

Eight Ash Court Limited

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Inspection report

Halstead Road
Eight Ash Green
Colchester
Essex
CO6 3QJ

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17 July 2019
08 August 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

Eight Ash Court Limited is a residential care home providing personal care for 12 people who have a learning disability. Some people also had a physical disability.

The service consists of two bungalows, each providing domestic style accommodation for up to six people. There was no identifying signage outside the premises or on the service's mini buses to identify it as a care home. This was in keeping with the design principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible as part of the community and achieve the best possible outcomes.

The principles of Registering the Right Support also reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. This required further development. People had been living in the service for a long time and staff knew them and their families very well. However, the positive feedback the service received from relatives had led to the provider not exploring new initiatives in learning disabilities and/or autism, and seeing how it could be used to consistently support good outcomes for people and promote a better quality of life.

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

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

The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons, people were not always supported to participate in meaningful activities and decisions made in people's best interests had not been fully assessed and documented.

The system to identify and mitigate potential risks were not robust enough to ensure people were always safe. We have made a recommendation for improvement in this area. Appropriate reports to safeguarding professionals had not been made by staff and staff were not able to tell us about how safeguarding concerns should be reported, without prompting. There is currently an investigation being undertaken relating to this and we have recommended the service improve in ensuring safeguarding processes are embedded into practice.

Relatives told us people were supported in a safe, clean environment. However, improvements were needed to ensure infection control processes were always sufficient to ensure people were safe. We have made a recommendation to improve in this area.

Improvements were needed to ensure all management and staff were receiving training to keep their knowledge and skills updated to support them in carrying out their role effectively.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; there were policies and systems in the service supported good practice but this had not always been followed.

People's privacy and dignity was not always respected. We have made a recommendation that the service improve in this area.

People's care needs were assessed and planned for. However, they were not always kept up to date to ensure people received a consistent service. We have made recommendations that the service improve in the systems to support people with their oral care and ensure people's end of life decisions are sought and documented.

The provider's systems for assessing and monitoring the service were not robust enough to promptly identify shortfalls and address them. We have recommended that the service use the provider's resources effectively to improve in this area.

Despite the shortfalls we had identified in the service, people and their relatives told us they were happy with the care being provided. One relative said they had recommended the service to others.

The systems for managing medicines was safe. There were enough staff to provide care and support when needed. The processes for recruiting staff was safe.

People were supported to access health care professionals when needed. People's dietary needs were assessed and met.

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

Rating at last inspection

The last rating for this service was good (published 1 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was 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 ●

Eight Ash Court Limited

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Eight Ash Court Limited is a 'care home'. People in care homes receive accommodation and nursing or 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.

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

Notice of inspection

This inspection was carried out over three days; 12 July which was unannounced and 17 July and 8 August which was announced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We contacted two social care professionals who had contact with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We met all the people using the service. Where people were unable to express their views, we spent time

observing how staff interacted with them and monitored their welfare. We also spoke with the registered manager and eight members of staff including deputy manager, administrator, team leaders and support workers.

We attended the senior staff team meeting and reviewed a range of records. This included three people's care records, medication records, staff personnel files, risk assessments and incident reports. We looked at a variety of records relating to the management of this service, including quality assurance records, legionella policy, and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider sent us their updated training matrix, and analysis of their incident and accident reports. We spoke with five people's relatives and received feedback from two health and social care professionals who have regular contact with 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

Assessing risk, safety monitoring and management

- Management and staff were not consistently identifying, and or, taking effective action to minimise possible risk. Although environmental risks assessments were being carried out they were not thorough enough. This demonstrated a lack of awareness in this area.
- This included, in the unlocked laundry room there was a cupboard containing cleaning chemicals hazardous to health which was fitted with a lock, but it was not effective. When pulling the locked doors forward, the large gap allowed for items to be removed. The protective glass covering on a wall fitting was missing, which left the light bulb and wires exposed. When we told the registered manager about this, an electrician was called in to replace it.

We recommend the registered manager uses information from a reputable source, to support them in consistently identifying and taking effective action to minimise potential risks.

- One relative told us, "Safety is always uppermost...[staff] will ring up and tell us," of any incidents involving their family member, and action taken to reduce it happening again. Another described how two of the staff were, "Brilliant," in pre-empting their family member's behaviours and take action to stop it escalating, to ensure both the person's safety and of others close by.
- Where a person was at risk of falls, management had liaised with professionals and acted on their recommendations to reduce the risk of further falls.

Learning lessons when things go wrong

- Concerns were raised with the CQC that staff were not always documenting incidents and accidents to ensure it captured enough detail on what happened, prior, during and following the incident. This information was required to enable the provider to put in effective monitoring systems to assist them in identifying any themes that required further action, such as referrals to falls specialists.
- The registered manager was aware they needed to improve in this area. Minutes of the May 2019 staff meeting reminded staff, 'How all staff need to provide much more detail on accident / incident forms,' and the registered manager would be bringing in a new procedure to ensure they were fully investigated, analysed and effective action was being taken.

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with confirmed they had received training and would report any concerns. However, not all staff were aware of who the external safeguarding lead agencies were, without being prompted. Training records showed where staff had not received 'refresher' training to keep their knowledge updated. The

registered manager was aware of this and they were arranging further training.

- Anonymous concerns had been raised directly with the CQC, some of which were historic. Staff had not reported safeguarding concerns to the lead agency, which could impact on the investigation process and people's safety. At the time of the inspection these concerns were being investigated by the local authority safeguarding team.
- On completion of the safeguarding investigation, the registered manager provided assurance they would act on any findings and recommendations.

We recommend, to help embed safeguarding into practice, the training also includes discussions about the provider's whistle blowing policy, scenarios to practice and staff accountability in reporting any concerns at the time. This will support staff in relating it to practice.

- Relatives told us that they felt people were safe. One commented, "Feel lucky we don't have to worry." Another felt, "Pretty confident," their family member was safe, "I would know if [family member] was upset," by changes in their behaviours, which they had not noted.
- People using the service knew who to speak to if they had a concern and felt comfortable to do so. One person told us, "Staff make me feel safe... I get on well with everybody." They said they would raise any concerns with management.

Preventing and controlling infection

- Improvements were needed to ensure staff were consistently following safe practice to support a clean and hygienic environment. Staff were following good practice in ensuring wet mops were air dried, to prevent the risk of bacteria growing. However, not all potential infection control risks were being identified and acted on.
- This included a broken bath plug chain had been replaced with string which had become black and slimy. Staff had not identified that the string could not be easily cleaned, therefore provided a potential breeding ground for bacteria, and not pleasant for people to be using in their bath. The registered manager took action to get the string replaced with a chain during the inspection.
- The minutes of the May 2019 staff meeting, showed instructions given to staff in the handling and washing of items soiled with bodily fluids did not fully reflect current best practice; in minimising the risk of faecal contamination.

We recommended the registered manager uses a reputable source to assist them in providing a more effective oversight in relation to infection control audit and risk assessments. This will support them in identifying all potential infection control risks within a care home setting.

- Relatives told us the lounges, kitchens and their family member's bedrooms were kept clean; which was our observation. One relative said, "Staff are always busy cleaning." The provider's quality assurance survey from relatives showed that they were happy with the standard of cleanliness of the service.

Using medicines safely

- Relatives told us people were receiving their medicines as prescribed, and where applicable, any changes discussed.
- The provider had safe systems for the receipt, storage, administration and disposal of medicines. At the time of the inspection the registered manager was updating the information given on the front page of people's medicines administration records. This included people's preferred way of taking their medicines.
- Staff were trained and assessed as competent before they administered medicines to ensure their practice was safe.

- Where we saw staff administering medicines, which was carried out in a safe manner, supporting one person at a time.

Staffing and recruitment

- Relatives and staff told us they felt the staffing levels were enough, but the skill mix did not always allow for a driver to be available across the weekend. This could impact on people being able to access the community.
- Staffing levels were set at one senior and two support workers in each of the six bedded bungalows. Absences were covered by the registered manager, or through two local care agencies to promote continuity of care.
- One relative told us, "Staff retention was an issue." The registered manager said there had been a turnover of staff. However, they had retained a core group of long-term staff who knew people well and were in the process of recruiting to the vacant posts.
- Staff had been recruited safely to ensure they were suitable to work with people. A staff member said the provider had not allowed them to start employment, until they were in receipt of information to confirm they were of good character and suitable to work with vulnerable people.
- The provider information return showed that the service followed good practice in repeating checks on staff's suitability to work with vulnerable people every three years.

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.

Staff support: induction, training, skills and experience

- People had lived in the service for at least 15 years, many over 20 years. Relatives told us staff knew people well. One person told us, "We are well looked after." A relative said their family member was, "Well cared for," and staff received, "Enough [training] to support [family member] to keep safe." Whilst another felt the, "Quality of staff," varied, with some staff able to demonstrate a better understanding of learning disabilities than others. This was our observation.
- Records provided during the inspection, showed not all staff, including the registered manager were receiving training to keep their skills and knowledge updated. This included key areas such as safeguarding, health and safety, infection control, autism awareness, and equality and diversity. All areas of practice which we found improvements were needed. The registered manager was aware of the gaps in training, and said they were addressing it. They provided a training matrix, a tool used to monitor the range of training staff had completed, when they needed to repeat it, and when sessions had been booked.
- The training matrix did not demonstrate how all staff were being supported to keep up to date in the specialist areas of care they supported: learning disability, autism and physical disabilities. Or show that consideration had been given, as people they supported got older, related physical and health conditions.
- Minutes of April 2019 meeting showed staff had identified, 'we all need to understand autism better'. Only six out of 25 staff had received training in autism. The lack of specialist training for all staff, impacted on staff keeping up to date with current best practice to constantly ensure good outcomes for all people.
- Three staff, including the registered manager, had attended an 'autism awareness' session, they said it had given them a greater understanding and insight. Which they were using to improve people's lives. For example, identifying people with autism did not like travelling backwards, which was the usual position for wheelchair users on public buses; they now only used their own mini bus, which enabled wheelchairs to be fixed forward facing.
- The service had access to their own trainer and staff new to care were supported to complete their Care Certificate. The Care Certificate is a national approach to ensure staff receive thorough training related to a career in care.

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

- People's care plans contained information about their nutritional needs, specialist diet, likes, dislikes and where applicable any support the person required. For one person this included cutting food up, 'into bite size pieces'.
- The introduction of a 'diabetes champion' (a delegated member of staff who had an interest and knowledge in this area) in supporting a portion-controlled diet had a positive impact on people's health.

This included the reduction/stoppage in medicines for two people with type two diabetes.

- One relative described the meals supplied as, "Wholesome." Another described food supplied as, "Cheap and cheerful...pork pie, junk food," and felt there was a lack of choice.
- Menus for both bungalows were the same. Staff said they consulted with people on the choices and were knowledgeable about people's preferences. One person told us they enjoyed the food and could make their own snacks/meals if they wanted to.

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

- People were supported to maintain good health and had access to a range of health care professionals including specialist nurses, GPs, neurologists, osteopath, physiotherapists, occupational therapists, and dieticians.
- One person told us, when visiting their GP, "Staff come with me," which made them feel supported. They also said the, "Optician comes once every two years," but where a dentist used to visit the service, they no longer did, "Which is not very good, [registered manager] is sorting it out." Records showed that applications to see the community dentist had been made.
- Staff knew people well and ensured that any changes in a person's condition were noted and acted upon. Information about the changes to a person's condition were discussed during the staff handover periods, and where applicable, kept the person's relatives updated on the outcome. A relative confirmed this, saying when staff noted any changes they let them know straight away, "On the phone like a rocket...I don't worry."
- Relatives described the support given by staff in accessing / person purchasing, specialist equipment to support people's wellbeing, independence and safety. One relative said the service had arranged for, "A new hospital bed."
- A professional said, "Whenever I have requested information or made recommendations, the needs are always met from the carers and the home itself."

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

- There had been no new admissions for over 15 years.
- The registered manager said when the situation did occur, the pre-assessment would be carried out in a person-centered way. This would include, as well as assessing the person's needs and the staff's ability to meet them, visits to the service to assess their compatibility with the other people they would be sharing the bungalow with.

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

- The design and layout of the two bungalows and gardens, provided people with a domestic environment which met people's individual needs.
- All bedrooms were personalised and reflected their choices and interests. One person invited us to see their bedroom and their fish tank which they were in the process of cleaning out.
- We found the high pitch 'shrill' door alarm fitted in one of the bungalows, was out of place with promoting a homely, domestic environment. One relative remarked, "It frightens us when it goes off," but felt people had got used to. The registered manager said they would ensure the volume was turned down.

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 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.

- Where authorisations had been made, no conditions had been applied. The registered manager told us they were aware the service's systems were not effective enough in monitoring where DoLS had expired. This had been addressed and re-authorisations had recently been carried out.
- Care plans contained 'best interest' decisions and provided information on people's capacity to make decisions and give consent. This included for one person, if they did not open their mouth to take their medicine, they were not giving staff consent to administer it.
- The registered manager had not put in the appropriate best interest / DoLS paper work in place when a bed rail had been fitted, and for another person, a radio monitoring alarm used to support their health and safety needs. The people's relatives were aware and felt it was in the person's best interest. The registered manager was in the process of completing the paper work in retrospectively.
- We observed staff seeking consent from people, using straightforward questions and giving time for the person to indicate verbally, or non verbally, their consent.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Practices of the service did not always ensure people's privacy and dignity was being respected.
- Personal and sensitive information concerning two people who used the service was displayed in the communal bathroom. The gap in one of the bathroom doors did not ensure people's privacy. The registered manager said they would address both of these concerns by removing the sensitive information and looking to put a thicker seal around the door frame.
- One person remained in the dining room, whilst the management and senior staff were holding a meeting, which included discussing other people's personal needs. Although we would be unable to attain if they were aware of what was being said, it did not reflect good practice.

We recommend management and staff receive training from a reputable source, to support them in promoting people's dignity and privacy, and identifying any institutionalised practices that may have developed over time.

- Where people liked to walk in and out of the office, a 'stair gate' had been fitted across the open door. This enabled people to freely approach and talk to the management, whilst supporting people's privacy, as it prevented unsupervised access to personal information which staff could be working on at the time.

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

- Relatives told us their family members were happy living in the service and treated well. One relative said, "Everyone looks quite happy...staff know them well." Another said their family member, "Obviously likes," living in the service which they viewed as their main home.
- Another commented their family member was, "Settled there, seems fine." However, they had noticed some staff had the ability to interact with people more than others.
- We saw some very good, person centred interactions, where staff were fully engaged with people, which positively enhanced their wellbeing.
- A professional told us they had observed staff to be, "Very friendly, supportive and engaged with their care towards the client."
- Staff said they enjoyed their job and working with people. Working across both 'bungalows' enabled them to have a good insight into the lives of all the people, and those that played a significant role in their lives. This supported the friendly, family atmosphere, as people's visitors said they were always made to feel welcome.

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

- Care plans were developed with people, their relatives, where appropriate, relevant health and social care professionals and a member of the staff team who knew them well.
- Relatives confirmed they and their family members were listened to and their views taken into account when providing care and they were invited to formal care reviews.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- Feedback through the CQC website, and during this inspection, identified improvements were needed to support people to consistently, have equal access to meaningful activities. Where one person had chosen not to attend day services, the void had not been effectively replaced. However, for another person who was more independent, working as a volunteer, made them, "Feel valued."
- We received feedback where staff were seen to be more task led, than intuitively using time to engage with people when they had free time. This was also observed during the inspection where a staff member was busy carrying out a domestic task, rather than use the time to interact one to one with a person, whilst others were out.
- One relative told us there was, "Not always a driver at weekends." Another who had also been told, "We haven't got a driver," when enquiring what activities staff had informed them, "Have nothing on this afternoon."
- Two people told us they were looking forward to their annual summer holiday, and the different activities they would be able to take part in. One person told us how they enjoyed a special birthday trip out, and enjoyed time going out with their keyworker.
- The registered manager told us they were working on developing new opportunities for people to take part in activities in the community, to support their individual interests; which included a working farm project.
- This was confirmed by a relative who told us they were, "Having a series of reviews," with the family member's social worker to try to get their family member out in the community more, looking at "Different sorts of outings and various options."

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

- People's care plans provided staff with guidance on how the person wanted to be supported, and the contents kept under regular review. However, improvements were needed to ensure any changes in support needs were updated at the time to ensure a consistent approach.
- One person's care plan had not been updated to reflect the conversations of a senior staff meeting we attended on the first day of our inspection visits. This reflected feedback from staff where changes to people's needs were discussed at senior staff level verbally, but the person's care records were not always being updated at the time. This resulted in some staff following the new guidance, whilst others waited for the care plan to be updated, before they took action. Impacting on consistency of care. The registered manager said they would ensure the care plan was updated and systems put in place to prevent it happening again.

- A relative told us they had seen their family member's care plan, which they had discussed with the social worker during care reviews. They were, "Very happy," with the level of support being given. Another said their family member, "Is happy and very well looked after." The provider's 2018 quality feedback surveys showed, eight relatives felt their family members needs were always met by the service, and two said mostly met.
- Relatives spoke of the benefit of their family member having a keyworker; a delegated staff member who takes a key role in supporting an individual person and coordinating their care. They also spoke of the, "Very good bond," they had developed with their key worker.
- A relative told us there was a culture of staff supporting people to retain their independence, by not doing tasks they could do themselves. However, they felt the balance was not always right. For example, with oral hygiene, as part of, "Instilling independence" they felt staff would leave people to clean their own teeth and would take their word that it had been done. But this was not always effective, in supporting their family member to keep their teeth clean.

We found the information given in people's care plans covering assessing, supporting and monitoring people's oral care could be improved. We recommend the service uses a reputable source to support them in this area.

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.

- Care records provided information about people's communication needs. This included verbal and non-verbal body language used to communicate. This included rubbing an area of their body to indicate they were in pain or lying quietly on their bed as a sign they are not well.
- Information displayed on the notice board was a mixture of Makaton, photographs and symbols, which was accessible for people using the service.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. The service had not received any formal complaints.
- The 2018 provider's quality feedback survey identified that two relatives were unaware of the complaints procedure. To rectify this, a copy of the complaints procedures 'has been re-sent to relatives'.
- One relative said they would speak to the registered manager if they had any concerns, "Always there and takes everything on board you say." They said they would never let anything build up to a big issue, but would talk to them straight away.

End of life care and support

- No one was being supported with end of life care at the time of the inspection. The registered manager said this was linked to the younger adult age group they supported. However, if the need occurred, they would liaise with local health professions, to ensure good palliative support.
- People's care records did not show that end of life care had been explored / discussed on any informative level, so if a person suddenly became acutely ill, staff would not be aware of their wishes.
- The registered manager said due to the sensitivity of topic, which could lead to anxiety in the people they supported, all decisions would be made at the time by the person's relative / advocate.

We recommend, that the service uses a reputable source, to support them in approaching the subject, and initiating initial conversations, to support staff in knowing how people would want to be supported.

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 good. At this inspection this key question has now deteriorated 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 based on best practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The leadership was unable to demonstrate they were keeping their knowledge updated in risk management and best practice in the specialism they supported: learning disability, autism and physical disabilities. This had impacted on their ability to have good oversight of the service to ensure people were consistency supported in a safe environment, receiving quality person centred care based on best practice.
- Where shortfalls were identified in risk management, infection control, training, privacy and dignity. The registered manager took / started to act, to address the concerns, it showed the systems the provider had in place to check on the quality of the service, were not robust enough.
- The registered manager was unaware of CQC publications including, 'registering the right support', and 'Smiling matters: oral health care in care homes' until we mentioned it. Therefore, had not been able to demonstrate how they were working to these principles.
- Two DoLS assessments had recently been carried out, the registered manager was unaware they also had to notify the CQC. The registered manager took action straight away and put the appropriate notifications in.
- The Provider Information Report (PIR) stated, as part of a group of eight homes, they had regular contact with each of the managers and used this as a forum to share good practice with each other. Due to time pressures, the registered manager told us the 'contact' was not formalised into meetings, which would have ensured protected time and set agendas for learning. The group also had access to their own trainer, another resource which had not been used well.

We recommend the provider reviews how they can use these resources more effectively to support the leadership to keep updated with best practice. To address shortfalls identified during the inspection and be a driver for continuously achieving good outcomes for people.

- Although we identified areas that required improving, we received positive feedback from people and their relatives. One relative told us their family member received, "Excellent care." Another relative gave their overall view of the service as, "Immensely good, respond to any problem."

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

- People and their relatives told us as a family run service, the provider and management were very approachable and had a good visible presence. A relative told us they had, "Good communication," with the registered manager, who kept them, "In the loop."
- The registered manager throughout the inspection demonstrated their commitment to use the feedback given in a constructive way to drive improvements.

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

- Care reviews, meetings, staff handovers, supervisions and annual quality feedback surveys, were all used to gain feedback and influence change.
- Annual surveys are also used as a forum for relatives, visiting professionals and staff to feedback their views of the service. A relative confirmed that they had recently been asked to complete a survey for 2019.
- The analysis of the 2018 survey provided positive feedback, as well as identifying areas for improvement, which the provider had responded to, by saying what action they had taken. This included where concerns were raised that staff were not letting people be as independent as possible when taking part in external activities; reminding staff during meetings and supervision the importance of supporting people to retain their independence.
- Two relatives commented on the family BBQs which used to be held. One told us it was, "A good way for family members to mix." Another described the BBQs as "Tremendous...stopped them such a shame," as other family members would attend. We fed these comments back to the registered manager, who said they would look into it.

Continuous learning and improving care; Working in partnership with others

- The registered manager was using feedback following visits from a commissioner of the service and safeguarding. They were putting action plans to address any recommendations as part of driving continuous improvements.
- A healthcare professional told us, "The managers are very approachable and co-operative and when I have suggested recommendations they are very responsive and efficient."