

Creative Support Limited

Creative Support - High Street

Inspection report

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Date of inspection visit:
12 February 2020
13 February 2020
18 February 2020

Date of publication:
19 June 2020

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 High Street is a residential care home providing personal care for up to six people. It is registered to support people, with a learning disabilities or autistic spectrum disorder, living with dementia, a physical disability, a sensory impairment, younger and older people. At the time of inspection there were six people using this service. Six people were living at the service at the time of the inspection.

The service is a single storey bungalow. There are six individual bedrooms, shared bathroom facilities, a shared kitchen, lounge and garden area. The office is located within the service.

The service has not been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. These are principles that ensure people who use the service can live as full a life as possible and achieve the best outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service did not receive planned and co-ordinated person-centred support that was appropriate and inclusive for them.

The service was no bigger than most domestic style properties. It was registered for the support of up to six people. The service was designed prior to building the right support guidance and the provider only took over the service in 2019. However, signs that deliberately identify the service as a care home had not been considered. These included things such as signs at the entrance gate asking for visitors to ring the bell and wait for staff. Industrial bins for various types of hazardous and non-hazardous waste were located at the front of the house and visible from the street. This did not promote people's dignity and respect of their environment.

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

People were supported with basic care needs and remained safe from physical harm. However, the service did not ensure sufficient staffing levels to promote interaction and to avoid social isolation. There was limited evidence that people were involved in the planning of their care or encouraged to voice their opinion about the service.

The ability for people to participate in activities of their choice and a time of their choosing was severely limited by the poor staffing levels. People were only able to go out for around four hours once a week when supported by an external company provided by the council.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People's rights were not consistently considered and consent for some areas of their life not always sought.

The service didn't always (consistently) apply the principles and values of Registering the Right Support and other best practice guidance. The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons, there was inconsistent evidence that people had choice and control. People were not supported to live as independently as possible and there was a lack of social inclusion.

People told us they felt safe and were happy living at the service. People were able to access all areas of the service freely. Staff had a good understanding of how to keep people safe.

People were able to access various health and social care professionals as required. People were supported safely with their medicines.

Staff supported and treated people well and with kindness. Staff had a good knowledge of people's needs, likes and dislikes and knew people well. People told us they would complain to the staff or the registered manager if they were upset or treated badly.

People had access to a variety of food and drink and told us they helped to prepare meals and clean up afterwards.

People who used different methods to communicate were supported to do so and staff all understood how to do this.

We have made a recommendation about ensuring people's care records are current, correct and up to date. We have also made a recommendation about ensuring rubbish, furniture and other items are not stored in and around the service.

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 28 February 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to sufficient staffing levels to enable people to make choices and participate in activities of their choosing. We also found breaches in relation to the need for consent. We found there was a breach in relation to ensuring effective systems and process to identify and promote required improvements and quality of care. 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 - High Street

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

One inspector carried out this inspection.

Service and service type

Creative Support High Street 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

This inspection was unannounced.

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, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with five members of staff including the director, registered manager and care workers.

We reviewed a range of records. This included three people's care records and two people's medication records. We looked at two staff files in relation to recruitment and staff supervision. 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 and quality assurance records. We spoke with two health and social care professionals who regularly visit the service and one relative about their experience of the care provided.

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

- Risk assessments were in place but at times contradicted information in the care plans in relation to people's diagnosed conditions and preferences. They did not always give sufficient information to guide staff in relation to people's safety and how staff should manage people's anxieties to avoid situations escalating. This put people at risk of harm.
- Risks in relation to isolation and psychological harm due to inactivity and engagement had not been assessed sufficiently. There were no clear plans in place for how this would be managed and how the risks could be mitigated.
- The registered manager had ensured all equipment and systems had been serviced. However, these records were not readily available and had to be requested from the company's health and safety team to check the dates they were completed. Following a recent inspection by the local fire service the provider had to increase the staffing levels at night as the previous level had been considered unsafe.
- The service had updated people's personal emergency evacuation plans (PEEPS), however the current ones were not in all files and one person's PEEP referred to another person. The registered manager printed off the new one and replaced this. There was a fire risk assessment in place and the fire service were now satisfied with the action taken.

Learning lessons when things go wrong

- The registered manager told us about one previous example where staff had been supported after a specific incident to de-brief and reflect on how they felt. However, this was not usual practise and staff were not aware of reviewing situations for lessons that could be learnt. This was a missed opportunity to empower staff and support them to be innovative in their work and to keep people safe.

Staffing and recruitment

- The registered manager ensured that a robust recruitment procedure was in place for permanent staff. There were records of pre-employment checks including employment history, references and a Disclosure and Barring Service (DBS) check. We discussed with the registered manager and director the need to ensure they have seen the same records and checks for temporary agency staff to ensure all staff are suitable for their roles.
- The provider did not deploy enough staff to ensure that people could live full and meaningful lives. While we found no evidence that people had experienced harm as a result of this, the staffing levels presented a risk of psychological harm from isolation as they were not able to go out except for once a week. The rota did not always reflect the level of staff who were in the service in practice.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had systems in place for safeguarding people. Incidents were reported and recorded. Staff had a good understanding of how to keep people safe and had received training in safeguarding.
- People told us they felt safe at the service. Relatives told us they too believed their family members were safe and that staff always communicated with them about concerns. One person told us, "I feel safe because I have known some of the staff a very long time." A relative said, "My [family member] is happy and contented there. They get more anxious when I visit rather than when I am not there, but they feel safe."

Using medicines safely

- Staff understood how people's medicines were managed safely and in line with guidance and people preferences. Care records identified how people preferred to take their medicines. Protocols for medicines administered when required (PRN) were in place and up to date.
- One person had been supported to self-administer most of their medicines. We discussed with the registered manager that it was a missed opportunity that this person was not supported to further develop their skills in this area. In the last three years, no work had been completed with the person to enable them to be able to fully self-administer their medicines.
- Staff had received training how to administer people's insulin. However, this training and staff competence had not been regularly assessed by the district nursing team overseeing the staff for this task. However, administration was conducted correctly and safely and staff still had a good level of knowledge of the condition, risks and procedures.

Preventing and controlling infection

- Staff had a good understanding of how to prevent the spread of infection. They used one use, disposable gloves and aprons and practiced good hand hygiene. They understood where to dispose of waste materials. Staff had access to plenty of personal protective equipment (PPE) such as gloves, aprons and arm covers.
- One person told us they like to get involved with the cleaning. They said, "I like to clean. I am a very good cleaner." We observed limited evidence of this being encouraged.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Systems and practices did not always support choice and consent. Staff did not fully understand the principles of the MCA and DoLS. Records did not have clear evidence of the process for assessing a person's mental capacity in areas of consent to care, finances and other restrictions such as access to cleaning products and medicines.
- For most people who were unable to make decisions for themselves, the registered manager was not able to produce evidence of how it was decided what was in the best interest for people. For people who had mental capacity to make their own decisions, there was no clear evidence of the discussions with people to demonstrate consent to care or restrictions in place.
- One person clearly expressed they did not want to live at the service. The registered manager told us the person had an approved DoLS in place for their care and living arrangements. However, these records were not available. Without the records there was no way to tell if any conditions were being met or when the DoLS should be reviewed. The person was clearly distressed about their living arrangements and told us that as a result they harmed themselves.

Systems were either not in place or robust enough to demonstrate consent was effectively managed. This placed people at risk of harm through self-harm or by their rights and choices not being respected. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded during and after the inspection by contacting the local authority's DoLS team for advice and requesting copies of people's DoLS and mental capacity assessments. The registered manager also agreed to review their current systems and ensure people were supported with the correct process.

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

- The registered manager told us people's needs were assessed prior to moving in and these records had been archived as they took place prior to the current provider taking over the service. However, care records did show a good level of detail about people's preferences, interests and needs. People told us these interests were correct."
- However, one person's care plan suggested methods of managing their anxiety which would not be possible for staff to offer due to the low staffing levels. We did not observe people being supported in practice with preferences listed in their care records. This meant the identified care needs were not consistently being delivered.
- Care records were in the process of being transferred to the new provider's paperwork, this had meant that not all records were accurate and some information was contradictory. The risks of incorrect care being delivered were mitigated by the knowledge of the staff about what people liked and needed.

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

- When we visited we found many issues which showed a lack of respect and did not value people or their home. Some examples included large boxes of archived care records being stored in people's lounge, outside areas which had piles of rubbish mixed with glass jars and a variety of old furniture and moving and handling equipment placed without thought. We discussed this with the registered manager and director who arranged for the files and rubbish to be moved and collected the next day.

We recommend the provider implement an effective environmental audit and maintenance programme and take action to update their practice accordingly.

- The building is designed to enable people who use wheelchairs to easily move around and access all areas as they wished. However, some areas of the house required redecoration from large scratches on paintwork and doors. There were uneven patio slabs in the garden that were a trip hazard and in need of replacing.
- People were able to decorate their bedrooms in line with their wishes, including themes of favourite sports teams, colours, furniture and soft furnishings of their choice.

Staff support: induction, training, skills and experience

- Staff told us they received supervision every two months. Supervision is a meeting with a supervisor to enable support and discussion about their role. Supervision records showed the meetings were not frequent, however, staff said they felt supported by their supervisor. Staff told us they did not feel supported by the provider and they told us they never saw any senior staff at the service and did not offer the right resources and support to enable them to do their jobs well.
- The registered manager facilitated training courses for staff on the main areas of their role. There were no records of training for some of the specific conditions people were diagnosed with such as Autism spectrum disorder, Downs syndrome, mental health awareness and training to understand how to manage people's anxieties and behaviours proactively.
- Training records showed that some training was not updated regularly, such as, epilepsy awareness, first aid and fire safety. Although the service was now managed by a new provider, checks had not been completed to establish when staff needed their training refreshed. The impact to people of the provider not

ensuring this training was refreshed was reduced due to staff keeping their knowledge up to date. Staff were able to talk in depth about how best to support each individual and what approaches worked best for each person to prevent any distress. We spoke to the registered manager and the director about training for staff and they confirmed a variety of training had been booked and others were being planned.

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

- People told us they had plenty to eat and drink and they thought the food was lovely. We saw there was plenty of fresh food available and a variety of other foods were stored at a safe temperature.
- People told us they got involved in helping to prepare the meals and we observed them doing so at lunchtime, however this was not promoted for the evening meal. Staff told us the majority of meals were cooked from fresh and there was minimal use of convenience foods in order to promote a varied and healthy diet.
- Staff followed guidance for specialist diets for people to encourage good health or to prevent choking. These had been risk assessed and had guidelines from suitable health professionals. Food and drink amounts were recorded in people's daily log records, although this was inconsistent in places.

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

- The registered manager and staff team liaised regularly with various health and social care professionals to ensure people's health was well managed. The service worked with dentists to ensure people had oral health care plans. One person told us, "I lost my front teeth because I wasn't cleaning them. I clean my teeth now."
- The provider had a team of people who worked with agencies who supplied temporary agency staff to ensure staff cover when required.

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.

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

- Most people told us that staff treated them with kindness and they liked the staff members. We observed staff speaking with people in ways that showed respect, compassion and patience. However, one person had mixed views and told us, "I like some [staff]. Some of them are horrible. They are rude and I tell them I don't like your tone." Another person said, "I have been here for five years. It's alright."
- Relatives told us the staff team were always friendly and approachable and they trusted them to support their family members well. One relative said, "The service is good. The staff are helpful and my [family member] needs a lot of care. The staff understand my [family member's] needs."

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

- People told us they were asked about their care and involved in decisions. Relatives told us staff kept them informed of any changes of condition of their family member and asked their views for reviews.
- However, records showed this to be inconsistent with the only reviews being either planned and facilitated were by social care professionals or a monthly review of care records by staff. The care records did not evidence any involvement of people or relatives despite a number of people being able to participate in this process.

We recommend the provider consider current guidance about how to involve people in decisions about their care. As well as how to record this and ensure records are correct and in line with people's wishes and take appropriate action to update their practice accordingly.

Respecting and promoting people's privacy, dignity and independence

- We observed staff respecting people's privacy and encouraging people to respect others need for privacy. Staff understood who needed what level of support for personal care and encouraged people to do what they could for themselves where they were able to do so.
- Staff understood the need for confidentiality and protecting people's information. However, they had not practiced this, as three boxes of care records were stored in open boxes in the lounge on the first day of our visit. Storing records in this way meant they were accessible to any people living at the service and their visitors. The registered manager later arranged for them to be removed and stored in the office ready to be archived.
- People were not always encouraged to develop and use their skills such as cooking and cleaning. Staff were not able to support people to be independent outside of the service due to the staffing levels. The staffing levels also prevented staff from having the time to sit with people and spend quality time talking or

encouraging inhouse skills and interests.

- An external company supported people to maintain an element of their independence skills in relation to shopping. One person told us, "On a Saturday, I go out with a company called 'My Time' and I do my shopping. I do my own shopping list, I get that ready."

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.

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

- People told us they liked to do gardening and had a variety of interests in sports. One person told us about their favourite places they used to visit. They said, "My favourite places to go are Ruislip and Hillingdon or into central London." There was no evidence that people had been supported to access these and build on interests.
- People were not supported to follow their interests and hobbies and take part in their community. Each person was supported to access the community for four hours once a week. This activity was only enabled due to the local council providing funding to employ an external agency to come and take people out to the shops, bank, swimming and cafes.
- Staff were willing to support people and wanted to engage with them. Staff were observed trying to spend some time talking to people individually where possible. However, they were not able to do this to sufficient levels or offer people the opportunity to go out due to insufficient staffing levels. One staff member told us, "An extra member of staff would be helpful as it is quite difficult to take people out on the spur of the moment, or even to do things with them in the house."
- When we asked for feedback from health and social care professionals, one professional told us there were no stimulating activities at the service. They planned to meet with the registered manager to discuss what changes could be made in this area.
- One person's daily records stated that the person had not left the house for 25 continuous days. The registered manager told us this was due to the external agency cancelling for two weeks. This situation had not been recorded and the provider had not considered other options to offer the person an alternative.
- One person's care records had contradictory information about their religious beliefs. Their care plan stated the person had informed staff that they were a Christian and believed in the bible. However, another document in their care records stated the person was of Atheist belief.
- A senior manager informed us they had planned a meeting to discuss funding with the council soon. However, this was prompted by a need to provide additional night staff following a recent fire inspection and not due to the provider having identified a concern in relation to engagement and activities. There was no evidence the provider or registered manager had reviewed engagement and activities and the impact of staffing levels on staff's ability to provide them.
- People did not have meaningful goals in place. Goals included making a Christmas cake and getting Christmas presents. The registered manager told us people were offered opportunities to participate in activities inside and outside of the service but they often refused. There was no evidence of what activities had been attempted, methods of encouragement that were used and people's reactions and the outcome.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate engagement and interaction was effectively managed to avoid social isolation and psychological harm. This placed people at risk of harm. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The director responded during the inspection and told us they had planned to give staff training in areas of positive behaviour support and would discuss funding for staffing levels at the forthcoming meeting with the council. However, the provider has been in place for eight months and this training and extra funding request had not yet occurred and the concern about staffing levels and the impact on engagement had not been identified by the provider.

- Care records did have a lot of information about people's interests and preferences. Staff also knew people very well and had a good knowledge and understanding of what people liked and the best way to approach them. They were also able to utilise this knowledge to support people who became anxious to manage their feelings.
- People were able to have friends and family visit regularly and they told us they were made welcome; the staff were always friendly and made them feel comfortable to visit.

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.

- Staff understood about different ways of communicating with people. One person needed extra time to communicate. Another person used mainly sounds and body language and gestures. One person used a white board to communicate through writing.
- People had an explanation of their communication needs in their care records and staff understood what people's sounds and gestures typically meant.

Improving care quality in response to complaints or concerns

- People and relatives told us they did not have any complaints but were confident on who to talk to should they need to. The registered manager had implemented a complaints procedure. One person complained about their placement and another person complained about staff getting them up too early. However there had not been any recorded evidence of these complaints or how they had been responded to. This meant the registered manager was not able to reflect on complaints to drive improvement.

End of life care and support

- The service did not currently support anyone on end of life care. However, the registered manager was experienced in supporting people and would arrange training for staff if required.
- Two people had funeral plans in place and end of life wishes were discussed. The registered manager told us one person refused to discuss this topic. We discussed with the registered manager the lack of records about when this had been attempted and the persons responses. There was no evidence the topic had been revisited or work done with the person to help them understand the importance of pre-planning for ill health to ensure their wishes were known and could be respected.

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.

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

- The service was not managed or supported by the provider to promote person centred care which empowered people and staff and promoted good outcomes. The registered manager and provider had not conducted any type of quality assurance processes which were sufficiently effective to identify the concerns raised at this inspection for themselves. There was therefore, no action plan to drive improvement or engagement with people, their relatives or staff to seek their views on how the service could be improved.
- There were no effective systems in place for monitoring care and quality. The registered manager shared with us a new manager's annual audit that they aimed to input into every three months. However, they told us they had been completing this since November 2019 and it was still not completed at the time of the inspection. While there were checks completed on medicines and health and safety there were no monthly managers audit tools or provider audit tool completed which would have given provider oversight of the service. Current systems in place at both service and provider level failed to identify the concerns raised at this inspection and there was therefore no action plan in place at the time of the inspection to address these.
- The registered manager has since completed their annual audit tool and shared it with us. There was no evidence of using quality assurance and other systems to learn and develop skills for the staff team and promote a continuous cycle of learning.
- The registered manager told us they were currently managing two other services as well as supporting a further two services. The provider had not considered the impact of this on the registered managers ability to effectively manage this workload and related risks of not having time to fulfil their roles effectively. There was no evidence the provider had also considered what support and resources were required for the registered manager to be able to cope with such a workload. This had impacted on the records and delivery of care and resulted in the concerns that we identified.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The staff team worked in such a way that created a warm and welcoming, friendly atmosphere in the

service. Staff and relatives gave positive feedback about the registered manager. One staff member told us, "The [registered manager] is approachable. They like to know every little thing." A relative said, "The [registered] manager is really lovely."

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

- The registered manager told us they used to send out surveys to relatives to seek their views about the care. These records were not available to be viewed. The registered manager told us they planned on sending them to relatives once a year from the provider and once a year from the service. This had not yet been done. They went on to say the surveys' outcomes were collated but these were not analysed for themes and trends in order to develop an effective improvement plan. The outcomes did not get shared with relatives.
- The staff team and some people attended staff meetings. However, these were not frequent and only occurred two or three times annually. The registered manager told us people used these meetings as their meetings also. The only evidence of people attending was in March 2019.
- People did have friends and family to visit them at the service but there was very limited contact and links with the local community. This increased the risk of isolation 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 had met and understood their duty of candour by displaying the most recent CQC inspection report outcomes and displaying the rating from this report on the provider's website. This meant people and their relatives were aware of the outcome of the inspection.
- The registered manager ensured all incidents of accidents were reported to the relevant authorities.

Working in partnership with others

- The registered manager worked with various health and social care professionals to ensure people's health needs were being met.
- The registered manager also worked with an external company who supported most people to go out once a week to ensure they were going out at times that suited them and to places they enjoyed. Staff from the external company wrote up a record of outcomes of the outing but these had not been used to review people's interests and look at how the staff team could build on these.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People who use services did not receive person centred care. People were not supported to participate and build on their interests and hobbies. People had severely limited access to the community.
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People who use services did not have their rights and choices protected. Consent was not evidenced and the MCA and DOLS process inconsistent.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider and registered manager had not ensured effective quality assurance systems to identify and make improvements to care. There was a lack of provider and registered manager oversight of the service, which was not being effectively managed to promote person centred care and empower people and staff.