan. This would help ensure people were developing their skills and maximising their independence.
- People were supported by a stable staff team which led to a continuity of care by familiar staff, who people were comfortable around and had formed good relationships.

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 had communication plans that recorded their preferred methods of communication. Staff utilised different things to aid people's communication such as pictorial images, gestures, and flash cards.
- Staff had received training to be able to sign with people when communicating as this was some people's preferred method. We observed staff communicating with people but not all staff used sign when communicating or understood people when they did so. One person throughout the day was using sign as well as speech. They had to repeat themselves as staff did not understand certain signs, which was frustrating for them. This person was asked to teach some staff MAKATON during the team meeting. We observed how staff just watched and did not interact, therefore missing the opportunity to develop their communication.
- Since our previous inspection the provider had developed their approach to meeting people's communication needs, however as our findings show, further work is required to embed this into practice.

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

At our last inspection we found there was a lack of meaningful engagement opportunities for people. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider was no longer in breach of regulation 9, but further development was required.

- People were now supported to understand and discuss their sexuality, understand their needs and how to communicate their wishes and desires. People were supported to maintain existing relationships with their family members, but now were supported to develop new relationships, including discussing intimate relationships.
- People were able to spend their time engaged in activities that interested them. Some activity was planned as part of a weekly planner, but we saw that people could decide on the day what they wanted to do. One person was about to start volunteering for the local police force and a second person was looking at college courses to begin.
- The activity for people within the house could be variable, which could be dominated by one person's mood. Where this person was unsettled, this meant people within the house were not able to freely choose how to spend their time and would retreat to their rooms.
- People were being supported to take positive risks and try activities outside their comfort zone. For example, one person, a keen baker, was in discussions with staff to develop a cake stall to sell products at fetes and markets. Although not in place at the time, this was one of the ongoing improvements the provider planned to develop through meaningful key work sessions to develop people's independence.

#### End of life care and support

- At the time of this inspection no person living in Brent Cottage required end of life care.
- Some staff had received training to understand how to support people who were nearing the end of their life.
- However, further development was needed to ensure staff had the confidence to discuss and document people's end of life wishes and plans in this area of support with people or their relatives if appropriate.

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

- People and relatives we spoke with told us they were happy with the care and support provided and rarely felt the need to raise a formal complaint. A copy of the complaints policy was made available to people in an accessible format. Although we saw no documented complaints raised, one relative told us about a time when they did speak with the registered manager about their relative. They told us, "[Registered manager] is always around if I have a concern or am worried about anything. We don't get to the formal stage because they listen to me and act quickly."
- Staff said where concerns were raised these were discussed either on the day or through staff meetings.
- Concerns were documented, and a written record kept of the outcome and any improvements needed.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our previous inspection we found a lack of effective leadership. There was a lack of governance systems and processes in place to ensure the safety of the service people received and the inability to identify improvements needed. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One of the purposes of this inspection was to check if the provider had met the requirements of the conditions on their registration, we previously imposed. We found the provider had met those conditions, but some areas of further improvement remained. Enough improvement has been made at this inspection and the provider was no longer in breach of regulation 17, however further development and embedding was required.

- Since our last inspection the senior management team had been restructured and improvements in internal reporting had been made. The provider and registered manager had fully developed a new quality monitoring system which they had put in place.
- The provider had an improvement plan in place which evidenced some improvement actions had been completed, but also noted some of the areas found at this inspection and those requiring further development. We were assured that, although improvements remained, the provider and registered manager were taking steps to develop and embed good practice across the service, at a pace staff and people were comfortable with. The management team and staff demonstrated a clear commitment to wanting to continue improve the service people received.
- Staff were positive about the changes and the management team. One staff member said, "There were meetings with staff following the previous CQC inspection and lessons were learnt as big changes happened. There have been management changes as well and there is now a good staff structure in place. Before, we weren't doing our best, but now everyone smiles, and I feel much happier. [Registered manager] has been fabulous, and [Provider] have worked with us as a team, it's so different now."
- The management team completely reviewed the ethos and values of the service and redeveloped the statement of purpose with people's input. This approach placed people at the core of the care provided. For



example, people were asked how they wished to be known so in response the new ethos centred around 'People we support.' The design and philosophy of how people receive care was developed by this group of people who laid out their expectations of how staff engage with them. The newly developed approach encompassed the principles of Right Support, Right Care, Right Culture, but given the scale of the redesign this would take further time to embed.

- The registered manager had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs in the service. The provider shared information with people and their relatives when things had gone wrong. The registered manager ensured people's relatives were notified about any incidents.
- Necessary statutory notifications were made to the CQC and the local authority as required. This is a legal requirement placed on care providers. Receiving notifications enables the CQC to monitor regulated services and identify where there may be potential risks which need to be addressed.

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

- People using the service and staff were fully engaged in the day to day running of the service. Regular meetings were held which encouraged people and staff to talk about upcoming events, any changes, or emerging issues.
- People were asked for their feedback about the service in short surveys with an independent in-depth survey due shortly after this inspection. This survey will capture people and staff views, in addition to other stakeholders, with an action plan being developed from these findings.
- The provider was in the process of obtaining a Staff Wellbeing (SWELL) Charter Mark which will value staff commitment and help to create a proactive and resilient workplace. Further work was planned to continue with the '6C's Culture Check.' This is an ongoing assessment looking at care, compassion, courage, commitment, competence, and communication.
- The provider told us they had learned a lot from the previous inspection and was embedding good practise across their group. They said, "We know we have a long way to go, we know we are not there yet, but we are taking our time to make sure we take our People we support and staff on the journey with us."

Working in partnership with others

- Some external health care professionals told us that all staff worked in partnership with them to help maintain people's well-being. One professional told us, "The staff at Brent Cottage really do try to go the extra mile. I think the last 12 months have been a challenge, but I can see the changes, not just in the care and the culture, but the staff look happier themselves, and that manifests itself into good care."