

Creative Support Limited

Creative Support - The Glade

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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Creative Support- The Glade is a residential care home providing personal care to eight people who were autistic, living with dementia or living with a learning disability, at the time of this inspection. The service can support up to eight people. People had their own personalised bedrooms and shared communal areas such as a kitchen, bathrooms, living rooms and a garden.

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

People were not always supported in line with their preferences, including social pastimes and interests. People were left for long periods of time without speaking to other people or staff increasing the risk of social isolation or boredom. Staff did not always describe people with dignity and respect and opportunities for people to be independent were being missed.

Risk assessments had been completed to guide staff how to support people safely, however these were not always followed in practice. There had been a large change in the staff team, and this had impacted on people's lived experiences at the service.

Clinical waste bins were not stored appropriately which may lead to an infection control risk. Other infection control measures were effective in helping keep people safe.

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; the policies and systems in the service did not always support this practice. We have made a recommendation to the service around reviewing mental capacity assessments and best interest decisions to ensure they follow best practice guidance.

Audits were effective in picking up where improvements were needed in areas such as health and safety checks or medication. However, they had failed to pick up on areas for improvement we identified at this inspection. We were not assured that best practice guidance was being followed at the service in relation to Right Support, Right Care, Right Culture. Relatives gave us mixed feedback about how the registered manager and staff engaged with them.

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 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 able to demonstrate how they were meeting some of the underpinning principles of Right support, Right care, Right culture.

People were at risk of social isolation due to staff not being able to drive vehicles and the location the service being far away from areas of interest and local amenities. Some people living at the service, visibly were not happy living with other people using the service. Opportunities for people to leave the service and take part in preferred past times was limited. Staff did not support people to take part in their preferred past times whilst they were at home.

Despite our findings people and relatives were happy with their care and support. One relative said, "I think The Glade is the perfect place for [family member] and I have no concerns that they are well cared for."

Staff were trained in safeguarding and knew how to keep people safe. Staff were recruited safely and there were enough staff to support people with their support needs. People were supported safely with their medicines. Health professionals supported people if this was needed and staff worked well with them. Staff supported people to eat and drink according to their support needs and their preferences.

People told us that staff were kind and compassionate and we observed people were relaxed whilst being supported by staff. Staff offered people choices in some aspects of their lives and communicated with people in ways that made sense to them. There was a complaints procedure that people had access to if they needed to use it. Plans had been discussed with people about the support they would like at the end of their life.

The registered manager and service director were passionate about supporting people. They were keen to put improvements in place following this inspection. People were positive about the management of the service and the way they were supported. Staff worked with health professionals and other services to help ensure good outcomes for people.

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

Rating at last inspection

This service was registered with us on 29 April 2019 and this is the first inspection.

The last rating for the service under the previous provider was good (report published 15 August 2017). This service also had a focused infection prevention control (IPC) inspection completed and no issues were found (report published 13 March 2021).

Why we inspected

This was a planned inspection based on when the service registered with us.

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.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

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 monitor the service.

We have identified breaches in relation to person centred care and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was 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 ●

Creative Support - The Glade

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

This inspection was carried out by one inspector

Service and service type

Creative Support- The Glade is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

We gave the service 2 hours' notice of the inspection. This was because the service is small, and people may have been out, and we wanted to be sure there would be people at home to speak with us.

What we did before the 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. 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 three people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including the service director, registered manager, team leader and support workers. We spent time observing the support that people received from the staff team.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data 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, registered under another provider, this key question was rated as good. At this inspection this key question has 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

- The management team assessed risks to people in areas such as moving around the service, eating and drinking and medication. However, these risk assessments were not always followed by the staff team.
- One person's risk assessment stated that they should sit in a specific position during mealtimes. This was to help ensure they did not turn to see other people, which may lead to a risk of choking. The person was not supported to sit in this position on the day of our visit.
- Another person's risk assessment said they should only use a wheelchair to move around, not for sitting in as they were at risk of falling over. This person was sitting in their wheelchair for over two hours in the dining room, meaning the risk assessment was not being followed.
- Some people had risks identified in relation to harming themselves or others if they felt upset or anxious. Risk assessments identified that boredom or lack of communication with staff increased the likelihood of people feeling this way. People were left for extended periods of time without any interaction from staff during our visit. There had been no recorded incidents of people feeling anxious or upset because of this, however there was a potential that this could happen, as a result of people feeling bored or isolated.
- The registered manager told us that they were in the process of reviewing people's risk assessments. They told us that they would reiterate the importance of following these to the staff team.
- Health and safety, including fire and environmental checks were completed to help ensure people were safe living at the service. One person told us, "I feel quite safe living here with all the checks that the staff do."

Staffing and recruitment

- There were enough staff to keep people safe and meet their essential support needs. However, there had been a large change in the staff team recently and some staff were still getting to know people. This had impacted on people's social engagement and ability to take part in their preferred pastimes. This was not person centred and we refer to this more in the responsive domain.
- The registered manager told us about the recent challenges they had, regarding staff leaving and recruiting new staff. They told us that the provider was trying several initiatives to recruit new staff and that the newer staff at the service were getting to know people as they spent more time with them.
- Despite our findings people and relatives were positive about staffing levels. One person said, "I think there is always a staff member about." A relative told us, "There seems to be enough staff to support [family member] safely."
- The provider completed checks on new staff to help ensure that they were suitable to work with people

living at the service.

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 personal protective equipment (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.
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- Clinical waste bins were not being stored in line with good infection control procedures the two communal bathrooms at the service. The registered manager took action to address this on the day of the inspection.
 - Other areas of the service were clean, and staff had training in IPC procedures including those relating to COVID-19. One person told us, "It is really clean here." A relative said, "We must wear PPE and complete an LFT (Lateral Flow test) whenever we visit. It feels very safe."

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us that they/ their family member were safe living at the Glade. One person said, "The staff make me feel safe." A relative told us, "I think [family member] is safe at The Glade. The building is very secure, and the staff know how to them safe."
- Staff were trained in safeguarding, knew what signs could mean abuse had occurred and knew how to report concerns to external bodies such as the CQC or the local safeguarding team. The registered manager reported safeguarding concerns appropriately.

Using medicines safely

- People were supported safely with their medicines. Staff were trained to administer medicines safely and had their competencies to do this checked regularly. One person told us, "[Staff] are really good with my medicines."
- Some people had 'as and when required' medicines prescribed. Protocols were in place which instructed staff when these would need to be administered.
- The management team completed audits of medicines to ensure that they were being administered correctly.

Learning lessons when things go wrong

- Incidents and accidents were reviewed and shared with the staff team at handovers or in supervisions so that lessons could be learned.
- Staff told us how risk assessments were updated following incidents. This helped ensure that measures were put in place to stop incidents from happening again.

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, registered under another provider, this key question was rated as good. At this inspection this key question has 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.

- People had appropriate DoLS in place to help keep them safe, where they lacked the capacity to make certain decisions. For example, having food and drink locked in a separate room. However, the impact that this had on other people using the service who could safely make decisions had not been fully considered.
- Some people would have been able to get their own food and drink when they chose to do so, however they were unable to do so because of the restrictions on other people. People had to ask staff when they wanted to get a drink or something to eat. This meant that people may have missed out on opportunities to be independent.
- Capacity assessments and best interest decisions were in place for people where they may have lacked capacity to make decisions. However, not all of these involved the relevant people, such as medical professionals to decide whether decisions were in people's best interests.

We recommend that the registered manager review DoLS, mental capacity assessments and best interest decisions in place for people to ensure that restrictions in place are in their best interests.

- Staff asked people for consent before supporting them. People's support plans were clear, as to how staff could support people to make decisions about their care. One person's relative told us, "I believe staff would only ever do what [family member] wanted them to do."

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

- People's need were assessed before they started using the service. Assessments focused on people's

preferences as well as their physical care and support needs. However, not all principles of Right support Right care Right culture had been considered when assessments were completed.

- People living at the service all had different preferences regarding how they wished to be supported. In some cases, this meant that people found it difficult to get on with one another. We observed one person become anxious when another person went into the lounge as they were upset by the noise that the person made. There was no evidence that people had been consulted regarding people they were living with at the service. We would expect this to happen with people already living at the service.
- Despite our findings one relative spoke with us about their family member moving into the service and how this had been a positive experience. They told us, "We had lots of meetings when [family member] moved in. We had a chance to feedback and make sure the staff knew what was important to them from the start."

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

- The service had been designed to meet the needs of people living with dementia so that they could orientate around their home.
- People had been supported to decorate and personalise their bedrooms. One person had actively taken part of this and told us, "I love my room. I painted it with [staff]." Other areas of the service also looked homely and were decorated in line with people's choices.
- The registered manager and provider were in discussions about making the garden and the outside areas of the service more accessible for people.

Staff support: induction, training, skills and experience

- Staff had training in areas relevant to their job role, including specific training in supporting people living with dementia or a learning disability. Staff had a good understanding of the subjects they were trained in.
- The registered manager and team leader completed supervisions and competency observations with staff members. Staff told us these were useful and gave them the opportunity to discuss their training and development. New staff members told us their induction to the service was going well.
- People and their relatives felt that staff were well trained. One relative told us, "I would say that the staff have the right training. They know how to support family member with [equipment] and there has never been a problem with this."

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

- People were supported to eat and drink in line with their support needs and preferences. Staff were trained and understood how to support people who needed specific diets or needed food prepared in a certain way.
- Staff supported people who needed help to eat their food in a calm and relaxed way. One person showed that they were enjoying the way staff supported them to eat using gestures and facial expressions.
- Food looked and smelled appetising and people were positive about the food. People told us, "The food is really nice here. I love it." and, "We get a good choice of food here. I can have something else if I want it to."

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

- Staff contacted health professionals such as GP's, district nurses and dentists if people needed support from them. Staff told us how they had advocated for people to get the right health support during the COVID-19 pandemic. For example, seeing the GP for health reviews. One relative said, "[Staff] are really good at spotting when [family member] needs health support and are quick to book any appointments."
- People were supported to stay healthy and staff promoted them to live healthy lives. For example, encouraging people to completed personal care and eat healthy diets. One person told us, "I like healthy

food. The staff make me brussel sprouts some nights."

- The registered manager created 'hospital passports' for people. These gave health professionals details about how best to support and communicate with people if they needed to access the hospital in an emergency.

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, registered under another provider this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. 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; Respecting and promoting people's privacy, dignity and independence

- People appeared happy and relaxed being supported by the staff team. Staff spoke with people in a kind and compassionate way. However, we could not be fully assured that people were always well supported as they were left for extended periods of time without staff speaking to them. This meant people may feel isolated or lonely.
- Staff did not always speak about or describe people in a kind way. For example, staff identified themselves as 'normal' in comparison to the people they were supporting. Daily care notes written by staff included notes such as '[person] was supported with feeding' or 'took [person] to play with her'. This did not show respect for people's equality and diversity.
- One person's support plan directed staff to ask a person to go to their room if they continued to vocalise, which was their way of asking for support. This was because it may upset other people. This did not respect the person's dignity.
- There were missed opportunities to promote people's independence. People's support plans identified areas where they could be independent such as in preparing food or eating by themselves. However, we did not see this happen during our site visit.
- People and relatives were positive about the support they had from staff. People told us, "I like all of the staff here." and, "The staff are pretty good. They help me out with lots of things." One relative said, "[Family member] seems really happy living at the Glade. This makes me feel really assured."
- People's support plans were detailed about how staff could support people to be as independent as possible in their daily lives.
- Staff respected people's privacy when supporting them in areas such as personal care.

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

- People were encouraged to make choices about their day to day support. For example, staff supported people to choose what they would wear or what they wanted for a drink. Staff used different communication methods such as symbols or objects to help people make choices. One person said, "I get to choose my clothes, what I eat and what film to watch on TV."
- We received mixed feedback about how involved people and relatives had been with regards to their support plans. One person told us, "I do not think I have a support plan." Relatives told us they were not sure or could not recall if they had been asked to feedback about people's support plans.
- The registered manager and service director explained that relatives were asked to feedback about their

loved one's support plans. They said that they would be speaking to relatives to make sure they felt they were involved in planning people's care and support.

Is the service responsive?

Our findings

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

At the last inspection, registered under another provider, this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. 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; 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

- Support plans indicated people's preferences in areas such as where they liked to go and spend their time away from the service or how they liked to spend time at home. However, these preferences were not always met.
- People were left alone for extended periods of time without any interaction from staff either alone in their rooms or walking around the service. People's support plans noted that they liked staff to talk to them to prevent boredom and isolation. This meant that people's preferences were not being met.
- One person liked 'going for a walk in the fresh air' and this was noted in their support plan. This person had not been supported to leave the service for the whole of November 2021.
- There had been a large change in the staff team at the service. This had impacted on the number of staff members who could drive vehicles to support people to leave the service. One person found it difficult to leave the service unless they used a vehicle for transport. This meant that this person's opportunity to follow their interests had been lessened.
- There were no local areas of interest or social opportunities for people in the local area. The nearest shop was over 30 minutes' walk away. With less staff able to drive vehicles, this had or had the potential to impact people's ability to leave the service.
- People were not supported to follow their interests in the home. They were left for long periods of time without staff speaking to them or trying to engage them in any interests or past times. People had interests noted in their support plan such as cleaning a bird table, people watching, soaking their hands in water and cooking. We did not observe these being supported by staff during our site visit.
- People's daily notes did not record that these interests had been facilitated by the staff team. Daily notes consisted of when people were supported with personal care and what they had eaten, with no indication of how social pastimes or interests had been explored.
- Isolation and boredom were identified as 'triggers' which would make people feel upset or anxious. We could not be assured that people would not feel upset or anxious being left for such extended periods of time without any interaction from other people or staff.
- Relatives of people using the service had noticed a change in their family member's ability to follow interests outside of their home. They told us, "[Family member] likes to get out and about even if it is just for a drive but I'm not sure this happens like it used to. There seems to be lots of new staff and I have not had the chance to speak to staff I know well for a long time." and, "[Family member] used to do a lot of things [out of the service] but this has all stopped since living at the Glade."
- The registered manager explained the challenges of supporting people to have their preferences met and

follow their interests and social past times. These were due to changes in the staff team and the COVID-19 pandemic. However, we were not assured that people had been supported to safely leave the service when COVID-19 restrictions had allowed for this.

We found no evidence that people had come to harm. However, people were not being supported in line with their preferences and were not being supported to develop and follow their social interests and past times. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service director and registered manager responded immediately to these concerns. The registered manager explained staff had been reallocated from other services that the provider managed. They were in the process of getting to know people and once fully inducted to the service, would be able to support people to meet their preferences and social needs.
- Support plans gave a good overview of people's preferences, likes and dislikes. Staff we spoke with told us how they supported people in line with what they preferred.
- The registered manager showed us evidence of social events such as barbecues and cooking sessions which had happened historically at the service.
- Despite our findings people and relatives were positive about their experience of being supported. One person said, "I like it here- it is my home." Relatives said, "We have been happy overall with the service. [Staff] seem to know [family member] well." and, "I am happy, and the service seems to meet [family member's] needs."
- People had been supported to stay in touch with family members and friends using remote technology during the COVID-19 pandemic.

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 were supported to communicate in various ways such as signing, pictures or written words. Documents such as complaints procedures were available in accessible formats if these were required.
- Staff were knowledgeable about different communication methods and spoke with people patiently and clearly.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place at the service. There had not been a recorded complaint at the service for some time.
- People and relatives knew how to make a complaint. One person told us, "I would speak to the staff if anything was wrong." A relative said, "I have no complaints but would have no hesitation in speaking to staff if there was a problem."

End of life care and support

- People and their relatives had been supported to discuss plans for end of life care and support. These plans included people's preferences at this time of their life and how staff could support people to stay in their home if this was their choice.
- Staff had training in end of life care and knew who to contact should they need any support in this area.

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, registered under another provider, this key question was rated as good. At this inspection this key question has 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.

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

- The registered manager and team leader completed audits to monitor the quality of the service. Whilst these were effective in identifying health and safety or medication errors, they had not picked up on improvements identified at this inspection. This included areas such as people's preferences not being met, reduced opportunities to engage in interests and past times, the language used in daily notes and risk assessments not being followed.
- People were not being supported in line with Right Support, Right Care, Right Culture. People were at risk of isolation living at the service and this had not been fully considered by the registered manager or the staff team. Staff were unaware of what this guidance meant and how they could apply it to their job roles.
- The registered manager and service director were aware of some of the issues we found during this inspection such as the language used in daily notes. However, audits did not identify that this was an issue. This made it difficult to be assured that the service was improving on known issues.
- Reviews of people's risk assessments were completed however it was not clear as to whether actions had been completed. For example, one person had an action identifying they needed a referral to a health professional. It was unclear if this was completed, or who's responsibility it was to ensure that this happened.
- Audits had not been effective in identifying that some risk assessments for people were not being followed. For example, those related to ensuring that people were protected from the risk of social isolation and boredom.
- People had been supported to set themselves 'goals' or 'outcomes' such as accessing a service to support them to take part in social past times. There was no evidence that these had been followed up to ensure that these were meaningful to the person, and reviews had not picked up on this.
- We could not be assured that the registered manager and service director understood how best to continually learn and improve care. People living at the service were at risk of not having personal preferences met and were not being supported in line with guidance such as Right Support, Right Care, Right Culture. Audits had not been effective in identifying this and improving the lived experiences of people using the service.

We found no evidence that people had been harmed. However, audits were not effective identifying where improvements were needed regarding people's lived experience in the service and ensuring that best practice guidance was being followed. This was a breach of regulation 17 (Good Governance) of the Health

and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service director was receptive to the feedback we gave about areas for improvement. We were assured that these would be addressed going forward.
- Audits were effective in identifying improvements relating to health and safety of people living at the service relating to areas such as the environment and medicines.

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

- We received mixed feedback from relatives about how they were engaged with by staff and the management team. Relatives told us, "We have had no contact from [registered manager] and have not been asked for formal feedback as such." and, "I am not sure who [registered manager] is and they have not asked for any feedback." However, relatives did say that they could speak to staff if they had a problem.
- The registered manager showed us evidence that people and relatives had been asked for feedback about the service. They were also given updates when they visited their family members at the service. The service director told us they would speak with relatives to ensure they were happy with how they were engaged with.
- People told us that staff asked if they were happy with their care and support. One person told us, "[Staff] are pretty good. They let me know what is going on."
- Staff were positive about how they were involved and engaged at the service. They told us they had the opportunity to feedback about the service in supervisions and staff meetings.

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

- The registered manager and team leader were trying to promote a positive culture at the service. They and the staff team were passionate about supporting people and wanted to support them to achieve good outcomes. However, changes to the staff team and a lack of implementation of Right Support, Right Care, Right Culture guidance had made a positive culture more difficult to achieve.
- Despite our findings people and their relatives were positive about their experiences at the service. One person said, "I really can't complain. I am happy here." A relative told us, "I think the staff work incredibly hard. They really look after [family member] well."
- People and relatives were also complimentary about the management of the service. One person said, "[Registered manager] is really good. They are my friend." A relative said, "I have no concerns with [registered manager] or how they are running the service."
- The registered manager had a good understanding of duty of candour and reported notifiable incidents to the CQC. The registered manager was also open and honest with people and relatives if things went wrong.

Working in partnership with others

- Staff worked with health professionals such as district nurses and speech and language therapists to help promote good outcomes for people.
- The registered manager supported people to link with religious services that were important to them. Plans were in place to re-introduce people to social pastimes and events following the COVID-19 pandemic.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>We found no evidence that people had come to harm. However, people were not being supported in line with their preferences and were not being supported to develop and follow their social interests and past times.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed. However, audits were not effective identifying where improvements were needed regarding people's lived experience in the service and ensuring that best practice guidance was being followed.</p>