

Omega Elifar Limited

The Firefly Club 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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Firefly Club is a residential care home providing accommodation and personal care to up to 8 people with a learning disability and/or autistic people. The service also provides a domiciliary care service to people in their own homes. At the time of our inspection there were 6 people living in the residential care home and 4 people using the domiciliary care service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Improvements had been made following our last inspection. Staff understood people's risks and the support they needed to remain safe. Records did not always provide staff with comprehensive guidance in relation to all the risk associated with people's care. Some records relating to the management of the service were also not sufficiently comprehensive. The provider's internal monitoring processes did not always identify these shortfalls and the provider was working at strengthening the effectiveness of their audits. We have made a recommendation in relation to people's finance records.

Right Support: People's care planning documentation was personalised and reflected their strengths and needs. The registered manager promoted a positive risk-taking, person-centred culture which had been embraced by the staff team. There was a positive culture of reviewing and reducing restrictions placed on people to keep them safe to support people to have maximum choice and control of their lives. The registered manager had made appropriate DoLS applications and had effective systems in place to renew and meet any conditions of authorised applications. 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.

Right Care: People told us they were happy. People appeared comfortable with staff and knew them. People were offered choices and various activities. People were spoken to respectfully, patiently and provided time to process and respond to information. People's care planning documentation promoted independence, dignity and privacy.

Right Culture: Since the last inspection the provider had made changes which had improved the environment. People were being supported to choose items for their home and ideas and suggestions were continuously being sought from people, relatives and staff. The registered manager and staff team were supporting people to identify new activities and experiences.

People and staff told us there were enough staff. Our observations during the inspection confirmed this. Since the last inspection training had been prioritised by the provider. The registered manager had effective systems in place to monitor staff training. Staff told us they felt supported by the registered manager and the provider and were able to make suggestions and provide feedback to improve the service. The registered manager and provider were passionate about supporting best outcomes for people and improving people's quality of life and had plans to continue to improve the service for people.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 30 January 2023) and there were 7 breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made and the provider was no longer in breach of 6 of the regulations. However, we found the provider remained in breach of regulation regarding governance.

This service has been in Special Measures since 30 January 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 a breach in relation to good governance at this inspection. We have made a recommendation in relation to financial records.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement



Is the service effective?

The service was effective.

Details are in our effective findings below.

Good



Is the service caring?

The service was caring.

Details are in our caring findings below.

Good



Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good



Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement



The Firefly Club 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 1 inspector.

Service and service type

The Firefly Club 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. The Firefly Club is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

In addition to being a 'care home' the provider offered a domiciliary care service which provided personal care to people living in their own homes and flats.

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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 2 people who used the service and 2 relatives about their experience of the care provided. We spent time with 4 people observing the quality of care and support they received. This helped us to understand the experiences of people who we were unable to communicate with us. We spoke with 9 members of staff including the registered manager, domiciliary care manager, managing director, positive behaviour support lead, head of people, lead support worker, 2 support workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included 6 people's care records and multiple medicines records. We looked at 6 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Following the onsite visits, we continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from 1 relative and 1 health and care professional.



Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- People received their medicines safely in line with their preferences and by staff who knew them well. One person had been supported to find a new method of administration for their medicines they found more comfortable following staff's observations the previous method of administration was not working for them. This had resulted in a positive outcome for the person.
- The provider was working alongside an external professional to ensure their medicines systems and processes were robust. An action plan was in place to achieve this, and the provider could evidence they were in the process of making the improvements identified. For example, they had implemented a more robust temperature recording process.
- The provider had identified their protocols for 'as required' (PRN) medicines needed to be more detailed and were taking action to address this, but this remained a work in progress at the time of the inspection.
- The administration of PRN medicines had not always been effectively recorded on the medicine administration record. For example, the time these were administered. This was not in accordance with the providers protocols and processes. A recent external audit had identified this shortfall and the provider was in the process of implementing new medicines audits which were more robust to ensure such shortfalls were identified going forwards. However, these had not yet become embedded within the service at the time of the inspection.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to assess and do all that was reasonably practicable to mitigate risks to people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- At this inspection we found the provider had reviewed and updated everyone's care planning documentation and it was more personalised and detailed.
- We observed people being supported in accordance with their care planning documentation and staff were able to demonstrate their awareness and understanding of people's individual risks and the support they needed to remain safe.
- Some risk management plans still required more detail to make them fully robust. This was a work in progress, and we have reported on this in more detail in the well led key question of this report. However, we found the risks were mitigated as staff knew people well and were able to demonstrate their knowledge and understanding of how people wanted to be supported.
- Incidents where people became distressed or anxious were recorded appropriately. Accidents and incidents records were detailed, and a new de-brief and reflection form had been introduced. The Positive Behaviour Lead reviewed all accidents and incidents and shared their findings with the registered manager and staff team.
- Whilst the provider was able to assure us that in the event of an emergency people would be safely supported, they had recognised the staffing levels at night, for the domiciliary care service, needed to be reviewed and they were in the process of doing this at the time of inspection. Following a recent change in commissioned hours the domiciliary care service had no staff allocated to them overnight. The night staff in the residential care home were able to provide assistance in the event of an emergency but the provider had identified they needed to ensure they had comprehensive risk plan in place for staff to refer to in an emergency.

At our last inspection the provider had failed to ensure the premises and equipment was properly maintained. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Since the last inspection the provider had improved their fire safety management. Emergency lighting checks, weekly portable equipment checks, and fire alarm tests were in place.
- Whilst the provider carried out regular fire drills at the frequency identified in their fire policy, the fire drill records did not demonstrate all staff, including night staff, had been included in fire drills. Following our feedback, the registered manager planned to incorporate simulated fire drills for different times of day and night for all staff.
- Health and safety checks were consistently being completed and since the last inspection the provider had implemented regular wheelchair checks and moving and handling equipment safety checks.
- The registered manager had effective oversight over any maintenance required and monitored this to ensure completion within reasonable timescales depending on the urgency and need.

Systems and processes to safeguard people from the risk of abuse

- Some people were at increased risk of financial abuse in the domiciliary service as records of financial transactions were not completed in detail. This meant it would be difficult for discrepancies to be identified promptly and acted on. The provider's quality assurance processes in place at the time of the inspection had not identified this risk.

We recommend the provider develops a more robust process for recording financial transactions.

Staffing and recruitment

At our last inspection the provider had failed to follow safe recruitment procedures. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider was following safe recruitment practices. Pre-employment checks were carried out to make safer recruitment decisions. This included criminal record checks, full employment histories, evidence of the applicant's identity and references, including from all previous roles working with vulnerable adults and/or children.
- People and staff told us there were enough staff. Our observations during the inspection confirmed this. The provider had developed an effective working relationship with a staffing agency which enabled them to block-book regular agency staff who people knew. The agency was aware of the training needs of the service and accessed this training for their staff to ensure the agency staff were trained to meet the needs of the service.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home appeared clean, and we saw people being supported alongside staff to clean the home. Cleaning schedules were, however, not always completed and this is an area where improvements are needed.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting was managed in line with current guidance. People confirmed they had visitors who came to the service, and they were supported to maintain contact with friends and family. Relatives told us they could visit when they wanted and there were no restrictions on how long they visited.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to have sufficient numbers of suitably qualified, competent, skilled and experienced staff. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager now had effective systems in place to monitor the completion of training and to ensure this was refreshed before it expired.
- The registered manager had a robust induction programme for staff new to the service to ensure they understood their role and could apply training and best practice. The positive behaviour lead and senior leader worked alongside staff to facilitate effective working relationships between people and staff. This also ensured consistency in approaches.
- The rota clearly identified the training each staff member had and was colour coded to enable the registered manager to ensure staff were suitably deployed across the shifts. Staff confirmed staffing levels and the number of skilled and experienced staff had increased since the last inspection.
- We found staff supervisions and team meetings had not been completed consistently. However, the registered manager had started to address this and had set up a supervision and team meeting schedule which they could evidence they were following.

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). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

At our last inspection the provider had failed to act in accordance with the Mental Capacity Act 2005. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Since the last inspection the registered manager had reviewed and carried out mental capacity assessments and best interest decision meetings where required for people living in the residential care home. They had identified the least restrictive care arrangements for people and continuously reviewed these to ensure they supported people in the least restrictive way. In the domiciliary care service, the documentation in place in relation to consent and mental capacity assessments was not as robust, but the service manager was taking action to address this.
- The registered manager had made appropriate DoLS applications and had effective systems in place to renew and meet any conditions included in the authorised DoLS.
- There was a positive culture of reviewing and reducing restrictions where appropriate to support people to have maximum choice and control of their lives. For example, the provider had supported 1 person to reduce some of the restrictions in place and was supporting them to build on this success. The kitchen was also more accessible to people with robust risk mitigation in place.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Since the last inspection the provider had reviewed and updated people's care planning documentation with support from the local authority.
- Care planning documentation was now personalised, and people confirmed they were involved in developing their care plans.
- Where people were not able to communicate their preferences or needs their relatives were consulted. One relative told us, "We are involved in any reviews or meetings. We do feel involved and there have been 20 or 30 emails in last 6 months about his care plan; what he likes, doesn't like etc."
- Where appropriate people had been referred for relevant assessments and guidance. For example, 1 person was being supported to review their communication and sensory needs. One professional told us, "They supported my client with obtaining a new wheelchair, improving their mobility and confidence."
- The registered manager and provider had reviewed people's support needs and taken action to ensure people's needs could be fully supported by the service. Where they had identified they were not able to meet people's needs fully, they had taken appropriate action to ensure people received the support they needed.
- People were supported to access healthcare services when needed. Records showed people were seen regularly by community health and social care professionals. One professional told us, "The manager is very involved, they update me on a weekly basis, attend meetings, and reviews."

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

- We observed people were supported to choose what they wanted to eat and were supported to prepare drinks and meals. People had access to snacks.

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

- Since the last inspection the provider had made changes which had improved the environment. For example, new external stairs had been built to enable people to access the garden. They had a plan for further changes which once complete would enhance the environment further. Such as the developing the garden to include edible plants, fruit and vegetables as well as a swing and other activities.
- The provider was investing in the service and had an improvement plan they reviewed regularly with the registered manager. People were being supported to choose items for their home and ideas and suggestions were continuously being sought from people, relatives and staff. For example, various sensory activities and items had been purchased as this was important to people.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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 told us they were happy. People appeared comfortable with staff and knew them well. One relative told us, "They are always patient with him, give him time for processing communication, minimising words so not to confuse him, always knock on his door."
- We observed positive interactions between people and staff. People were spoken to respectfully and patiently and offered regular opportunities to engage. Staff were focussed on people and ensuring they had meaningful interactions.
- Staff were compassionate and treated people with kindness and respect. We observed positive interactions throughout our inspection that demonstrated good relationships had been formed between people and staff.

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

- We observed people being offered choices throughout the inspection and where a choice was made this was respected and acted upon. Where people changed their minds or preferences they were listened to, and staff responded appropriately and supportively.
- Where people wanted to be involved in decisions about their care, they were offered regular opportunities to feedback to the staff and management team. Where there were some communication barriers staff sought alternative methods to determine people's preferences and choices. For example, observing body language, recording detailed observations of new experiences and activities for people, and reviewing these with people's circles of support or in team meetings.
- People had access to independent advocacy for support with specific issues.
- Professionals involved in people's care confirmed they were involved and kept updated regularly.

Respecting and promoting people's privacy, dignity and independence

- People were supported to develop their independence. For example, we observed people being encouraged to prepare meals and to take their used dishes to the kitchen and clean them.
- People's care planning documentation promoted independence, dignity and privacy. For example, they focussed on what people could do themselves and how staff could support them to maintain their skills.
- The registered manager was enthusiastic about supporting people to receive person-centred care and to be offered opportunities for meaningful engagement, activities and personal development. They promoted a positive risk-taking, person-centred culture which had been embraced by the staff team.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection the provider had failed to ensure care and support was appropriate to meet people's needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The provider had reviewed and updated people's care planning documentation. It was personalised to the individual and reflected their preferences, strengths and needs. This meant staff had the information they needed to work with people in their preferred ways.
- In response to the last inspection the provider had re-deployed experienced and trained staff from another service to provide additional support. They worked alongside the staff team and role modelled best practice. The provider told us this had been effective and had continued this practice with staff new to the service.
- People were being supported to expand their contact with friends, family and their local community. People had been supported to access local amenities with friends and family and to make meaningful contacts within their communities. For example, 2 people had been supported to develop positive relationships with employees in the local shop. Another person was being supported to develop their independence and confidence in navigating the local bus routes.
- The registered manager and staff team were supporting people to identify new activities and experiences. This was in the process of being implemented at the time of the inspection. We observed they were working with people to support them at their pace and were continuously reviewing progress as a team. The registered manager had implemented new activity documentation and told us time was needed for staff to become confident in completing these records.

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 were being supported to explore different communication aids to find what worked best for them individually. Since the last inspection communication methods people were familiar with already were being more consistently used such as, Makaton, social stories and visual timetables. Makaton is a unique language programme which uses symbols, signs and speech to support people to communicate. Social stories are a social learning tool that supports the safe and meaningful exchange of information between autistic people and staff.

Improving care quality in response to complaints or concerns

- The provider had a clear process in place to investigate complaints and learn lessons from these. They told us any learning would be shared with the whole team and the wider organisation.
- Relatives confirmed they knew who to speak to if they had concerns and had felt listened to. They consistently told us they had regular contact with the service and registered manager, domiciliary care manager or staff team.

End of life care and support

- At the time of the inspection no one living in the service was receiving end of life care.
- Where appropriate, conversations took place with people about their preferences and wishes including religious, cultural and spiritual needs in the event they required end of life care.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to operate effective systems to assess, monitor and improve the service, monitor and mitigate risks and maintain accurate and complete records. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- Systems and processes were not always effective at demonstrating all risks were adequately recorded and that there was sufficient guidance for staff to ensure people were supported safely. Whilst the risks were mitigated by staff's knowledge and understanding of people's individualised support needs, the provider's quality assurance processes had not identified the risk management documentation was not always sufficiently robust. For example, 1 person was at an increased risk of developing pressure ulcers, their risk management plan did not detail all the measures the provider and staff took to mitigate the risk.
- Whilst several audits had been undertaken to monitor the quality and safety of the service, these had not been fully effective at identifying all of the areas where there were shortfalls in the completeness of records. For example, we found incomplete cleaning schedules, monitoring forms, and temperature recordings. A person with an exercise programme in place did not have their support with exercises consistently recorded in their daily notes.
- Not all quality assurance audits had clear action plans with realistic timescales identified.
- The provider had not always followed some of their own guidance within their policies and procedures to ensure quality and safety. For example, their fire policy. We have reported on this in more detail in the safe key question of this report.

The failure to operate effective systems to assess, monitor and improve the service, monitor and mitigate risks and maintain accurate and complete records was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and provider were passionate about supporting best outcomes for people and

improving people's quality of life. They were in the early stages of developing approaches to support people to share their goals, aims and aspirations to enable them to implement the required support to enable people to achieve them.

- The provider had been aware of some of these concerns prior to the inspection and were in the process of taking action to address the concerns. The registered manager and domiciliary care manager were working effectively together to share knowledge and best practice to improve the service.
- The provider and registered manager spoke passionately about the service and the improvements that had been made and those they were wanting to make moving forward. Their vision was shared by the staff team.

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

- The provider offered opportunities for people, relatives, staff and professionals to feed back about the service through questionnaires. We saw evidence of how they had acted on feedback received.
- Although people had informal opportunities to share feedback about the service, there were not regular documented review meetings with people and their relatives. The registered manager and domiciliary manager had plans to introduce regular meetings to review what was working well for people, what could be done differently and anything they wanted to change or discuss.
- Relatives received regular updates from the service at the frequency they preferred. Some relatives preferred weekly updates and others monthly. The registered manager had only been in post a short time when we inspected but relatives spoke positively about their leadership. One relative told us, "It has definitely got a lot better, the training that is going on, seems to be more consistent staff, the routines, that stuff we have seen improvements in... I have to say it has been very great, every time we come here we have chats with the carers and regular emails from [registered manager's name] and [positive behaviour lead's name]. Communication is very good and transparent."
- Staff told us they felt supported by the registered manager and the provider. Staff confirmed they were able to speak with the registered manager, or the senior leadership team, when they needed to and felt they were accessible listened to them and were open to suggestions and ideas.
- Staff told us the registered manager worked alongside them, particularly when they were experiencing challenges.

Continuous learning and improving care; Working in partnership with others

- The registered manager had implemented champions within the service where staff were supported to develop their knowledge of a specific area of interest or role. For example, there was a medicines champion, and plans to have a visual timetable champion and a nutrition champion. Staff were able to access specific training to support them in these roles.
- Since the last inspection a service improvement plan had been implemented with oversight by the managing director. The registered manager told us they were supported to access the resources they required, and to make the changes they had identified.
- The positive behaviour lead was being supported to develop their training and knowledge. They had identified there were strategies, processes and training which would benefit people and there were plans to implement these into the service.
- The provider had accessed external resources to improve the service. For example, an external consultant had carried out independent audits and developed action plans which had been used to inform the service improvement plan.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	The provider failed to operate effective systems to assess, monitor and improve the service, monitor and mitigate risks and maintain accurate and complete records.