The Order of St. Augustine of The Mercy of Jesus

St Clare's Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
St Clare's Care Home is a residential care home providing personal and nursing care to up to 60 people living with dementia and age-related frailties, some people had a learning disability. At the time of the inspection, the service was supporting 59 people.

People's experience of using this service and what we found
Quality assurance processes were not routinely documented to ensure effective management oversight of the running of the service. Audits did not always identify concerns found at this inspection, such as, conflicting care plans and omissions in care records.

People's health risks were not always appropriately assessed with plans to reduce risks. Care plans were not always consistent to guide staff on how to meet people's needs. This included providing safe support with swallowing difficulties and pressure area care.

People with a learning disability were supported well by staff, however, their planned care was documented in an outdated manner. Care plans did not always guide staff on how to support people when they showed distress or anxieties. Care plans did not always consider people's communication needs when they were unable to verbalise their wishes.

People were protected from the COVID-19 pandemic and other infectious diseases by good staff practices. People were kept safe by staff who understood their responsibilities to recognise and report safeguarding concerns. People received their medicines in a person centred and timely way, staff were trained and assessed as competent before administering people's medicines.

People spoke highly of the support they received. People told us there were enough staff to support them and our observations confirmed this. Comments included, "They are very nice to me the staff, they look after my health very well, they call the doctor for me if I need that." And, "Having the staff around is a blessing, they come on your beck and call."

People were treated with dignity and respect, and their independence was promoted by staff. A staff member said, "The best thing about working here is looking after the residents here, it can be really rewarding and lovely. I always think if it was my own family member, I would want them treated well." We saw staff speaking with and interacting with people in a dignified and respectful way throughout the inspection.

People were supported by staff who were trained and skilled appropriately. Staff spoke highly of the learning opportunities on offer. One staff member said, "The training here is brilliant, can't fault that. I have had a lot of training, more than other workplaces. We had interactive dementia training recently, it was amazing, so worth doing." There was a high retention of staff, many of whom had worked at the service a

long time. A relative commented, "Stable core staff and team leaders, their workers' eyes look around and are quick to spot what is going on."

People and their relatives told us they knew how to complain and felt comfortable to so do if necessary. The registered manager was highly regarded by people's relatives and staff. They told us they were able to approach the registered manager with suggestions and felt listened to. Comments included, "[Registered manager], along with [deputy manager] are amazing. Very amenable. They both get out and about, they engage with the teams and the residents." And, "If you have any concerns about the residents we can talk to [registered manager], they listen to us and asks us for suggestions, we can talk to them any time and they consider what we say."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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 4 January 2022 and this is the first inspection. The last rating for the service under the previous provider was good, published on 4 June 2019.

Why we inspected
This is the first inspection for this newly registered service.

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.

Enforcement and recommendations
We have identified breaches in relation to safe care and treatment and good governance at this inspection.

We have made a recommendation about person-centred care planning.

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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

St Clare's Care Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
St Clare's Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Clare's Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection
This inspection was unannounced. We visited the location's service on 10 January 2023 and 12 January 2023.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from Healthwatch, Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 5 people who use the service and 15 relatives of people who use the service about their experience of the care provided. We spoke with 1 health care professional who regularly visits the service and 12 members of staff including the registered manager, members of the management team, registered nurses, care workers and the chef.

We reviewed a range of records. This included 12 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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; Learning lessons when things go wrong

- Risks to people's health were not always assessed. Where people were at risk of choking due to swallowing difficulties, speech and language therapists (SaLT) advice had been sought. SaLT advice had not been clearly updated in peoples' care records and catering staff were not given updated information to prepare the meals appropriately. One person was assessed to receive a diet prepared to a 'liquidised' consistency; their care records advised staff to prepare to a 'pureed' consistency. We reviewed 6 further care records for people at risk of choking, 4 of which contained similar conflicting advice. Staff received verbal handovers which included peoples' assessed dietary needs, we observed people received their meals at the correct consistency. We raised our concerns with the registered manager who updated people's records and the kitchen staff during our inspection. Without this clear guidance, people were at a potential risk of choking incidents.
- People who were at risk of developing pressure damage to their skin, did not have appropriate care plans to reduce this risk. Staff relied on verbal handovers to determine the frequency peoples' position changed to reduce the risk of skin breakdown. One person was assessed as 'very high risk' of potential pressure damage, the registered manager told us they required 2 hourly position changes; this was not included in their care plan. Care records showed gaps of over 23 hours between position changes; most records confirmed the person was positioned on their back. The registered manager told us the person had an 'auto-turning mattress'; this had not been included in their care plan and there was no guidance for staff of what to do in the event of equipment failure. We raised our concerns with the registered manager who updated the person's care records during the inspection.
- On the first day of our inspection, we noted a person had a blister on their heel, the registered manager told us staff had been advised to monitor the heel as assessed by the nursing staff on duty. Actions to prevent the blister deteriorating were not included in the person's care plan. On our second day of inspection, the person's heel had deteriorated and was blackened and assessed as an 'unstageable' pressure sore, staff made a referral to the tissue viability nurses (TVNs).
- Lessons were not always learned and documented when things went wrong. The electronic care planning systems allowed oversight of trends of incidents and accidents. The registered manager told us they responded to each incident individually but did not analyse trends for wider learning.
- One person had sustained a series of falls at the service. The registered manager told us of interventions and actions taken following the falls. This included seeking medical advice and the purchase of a bed which could be lowered to the floor with a crash mattress placed next to it to minimise risk of injury. The actions taken had not been documented or updated in the person's care plan to guide staff of measures to prevent further falls. We raised our concerns with the registered manager who updated the person's care records shortly after the inspection.

● Staff did not always follow protocol in respect of falls. One person had sustained a minor injury to their head following a fall. Staff did not document observations and checks to monitor the person in line with the provider's protocol. The registered manager responded to our concerns and increased their oversight of falls management and post falls observations.

There was a failure to ensure care and treatment was provided in a safe way or risks to people had been mitigated. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection
● We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Risk assessments carried out to prevent the spread of COVID-19 had not been reviewed for 2 months and did not reflect the most recent guidance. We raised our concern with the registered manager who updated the risk assessment shortly after the inspection.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection. There was a COVID-19 outbreak at the service during our inspection. Staff supported people who tested positive to isolate safely.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● Visitors were welcomed into the service, people were able to see their loved ones when and where they wished, without restrictions.

Systems and processes to safeguard people from the risk of abuse
● Systems were in place to safeguard people from the risk of harm or abuse. People and their relatives told us they felt safe and could to speak to the registered manager or staff if they had any concerns. One person told us, "I do feel safe, I don't want for anything, I feel safe and secure." One relative told us, "No worries about safety. It's a weight off my mind knowing [person] is safe."
● Staff received training and understood their role in the prevention and reporting of potential abuse. Staff told us they would speak to the registered manager if they had any concerns and knew they could contact outside agencies if required. One staff member told us, "I would complete an incident report and inform the home manager, if I needed, I could directly call East Sussex County Council safeguarding team to seek advice."
● The registered manager understood their responsibility to report any safeguarding concerns to the local authority and to CQC. We saw where this had been done and the actions taken by the registered manager to safeguard people.

Staffing and recruitment
● There were enough staff to meet people's needs. A dependency tool was used to determine the needs of people and the amount of staff required to safely support them. We observed staff quickly responding to people's requests and spending time with people who remained in their bedrooms.
● Staff told us there were enough staff to meet people's needs. One staff member told us, "We sometimes have a floater who helps the units as extra. Permanent staff have been increased recently which has been brilliant." There was a high retention of staff who had worked at the service for many years under the previous provider. Where there were shortfalls in the rota, these were filled by agency care or nursing staff.

● People told us staff responded to their requests for assistance. When speaking about their call bell, one person told us, "If I call them, there is a need, they come quickly." A relative commented, "There are enough staff, if you want someone, you ask, and they are there."
● Staff were recruited safely. Applications forms were completed and employment histories and gaps in employment were explored. References and Disclosure and Barring Service (DBS) checks were obtained prior to employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Registered nurses were employed at the service, their registration with the Nursing and Midwifery Council were up to date and verified.

Using medicines safely
● Medicines were stored and administered safely. People received their medicines at the correct time each day. One person told us, "The nurses look after my pills, they give them to me about 3 times a day, same time every day." Another person said, "I can't complain about the way my tablets are looked after, the nurses know their jobs well." Where people required time specific medicines for conditions, such as, Parkinson's disease, we observed their medicines were administered at the right time.
● The service operated an electronic medication administration record (eMAR) system, staff had been trained to use the system. Medicines were administered by registered nurses and team leaders. All staff who administered medicines had been trained and assessed as competent. One staff member told us, "The medication training was face to face with an external trainer we went through lots of paperwork and I shadowed medication and then was watched."
● We observed a registered nurse administering medicines to people. They showed good awareness of people's needs and medicines. The registered nurse demonstrated their knowledge of peoples' preferred way of receiving their medicines, for example, one person preferred to take their medicines from a spoon.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

● People's needs were assessed before they moved into the service. Preadmission assessments were completed with people and their relatives to help staff understand their health conditions, wishes, and preferences. Where people were admitted from another of the provider's services, people agreed for their information to be shared with staff to ensure a smooth admission process.

● Staff used nationally recognised tools to assess people's needs. For example, the malnutrition universal screening tool (MUST), to ascertain unexpected weight loss. Staff had oversight of any weight loss, monitored and addressed concerns. Where required, people's weights were monitored weekly, referrals were made to dieticians and staff were aware to introduce additional calories to people's diet by adding cream and butter to their meals.

Staff support: induction, training, skills and experience

● Staff had the knowledge and experience to support people effectively and received training relevant to their role. One staff member told us, "I've done lots of training. The training department are very good at making sure that we complete the courses but also that we understand which is really important." A relative said, "You can see they are well trained with dementia."

● Records confirmed a high percentage of staff had completed their mandatory training and additional training as requested by the provider. The service was supported by a training manager who ensured learning was relevant and understood by staff. The service had arranged learning disability training for staff, staff told us the learning was useful and they applied it to their everyday roles. The training department held themed 'roadshows' where staff could attend, complete worksheets and hold discussions on the topic.

● Staff received supervisions and were comfortable to contact the registered manager or their line manager to discuss arising issues when needed. One staff member said, "Supervisions are done by nurses, I find they are helpful, we can talk confidentially. We can ask for more training, they always offer us this. I think the training we have is enough." Another staff member said, "[Registered manager] is good with training, they are always offering me more. I have asked for more training on advanced dementia, they were great and offered some other courses as well."

● New staff completed the Care Certificate, the Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. We saw staff had a minimum of 4 weeks shadow training with experienced staff members to get to know people and the service. The registered manager held meetings with new staff to ascertain if they felt ready to work their own or required further training and development.

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

● People received appropriate support to ensure their nutritional requirements were met. People told us they enjoyed the meals, comments included, "The food is fantastic, they provide it all. There is a nice variety." And, "We have quite a variety we have a choice for lunch at breakfast we can have cereals or a cooked breakfast we have tea and coffee cake and biscuits in the morning. I like the food, it's to my tastes."

● The dining experience was dignified and calm. We observed staff serving and supporting people to eat their meals in a relaxed and unhurried way. People chose where they wished to dine; the dining room or their bedrooms. Some people preferred to eat in the lounges and were served there.

● People's care plans identified people's intolerances, likes and dislikes and the level of support needed to maintain a healthy fluid intake and balanced diet. Adapted crockery and cutlery was available to support people's independence when eating. For example, one person was able to drink safely with a 2 handled beaker.

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

● People had access to healthcare agencies and support. Staff worked with healthcare professionals, such as, tissue viability nurses (TVNs) and GPs to provide good outcomes for people. One healthcare professional told us, "They follow my instructions and advice, they print out a list of residents to discuss, we write notes on what we agreed, they always follow my advice and I follow through my end."

● Timely referrals were made to professionals. For example, a person's health had deteriorated, staff were concerned about the person's ability to swallow and contacted the SaLT team for advice. One relative commented, "If say something, they get onto the GP and report back on next steps."

● Staff had recognised a person's weight loss was due to their trouble eating. Staff completed an oral care assessment and arranged for the person to see a dentist. Following the dental visit the person was able to eat well and pain free. The registered manager told us people were able to utilise the visiting dental service if they wished or could continue with their own private dentist.

● A private physiotherapist was involved with the service. Staff gave examples of how people had benefited from their involvement. One person was admitted to the service unable to walk, the physiotherapist gave staff instructions to assist the person with an exercise regime. The person was able to walk short distances following the support they had received.

● Records confirmed people had access to other healthcare services, including, opticians, audiology and chiropody.

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

● The service was clean and tastefully decorated; people commented on the cleanliness and décor and felt it was suitable for them. One person told us, "I have a good room. It's all very good, very comfortable, clean, tidy, well run. There is nothing to fault." A relative told us improvements had been made to the décor and said, "At one point it was like a hotel but now it's more homely as their (peoples') photos are on the wall."

● People were supported to bring items from their previous homes, such as, small pieces of furniture, ornaments and bedding. The registered manager told us maintenance staff would hang pictures and photographs on the wall at people's request. We saw people's bedrooms were homely and personalised. One relative commented, "They go the extra mile and make it like a home, it's my relative's home, all their things are their own."

● The service was adapted to meet the needs of people. The lounges and dining rooms were spacious, and doorways and lifts were wide for ease of wheelchair access. People had their photographs on their bedroom doors and signage was pictorial so people living with dementia were orientated and could locate their bedrooms or shared spaces easily.

● The service was located on rural grounds. People were able to access the garden which had seating and

tables ready for use. The chapel was a short walk or minibus ride away for people to attend services if they wished.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● MCA assessments had been carried out in relation to people's care needs. Where people lacked mental capacity to make their own decisions best interest decisions were made with them, their relatives and professionals.
● DoLS applications were made appropriately, the service had assessed people's mental capacity and made applications in people's best interests. Where conditions were imposed on authorisations, we saw evidence they had been met. For example, conditions to some people's DoLS authorisations included regular reviews of certain medicines; we saw this had been completed.
● Some people required their medicines to be administered covertly (without their knowledge). Staff had liaised with GPs, pharmacists and people's relatives to ensure this was in the person's best interests and lawful completed.
● Staff had received MCA training and demonstrated their knowledge by involving people in decision making. People told us staff asked permission before assisting them, our observations confirmed this. One staff member told us, "Before we do anything, knock and introduce ourselves, some people can't consent verbally, this doesn't mean they can't consent. Even a certain eye movement can mean a yes or no. We are aware of what we can and can't do, this would be in their care plan. Even if they can't consent, we always make sure they are aware of what is coming next and talk through each stage."

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who were respectful of their needs. Staff had received equality and diversity training which was reflected in their practice. There were 2 same sex couples being supported at the service, staff were aware of ensuring they were able to maintain their relationship and have the privacy they wanted.
- Staff knew people well and described their routines and personal preferences. For example, one person may become distressed if they did not have their bath at the same time each day. Staff explained how their approach differed to suit people. One staff member told us, "I give choices and respect their needs. Different individuals like to have care in different ways, we help them as they want. We knock on doors and greet them with a smile."
- There was a range of equipment available for people depending on their abilities and preferences. Staff told us how they were helping a person with their mobility and described how they supported them to walk short distances safely, ensuring a wheelchair was behind them in case they tired. One staff member said, "[Person] was so happy to walk in the dining room they were nervous due to falls at home, but now is much better."
- We observed positive interactions between people and staff throughout the inspection. A show with an external entertainer was taking place on the second day of our inspection. We saw a staff member dancing in their chair with a person who was unable to walk. The person appeared to be enjoying this interaction.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Where possible, people were supported to make decisions to have control over their lives. Where people lived with advancing dementia, families were asked to contribute to decisions. Staff completed care plan reviews and encouraged people to contribute to any changes. One relative told us, "They try and maintain my relative's independence but it's difficult with Alzheimer's. I think [person]chooses what to wear and they get lots of cups of tea."
- People's privacy and dignity was respected. Staff received dignity training and practiced what they had learned. People told us, "Staff are really quite good they asked me how much I want them to do when it comes to getting me washed and dressed." And, "They (staff) are very nice and helpful." One staff member told us, "Dignity means you don't want anyone to ever feel not worthy, to always feel respected. They (people) had a complete different life before living here, you work to make them feel they still matter."
- Where possible, people were enabled to retain their independence. One person told us, "I'm able to do everything myself unless my knees are hurting if my knees hurt, they help me a bit more." Staff gave examples of how they promoted independence, one staff member told us, "If we are assisting someone with

a wash we do try and encourage people to do as much as they can for themselves at least wash their own faces if they can we make sure the care is right for residents and not for our convenience."

● People's confidentiality was upheld; staff showed a good understanding of maintaining people's privacy. One staff member told us, "We respect the residents and make sure other people don't know their personal business for example when we do medication, we do this discreetly ideally in their own rooms for me personally I wouldn't want other people to know what I take."

● People's care was reviewed with them, monthly or more often where required. One person had requested to trial bedrails, they did not like them, so staff removed the bedrails as requested. Staff offered sensor equipment to promote the person's safety, they declined, and their wishes were respected.

● We observed staff knocking on people's bedroom doors and obtaining permission before entering. Each room had an internal window by the door, staff made sure the blinds were closed on the windows when supporting people.

Requires Improvement

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

● Care plans were not always written in a personalised way. For people with learning disabilities, care plans were outdated and used some discourteous language. For example, in the event of people showing emotions of distress, care plans guided staff to take the person to a quiet area and tell them their behaviour is 'unacceptable'. There was little guidance available to staff of what may cause the distress and techniques staff could use to minimise these feelings for people. The registered manager acknowledged our feedback and had been working to create positive behaviour support (PBS) plans as advised by a visit from a social care professional.

We recommend the provider considers current guidance on best practice on supporting people with a learning disability and autistic people.

● Staff were aware of how to support people with learning disabilities and described people in a respectful way. Staff knew people well and described the techniques they used to minimise people showing emotions of distress. One relative told us, "I see staff with residents and cannot fault their manner and the way they try to help and show compassion."

● Where possible, people were involved in planning their care and support. Where people were unable to give their views, staff used the information they had about people's life histories and family input to plan person-centred care. One relative told us, "I have recently read [person's] plan, I have proofread it and it reflects their current needs." Another relative told us, "We have reviews, but I would also go in if I had any concerns. I feel involved when discussing the care plan. I said [person] would like an occasional bath and the suggestion was taken on board."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● People's communication needs were mostly assessed and contained in their care plans to guide staff to their preferred method of communication. Care plans included communication aids for people, such as, glasses and hearing aids. However, where people were unable to verbalise, there was little information detailed in their care plans to support communication, for example, to use pictorial cards or objects of

reference. Staff told us they would use gestures and point at items to understand what people wanted.
● The registered manager described how the service met the Accessible Information Standards. Documents were available in larger print formats. The activity schedule was pictorial to assist people to make choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● People were supported to maintain relationships with their loved ones. Visitors were welcomed to the service and people could go out with them. Where required, people used video technology to keep in touch with friends and family. One relative told us during the COVID-19 lockdown, "They were brilliant with the facetimes so we could still see [person]."
● People were encouraged to join in with organised activities. We observed a ball game during our inspection which people appeared to enjoy. Where people preferred to spend time in their bedrooms, staff were observed to be sitting with them spending one to one time talking and colouring. The activity schedule was displayed in the entrance hall and contained a mixture of social, religious and physical activities.
● The service was a Christian faith-based service providing pastoral care. Catholic services were held, and people were able to attend the chapel. Church of England services were also held for people who wished to practice their faith. A prayer room was situated in the service for people to access any time they wanted.
● People were welcomed to the service regardless of their faith. A member of the management team gave examples of where people had lived at the service and were able to practice their religion. A person at the service was Atheist and their beliefs were respected.

Improving care quality in response to complaints or concerns
● Information about how to make a complaint was given to people and their relatives. This included timeframes for the complaint to be responded to and how to escalate concerns if the complainant was not satisfied with the outcome.
● People told us they were happy with their care and the service they received. They said they would speak with staff or the management if they were unhappy. Comments included, "I am extremely happy here, I don't have a need to report differently. I am sure there is a procedure to go through, but I have had no need." And, "If I needed to complain I would speak to the nurses or maybe carers, it would depend on the issue I know it would be sorted out quickly."
● The registered manager described a complaint from a relative which had been received, investigated and responded to. The registered manager had enlisted the assistance from a health care professional to help the relative understand the person's health needs. The complainant was satisfied with the outcome.

End of life care and support
● People were supported when at the end of their lives. People and their relatives contributed towards end of life advanced care planning. Care plans included people's faith and whether they wanted family with them. One person was nearing the end of their lives, staff responded quickly to their changing needs.
● People at the end of life were kept comfortable with appropriate equipment, such as, air flow mattresses. Staff engaged with professionals to ensure the right medicines and equipment were in place for people to remain relaxed, pain free and able to pass away with dignity.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Managers and staff were not always clear about their roles. The registered manager told us although systems and processes for quality monitoring had been completed for care planning, findings had not been documented for wider learning. The registered manager told us they amended any discrepancies when reading through the care plans. Staff who updated peoples' care plans were not made aware of shortfalls for their continuing learning and development.
- Quality monitoring processes had not always highlighted care records were not complete and up to date. For example, where people required assistance to move and position or where people may require a diet prepared to a specific consistency. Systems did not identify these omissions for staff to take appropriate action.
- The deputy manager completed monthly auditing of medicines; the registered manager told us findings were shared with them in passing. The deputy manager recorded areas of concern, however, the people or the medicine the concern was related to was not noted. Trends were found over a 2 month period of staff not documenting the opening dates of liquid medicines. This was rectified by the deputy manager, but their findings were not shared with staff to minimise the chance of reoccurrence.
- Members of the provider's management team completed the 'monthly home audit' quarterly. Outcomes of their audits were discussed with the registered manager; actions plans were not documented and follow ups were unable to be evidenced. For example, the call bell system had been working intermittently since August 2022, the system was being periodically reset, however, there was no plan of how the system would be monitored or addressed for the longer term.
- Audits had not always identified the concerns found at our inspection. For example, the monthly home audits deemed the provider's statement of purpose to be appropriate. The provider had not considered the statement of purpose did not include people with learning disabilities. The registered manager was unaware of 'Right support, right care, right culture' which is CQC guidance that sets out expectations of how to support people living with a learning disability. The service had not notified CQC of their intention to support people with learning disabilities.

The provider had not ensured there were adequate systems to assess, monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people and others. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered manager responded to our concerns about quality monitoring processes. They updated audit forms to document specific details and to include oversight of trends and actions to follow up on.
● Environmental risks in the service had been highlighted and acted upon. Monthly health and safety meetings were held; where areas required improvement, action plans clearly set out timescales and who held responsibility for rectifying the shortfalls.
● Audits of recruitment files and training records were effective.
● The provider was keen to continually improve care and people's experiences. A member of the management team told us following a care exhibition, technical equipment had been installed to allow staff to monitor people without the need to disturb them whilst they rested. Most people welcomed this advancement, for those who did not wish to be monitored remotely, their wishes were respected.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People were given limited opportunities to express their views in a group setting, the registered manager said they were planning regular meetings for people to take place throughout the year. One meeting had been held in 2022, people had requested trips to seaside or the garden centre. The registered manager told us they had not met this wish due to the COVID-19 pandemic. We saw people were able to go out with friends and family, one of the management team told us they took some people to garden centre on a one to one basis.
● A resident meeting was held in January 2023, people said they wished for the weekly art club to continue and had requested Valentine's day to be changed to friendship day. People were also asked to choose a film for the upcoming movie night.
● People were asked their views individually on a one to one basis. Staff used a 'resident of the day' system to understand people in depth and review all aspects of health, emotional and social care needs. During reviews, people and their relatives were able to give their views of activities. One relative told us, "We have regular reviews and it is very comprehensive covers a lot, for example, what activities [person] does."
● People and their relatives were given opportunities to feedback about the service through surveys. Actions were taken to address comments. For example, an additional activity worker was employed following feedback people were not stimulated enough. A relative commented that the activity worker was, "Brilliant and had transformed activities."
● Regular staff meetings were held; we saw staff were invited to actively participate to openly discuss matters which were resolved at the meetings. One staff member told us, "We have staff meetings every month, we talk about the residents, the care, about health and safety issues. If we can't attend the meetings, we are given the minutes to read, we all get to talk and discuss things."
● Relatives told us they were involved in their loved one's care. They confirmed they were kept informed of any changes. Comments included, "They are good at communication. The Manager is efficient and its well led, deputy also involved. No problem to email or chat. If you have a concern, they address it immediately, if want a meeting, no problem." And, "It's managed professionally. The manager talks to me, and I can ring them up. There have been no relatives' meetings since the pandemic."
● Staff told us they felt well supported by the registered manager, staff said they were able to make suggestions and were listened to. Comments included, "I can approach them anytime and they would listen, I do love it here." And, "[Registered manager] is always open to our ideas and suggestions whether that is for the residents or for the staff. I feel comfortable to be able to go and speak with them."
● Staff gave examples of suggestions made to the registered manager. One person had an issue with a commode being unsuitable. A staff member had flagged this to the registered manager, who purchased a new commode. Following feedback from the person and staff member, the registered manager purchased 3 additional commodes for other people to trial.

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 demonstrated a full awareness of the duty of candour. They told us, "Duty of candour, is to make sure we are open and transparent. I would prefer to have face to face meeting to discuss and apologise if needed." The duty of candour was considered for any incidents, safeguarding matters and complaints.

● The registered manager understood their regulatory requirements, they were knowledgeable on legislation and regulations. The registered manger understood their duty to notify CQC of events in the service, records confirmed this had been done appropriately.

Working in partnership with others

● The service worked well in partnership with health and social care agencies. People received external professional involvement including, GPs, SaLT, chiropodists and opticians. Although advice had not always been documented in care records, people received the support as advised by professionals.

● Visiting professionals spoke highly of the service. One visiting health care professional told us, "Everything I have seen has been fabulous and the feedback I get from the residents is positive, everyone looks well cared for staff are caring and professional, they respect people's privacy well."

● The registered manager attended weekly meetings with other managers of the provider's services. The registered manager told us they contributed and shared mutual advice and support. Where lessons had been learned in other services, the registered manager applied the lessons to the service to ensure good care. Regular departmental meetings were held and meetings with the senior management team to discuss issues and progress.

● The registered manager belonged to local groups and forums. They attended webinars and were signed up to receive updates from the local authority, the national care forum and the health and safety executives. The registered manager told us the information received helped them keep up to date with changes of legislation.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess, monitor and manage risks to peoples' health and safety.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to effectively monitor and improve the quality and safety of the service and to maintain accurate records. The provider did not have robust quality assurance processes in place and lacked management oversight of the service.