

Westward Care Homes Limited

The Willows

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
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

The Willows is a residential care home providing personal and nursing care to 19 people aged 18 to 65. At the time of our inspection there were 19 people using the service.

The Willows accommodates 19 people who have a learning disability and, or a diagnosis of autism. People live in their own flats but share some communal facilities. Living accommodation included a bungalow and a main house. There was also an activity room.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible 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 receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Willows was registered to support of up to 19 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by having two separate accommodation types, a bungalow and a house. The properties were appropriate in design and within a residential area. There were no obvious signs to identify this as a care home. There was some additional security and external cameras to give people using the service and staff some additional protection.

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

The service had not consistently delivered good outcomes of care for people over the last twelve months. Some people had not been sufficiently supported with their health care needs, behaviours or been able to access social activities when they wanted to. This could be attributed to turn over and change of staff and management which has created inconsistent levels of service provision.

There is a new registered manager in post who has been in post for four months. They were supported by a management consultancy group who had introduced a robust governance process to measure and improve the quality of the service provided. An area manager started about the same time as the registered manager and was supporting the changes being made. They had begun to stabilise the service and had an improvement plan in place. Improvements were noted but there were still areas to address including establishing a regular staff team, filling vacancies and reducing agency usage to help ensure people have continuity of support. Staff were not yet working effectively because staff performance and competencies had not been adequately reviewed over a period and not all staff had completed all training considered necessary.

There needed to be clearer management oversight on shift as not all staff were working to the required

standard particularly as agency staff did not have the same level of training as regular care staff which meant they could not always provide the most appropriate support to people using the service. Neither was their initial onsite induction recorded. We have made a recommendation about this.

Communication was not yet effective. We found arrangements for staff handover were poor which meant information was not effectively handed over or known by all staff. Record keeping was not of a consistently high standard particularly daily notes and incident recording did not always give enough detail making analysis more difficult. We have made a recommendation about this

The environment was mostly appropriate to people's needs but some redecoration and refurbishment was necessary to bring the properties up to standard. Some people had behaviours which challenged, and this included the destruction of property. This was being addressed by the registered manager.

People's care and support plans were being updated and had improved. There were enough staff on duty at any one time who had a good understanding of people's needs and able to provide some stability and oversight. The service was not yet able to consistently manage people's needs but core teams were being established and helping to reduce people's anxieties.

Staffing levels were being maintained and people had the support the Local Authority commissioned. Staffing numbers were high due to the nature of support people required. Staff recruitment and retention were being effectively managed with robust recruitment processes in place. Staff were being supported to develop the necessary skills and competencies through training and observation of practice. Induction was robust and being strengthened by the introduction of the Care Certificate a nationally recognised induction course.

Medicines were being effectively managed and there were audits in place to determine if medicines were being given as intended.

Most people needed constant supervision for their and others' safety, but this was provided in a sensitive way and where possible took into account people's needs and preferences. People were supported to have 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.

People accessed services in the community and staff supported people to attend health care appointments. When necessary staff accessed more specialist services and took advice about how best to support people in line with best practice.

Rating at last inspection and update

The last rating for this service was good (Report published February 2017)

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for <location name> on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always 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 responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service had not always well-led.

Details are in our well-Led findings below.

The Willows

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

An inspector, assistant inspector and an Expert by Experience carried out the inspection. 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

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we already held about this service including previous inspection reports, feedback about the service and notifications which are important events the service is required to tell us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection-

We spoke with the registered manager, the area manager, six support workers, two team leaders, the behavioural support coach and two members of the organisational management team. We also spoke with three people and observed the care and support people received. Most people could not tell us about their experiences because of limited communication. Some people could be distressed by visitors they did not know and preferred not to meet with us. We spoke with one visiting relative and requested details of other relatives who agreed to speak with us following the inspection.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at staff recruitment processes. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with a further four relatives and emailed three Local Authorities for feedback. We received some feedback.

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 remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People using the service could be at risk from others due to the nature of their disability, associated behaviours and limited communication. Over the last year there had been a lot of documented incidents between different service users which had been managed appropriately and according to the persons care plan and risk assessment. Incidents were reported to the local safeguarding team, commissioners and CQC.
- Records showed regular incidents were occurring, these were monitored and analysed to identify any themes or trends and to review the appropriateness of staff actions. This was important in terms of assessing if staff had the necessary skills and competencies and were only using restraint as a last resort and in line with the training they have received.
- The service had appointed a staff member to oversee behaviours occurring within the service. Their role was to train, support and coach staff to help them understand the function of behaviour and why these might occur. By recognising triggers staff could intervene and reduce the likelihood of an incident occurring.
- Staff had improved the recording of incidents and guidance to help ensure staff were working more consistently. We found that the level of incidents for the people reviewed was reducing. We also found the standard of record keeping across the whole service required further improvement to make it clear what was happening immediately prior to an incident, the incident itself and the outcome. We recommend the provider consider how changes to staffing are communicated to people using the service. We found picture boards of staff in the office, but these were not accessible to people using the service.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse as far as reasonably possible because staff were responsive to people's needs and were proactive in reporting concerns.
- Staff understood what constituted abuse and how this should be reported and managed. Staff felt able to raise concerns and had training and policies to refer to.
- The registered manager reported concerns when appropriate and cooperated with the Local Authority in any safeguarding investigation.
- Families felt confident that staff acted upon any allegation or situation and kept them informed about any risk to their relative.

Staffing and recruitment

- Recruitment processes were in place which helped ensure job applicants were properly screened and able to demonstrate that they were of good character and were suitable to work in the care sector. Disclosure and barring checks and references helped to determine this.

- Interview processes were thorough and records of this were viewed.
- We received mixed feedback about staffing but generally this was felt to be improving, one person said, "Sometimes we do get short staffed, I get upset if trips out are cancelled." A relative said "Staff turnover worries me, I know it can't be helped." The service always covered people's core hours and provided one to one support. Additional staffing hours were necessary to support people safely in the community. At times these hours were covered by agency staff who might not be able to support people to go out but instead would support permanent care staff in the service.
- There had been a turnover of staff and management over the last year which had affected relative's confidence in the service provided particularly as they said they had not always been informed about changes. The employment of regular agency staff meant the service did not run short.
- Relatives acknowledged that they were seeing some positive changes since the new management team were in place.
- The registered manager told us they were developing core teams of staff around each person to reduce the number of staff who would potentially support a person across the week. They had already done this for some people and this was seen to have a positive impact of their behaviours. The service was investing in staff recruitment and gradually reducing the numbers of agency staff being used.
- Staffing levels were high as people had been identified and funded for one to one staffing as a minimum. This was kept under review by the Local Authority. The provider met minimum staffing levels.

Using medicines safely

- People were supported to take their medicines as intended by staff who had received the necessary training and assessed as competent.
- Medicine audits were completed regularly and helped to ensure medicines were available as required, stored, administered, recorded, and disposed of as required.
- Individual medicine records gave clear information about medicines people were taking, what they were for and when and how they should be administered. For example, front sheets included any allergies and a description of how the person liked to take their medicines. The information was sufficiently personalised.
- Prescribed 'when necessary' (PRN) medicines included medicines for anxiety, were monitored to help ensure they were not used excessively.

Preventing and controlling infection

- Infection control procedures were effective in reducing the risks of infection. Staff received training and provided with personal protective clothing to reduce the risk of cross infection.

Learning lessons when things go wrong

- Cleaning schedules and audits helped to evidence that cleaning was completed regularly and effectively. Where this was not the case, action plans had been put in place to address any shortfalls.

Learning lessons when things go wrong

- Data collection enabled both the registered manager and provider to have oversight of incidents, accidents and adverse events. Action plans were put in place to show actions taken as part of this analysis. Following incidents staff debriefing took place and there was an opportunity to consider the circumstances and if actions were appropriate to the level of risk.
- Staff told us they were confident they had opportunity to discuss and share ideas and learnt from adverse incidents. For example, there had been a number of documentaries about other care services exposing poor, abusive care. The provider had taken a stance on this and used the materials to discuss with staff and help them to identify why things go wrong and how to develop a positive culture within the service.

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.

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

- People's needs were assessed prior to coming to the service and reviewed in line with their changing needs.
- Care and support plans were discussed with staff, relatives and other professionals. Staff practice was kept up to date with ongoing training and access to learning materials and guidance for best practice. We found however the uptake of staff training had only improved recently so were not confident all staff had the necessary competencies.

Staff support: induction, training, skills and experience

- Staff Induction and support had been inconsistent over the last year due to changes in manager but was improving with better uptake of training and more regular supervision. New staff had a lengthy induction over several weeks and the service was introducing the Care Certificate, a nationally recognised induction which covered all the core competencies considered essential for staff working in the care sector
- Not all existing staff had not completed such a robust induction and some staff were concerned about the level of responsibility they were carrying. The senior staff role had been removed and all care staff were expected to manage people's care needs and direct agency staff. There had not been regular observation of staff practice ensuring staff had the necessary skills, competencies and confidence to meet people's needs adequately, and some staff said not all staff worked effectively as part of a wider team.
- Team leaders were on duty and worked every other weekend, but staff said they were sometimes busy and did not have sufficient oversight of each shift. We found staff handover was ineffectual and not all staff were given information which was important in terms of ensuring people received continuity of support across their day and risks were known to all staff.
- Agency staff were an integral part of the service and as such we recommend that they had access to the same level of specialist training as the regular staff, particularly in relation to supporting people in times of distress which sometimes involved restraint. We also recommend that agency staff new to the service have a detailed, recorded induction before being asked to support someone in a one to one situation.

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

- Some family members had concern about aspects of their relative's personal care. They said response to their concerns over time had not always been addressed in a timely way. Feedback from Commissioners was similar who said people had not always got the support they needed without considerable support and intervention. They felt this was due to ineffective management. The registered manager had improved communication with commissioners and family as evidenced by regular recording of discussions showing

actions taken.

- Care plans included information of joint working with other services and agencies to improve the lives of people using the service. Most notably, staff took people to community events and engaged people's wider circles of support.

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

- People's environment was designed around their needs and people had self-contained accommodation within a large house and bungalow. Both staff and relatives raised concerns about the overgrown gardens, the laundry facilities as well the building being damaged or showing signs of wear and tear., Relatives also had concerns about getting equipment people needed, such as air conditioning units.
- The service does have an extensive programme of improvements planned. A maintenance person was in situ and issues being addressed.

Supporting people to live healthier lives, access healthcare services and support

- Staff were mindful of promoting healthier lifestyles and promoting balanced diets and exercise. Some people were reluctant to accept support around their personal care needs and some families raised concern about how this had been managed over a period.
- People needing encouragement and motivation to go out and take part in activities. The service accessed a private swimming pool which some people used, and a sensory room was on site although some equipment had been damaged and was being repaired. Some people enjoyed being in the garden, had access to bikes and scooters and regularly accessed town.

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

- People were supported to eat and drink enough to meet their needs taking into account any risks such as choking as well as dietary preferences. Staff knew people's preferences and foods which should be eaten in moderation.
- One family expressed concern about weight gain of their relative. This person was referred to the dietician and was losing weight but there had been a delay in achieving this. Staff told us a number of people had healthy eating plans and their weights were regularly checked.
- People had their own cooking and washing facilities in their flats. One person told us, "I do my own shopping. I have my own fridge and cupboard in communal kitchen."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Most people were deprived of their liberty and were under almost constant supervision. The property was secure with locks to prevent people leaving unless supervised. One person was not subject to a DoLS authorization and had a key fob to access all doors.
- The registered manager was in the process of establishing which relatives had power of attorney for their

family member and could act on their behalf. Meetings were held involving family members, and decisions were taken in people's best interest and involved relevant social work and health care professional teams.

- We spoke with relatives who gave us an example of a best interest meeting held to ensure their family member received the care they needed.
- The registered manager had good knowledge of The Mental Capacity Act 2005 and staff told us how they promoted people's choice and used the least restrictive options.

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 remained the same. 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's needs, and preferences were documented, and staff were mindful of how people liked to be supported. Care and support plans gave some background history, so staff would know people's earlier experiences and what had influenced them growing up. They also gave details of what and who was important to them and included important dates. Changes in the staff team had destabilised the service but there were always core staff on duty who knew people's needs well.
- We observed staff practice. Staff were cheerful when supporting people. A relative told us, "They know her so well, know what she enjoys. I'm happy with staff that deal with [named relative] the most. If she has a wobble staff know that something is wrong. They don't tell her off, they have a good understanding of her. They really care."

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

- People's needs were mostly known by staff, who were encouraged to read people's care plans and spend time with people until they were familiar with them. Staff offered people choices in a way which was appropriate to their needs, and in line with their communication plans.
- Family members told us that staff were willing to listen and took into account their views when planning the service around people's individual needs. Families said staff passed on important information when something occurred. Care plans were accessible, and people's needs were kept under review with involvement of the family. Family members felt communication was improving but had not always been effective.

Respecting and promoting people's privacy, dignity and independence

- Staff tried hard to enhance people's wellbeing and took into account their privacy and dignity. This was sometimes difficult when people exhibited behaviours which could compromise this. Nevertheless, staff worked hard to provide respectful care and to follow the behavioural support plans and care plans in situ.
- We observed and received positive feedback about the way staff treated people. One person said, "When I want to be on my own staff will sit in the kitchen or office, that's ok."

A staff member told us, "We always knock on people's doors and do not speak to people about others." Family members told us they could always visit when they wanted to and said staff were welcoming and always smiling. One family member said about staff, "They all know me." Family members were generally very happy with the care provided and glad they had found a suitable place for their loved ones.

- The registered manager was shaping and developing the staff culture and ensuring staff were working to the values of the organisation and promoting people's independence.

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 deteriorated to requires improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People had one to one support from staff and at times required more intensive levels of support to help them safely access community facilities. We received mixed feedback about people's opportunity to regularly access the community or have their preferences met in terms of preferred staffing.
- Relatives said using agency staff could negatively impact on people's experiences because it took time to understand people's needs. Although people's staff preferences were known, this could not always be accommodated, and relatives said this was when incidents might occur.
- Commissioners told us the service had considerable support from other health care professionals to develop care, support and behavioural plans and staff's approach was not always consistent with good practice. They told us over time changes in staff and management had meant the service had not always been able to consistently meet people's needs. They felt this was improving over time.
- Most care and support plans had been reviewed and rewritten to be more person centred. They documented people's preferences, preferred routines and care needs. Although documentation was improved there were still inconsistency in record keeping.
- Care and support plans were kept under regular review and highlighted changing or unmet need.
- Guidance was in place for staff when supporting people who had poor mental health, learning disability and behaviour which might challenge. Guidance was being developed based on better analysis and review of incidents.
- The service had put a behavioural support job role in place and the staff member was knowledgeable about people's needs and had completed training through a reputable source.
- Protocols included the least restrictive options which included PRN medicines, and, in some instances, staff holds to calm a person down and reduce the level of injury to a person or staff.

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.

- Communication plans were in place which were helpful in terms of letting staff know how people communicated their needs. Electronic tablets were used by some people, but we saw little in terms of pictorial information to help people understand their daily routines including which staff would be supporting them. This would help manage changes effectively and reduce anxiety for people.

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 had different activities they took part in and staff had started to take photographs of people undertaking activities which were shared with families.
- We spoke with people and their families about how they spent their time. One person said, "I like going in the car to Tesco. Choose where I go on Sunday's, just supermarkets." One person said, "I like music, walks, garden, football." A relative told us about regular swimming sessions but said they would like them to do more activities but said money restricts this. Another relative told us, "I don't think he does enough, does more at home. He loves going out anywhere." We concluded that people were being supported to go out according to their needs and wishes and there were enough staff to support this but historically this had not always been the case.
- The service was collating evidence about what people had achieved since living there, and progression towards goals. For example, the registered manager was able to demonstrate how they increased people's resilience and community participation. One person who did not easily tolerate new staff had been supported by a core team of staff and the number of staff they would work with had gradually increased. Another person had come from a very restrictive background and would not go out but was now accessing regular activity.

Improving care quality in response to complaints or concerns

- The registered manager had records of any formal complaints and actions taken within agreed timescales. There was an effective complaints procedure, and this was made accessible to people although it was recognised people would need support to raise concerns. Where people had made suggestions or raised concerns these were recorded, and actions taken.
- A number of relatives told us they had raised concerns in the past and did not feel the manager at the time had been proactive in addressing them. They attributed this to a number of recent changes in management. Relatives had lost some confidence in the service, one telling us they felt they were, "Fobbed off." Parents felt involved in their son/daughters care but said actions were not always timely because staff and, or previous management had left without first dealing with the issues.
- At this inspection we found the registered manager was working hard to improve communication with families and sent us a series of emails which evidenced their responsiveness to family concerns. They had invited relatives to come in and discuss their concerns. A newsletter had been instigated but not all relatives were aware of this, but most told us they had spoken with the new manager who was getting things done.

End of life care and support

- The service was not supporting anyone who was approaching the end of their life or who was unwell. Care plans were good and described what was important to the person and including their preferences and preferred support, but nothing was recorded about end of life. We discussed this with the registered manager who acknowledged this needed to be addressed.
- They said they would work with other agencies to ensure social stories and other tools could be used and developed to help people understand the ageing process, illness and death.
- One support plan we reviewed referred to illness within the family and how the staff should support the person using the service. There was guidance to help staff recognise how the person might show distress and how they should respond to this.

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 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

- The service has been through a period of change over the last year which had affected the level of service provision and the provider had not ensured people always received good outcomes of care.
- Staff had not been given sufficient support to ensure they could keep people safe and provide the right level of care. Their training was not all up to date and supervision of their practice had not always been robust.
- Changes to staffing and the management team had undermined the confidence of staff, family members and professionals.
- The provider had not always taken timely action to concerns raised and at times there had been poor communication of key changes. This meant this service had not been managed in the interests of people using the service. One family member told us, "They don't write things down. I want a copy of his calendar in his room, so he can see when he's coming home. I don't think he has it." Another family told us about significant delays in a person getting the health care they needed and a slow response to this from the service.
- Commissioners told us the service provides support to some people with very complex needs but had done this inconsistently and the lack of robust management had affected their service delivery.
- The regular use of temporary staff had affected the stability of the service but was gradually being reduced. Not all staff had the necessary skills, and competencies to lead and direct others.
- The new registered manager; an area manager and management team had created a much stronger service with good overarching quality assurance systems and a robust action plan which when fully embedded would improve outcomes for people.
- There were a number of key staff who knew people well and had helped to provide some consistency.
- The registered manager had established good relationships with people being supported and was improving communication. They were strengthening staff teams, improving staff training and support and updating the environment. Care and support plans were being reviewed and updated to help ensure staff had the information they needed to support people.
- Recruitment was on-going, and the registered manager was monitoring staff practice and addressing any practices which did enhance people's wellbeing.

Working in partnership with others

- The service had developed relationships with extended family and supported people to visit parents and

stay over when they wished. We found however, some relatives did not feel over time they had been sufficiently consulted with, or that actions to address their concerns were sufficiently timely. One relative said, "There used to be more parent involvement, relatives' meetings would be helpful." Not all relatives were aware of the monthly newsletter which featured pictures of activities and trips, pictures of new staff and what was coming up. Relatives told us they did not always know 'who was who,' and felt changes i.e. changes to 'keyworkers' were not particularly well managed or communicated.

- Staff were instrumental in supporting people to access community facilities as safely as possible and were planning one to one or small group holidays for some people.
- Neighbourhood disputes over noise levels were being addressed and the service had met with the environmental health department and with neighbours to discuss and listen to concerns

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 was open with us and recognised what improvements were required and had already achieved some of these. Audits had been increased and helped to determine what actions were necessary to improve the service and if actions taken were robust
- Observations of practice included discussions with staff and modelling behaviours they wanted to see. Relatives were consulted about their family members care needs and had an input into their care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- In the last four months, job roles had been more clearly defined and team leaders had specific areas of responsibility but at times there was insufficient oversight of staff practice due to the different hours staff worked and the fact 'senior roles' had been removed. This was a concern because not all staff practice was yet to be fully assessed and not all training was up to date.
- The registered manager had not had enough opportunity to assess if all staff were working to a high enough standard and they had identified some concerns with staff practice but they were still working without direct supervision.
- The registered manager was working on things identified and had clear objectives and service priorities. They told us they were well supported and connected and felt able to access resources they needed. Audits were completed regularly and were cross referenced with the key lines of enquiry CQC report against.
- As part of the overall quality assurance process, surveys were circulated to people using the service, their families and health care professionals. Views of staff were sought, and this helped to shape service improvements. Feedback from these was not fully collated.
- The environment was mostly well maintained and there were regular checks on equipment to ensure it was safe to use. There were clear processes in place to ensure staff knew what actions to take in an emergency and contingency plans and risk assessments were in place.
- There were a number of areas which were being addressed including ensuring all windows were restricted where these had been broken. Property damage was being rectified and steps taken to reduce the risk of harm to people. The registered manager confirmed there was no one at risk of suicide but ligature points had not been considered in relation to self-harm and it is recommended this is reviewed.

Continuous learning and improving care

- Record keeping needed improvement to ensure that staff were clearly identifying risk, changing needs and actions taken to address this. Inconsistencies in the level of recording made it difficult to properly analyse information.

- We were confident that the service was improving and there was appropriate management and oversight. Governance arrangements were robust, and the service was stabilising. The rolling out of the care certificate and key competency checks for staff would help to improve outcomes of care.
- The positive behavioural support coach was developing their role and had introduced more in-depth forms to record and monitor people's behaviours, so they could accurately identify triggers and develop positive behaviour support plans. They worked alongside staff to coach them and help them develop positive working relationships with people. They had access to resources but had not worked alongside others holding a similar position which might help them build on their knowledge.