Swanton Care & Community Limited

Darwin Place

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
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

This inspection took place on 14 February 2018 and was unannounced.

At our last inspection in August 2017 we found the provider was in breach of five regulations: Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider failed to assess and monitor people's health care needs and this place people at risk of deterioration in their well-being. At this inspection we found action had been taken to reduce these risks. The provider also failed to ensure people received safe care and treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were found at this inspection and people were safe. The provider also failed to ensure that people were protected from abuse and improper treatment. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were noted at this inspection. We also found at the last inspection that the provider's systems failed to identify, monitor and act upon poor care and treatment and they failed to ensure people were supported by staff who had the knowledge, skills and experience to meet their needs. Improvements were noted at this inspection and people were supported by staff who were trained and knew people well.

Darwin Place 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.

Darwin Place accommodates a maximum of seven people who have a learning disability or autistic spectrum disorders. Accommodation is set up across four separate units, each of which has separate adapted facilities.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy

At the time of the inspection there were three people living at the home.

At the last inspection in August 2017, the service was rated Inadequate and was placed into special measures. Following the inspection we took urgent enforcement action to restrict any admissions to the home.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of

Special Measures.

At this inspection we found the service had improved to Requires Improvement overall with a rating of Requires Improvement in the Well-Led domain. There were no breaches of our regulations. However the provider needs to demonstrate the improvements made can be maintained consistently over time and when more people move into the home.

Since the last inspection there had been a change in manager who was yet to register with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were now supported by adequate numbers of staff who had the skills and knowledge to meet their needs. Staff knew how to protect people from the risk of harm and abuse. There were now systems in place to identify and manage risks and to protect people from harm or abuse. People received their medicines when they needed them and medicines were stored and managed in a safe way.

People were now supported by a core team of staff who knew them well. Staff had the skills and training to meet the needs of the people who lived at the home. Communication systems had improved which meant the effectiveness of people's plan of care could be reviewed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to eat well in accordance with their needs and preferences. People saw health care professionals to ensure their needs were met.

People now lived in an environment which met their needs and promoted their well-being. Staff were kind and considerate and people's right to privacy was respected. People were supported to exercise choice and control over their lives.

People now received a service which was responsive to their needs and preferences. Staff knew what was important to the people they supported and people were involved in planning and reviewing the care they received. There was a varied programme of activities which were based on people's preferences.

There were improvements in the provider's systems for monitoring the quality of service people received. However more time is needed to ensure systems can be maintained consistently over time and when more people move into the home. Staff morale had improved and staff felt supported in their role.

Further information is in the detailed findings below

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 rating has changed from Inadequate to Good

The people who lived at the home were protected from the risk of harm or abuse.

There were sufficient staff to meet people's needs in a safe way.

There were safe procedures for the management and administration of people's medicines.

Is the service effective?

Good

The rating has changed from Requires Improvement to Good

People were supported by staff who knew them well and were competent in their role.

People could see appropriate health and social care professionals to meet their specific needs.

People made decisions about their day to day lives and were cared for in line with their preferences and choices.

Is the service caring?

Good

The rating had changed from Requires Improvement to Good

People lived in an environment which promoted their well-being.

People were supported by a staff team who were kind and considerate.

People were supported to develop independent living skills and to live the life they chose.

Is the service responsive?

Good

The rating has changed from Inadequate to Good.

People received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People were supported to follow their interests and take part in social activities.

Is the service well-led?

Requires Improvement

The rating has changed from Inadequate to Requires Improvement. This is because the provider needs to demonstrate improvements can be sustained over time and as more people move to the home.

The service was well- led by a manager who was yet to registered with the Care Quality Commission.

Quality assurance systems were in place which are yet to demonstrate their effectiveness in sustaining improvements and planning on-going improvements.

The staffing structure gave clear lines of accountability and responsibility and staff received good support.

Darwin Place

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 14 February 2018 and was unannounced. It was carried out by one adult social care inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and other information we held about the service before we visited. We used this information to plan the inspection.

During our visit we spoke with two people who used the service, the manager and five care staff. We also spoke with the provider's regional director and a relative on the telephone. We also requested feedback from Healthwatch and professionals who commissioned the service prior to the inspection.

We looked at a sample of records relating to the running of the home and the care of individuals. These included the care records of three people who lived at the home. We also looked at records related to the management and administration of people's medicines, health and safety and quality assurance.

Good

Is the service safe?

Our findings

The rating for this key question has changed from Inadequate to Good.

At our inspection in August 2017 we found the provider was in breach of two regulations; Regulation 12 and Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider failed to ensure that people received safe care and treatment and failed to ensure people were fully protected from the risk of harm or abuse. This related to the management and administration of people's medicines; the management of challenging behaviours, identifying and responding to potential risks to people's safety and failure to ensure there were sufficient trained and skilled staff to meet people's needs. Following the inspection we took urgent enforcement action to restrict any admissions to the home. The provider sent us an action plan which detailed what action they would take to address the shortfalls.

At this inspection we found improvements had been made to ensure people were protected from the risk of harm or abuse. At our last inspection we found that staff were unable to meet the needs of service users who presented with behaviours that challenged and this resulted in other people at the home and staff being subjected to harm and abuse. Since that inspection two people had been reassessed and had moved to other homes as it was recognised that they were not compatible with the other people who lived at the home and their behaviours posed a risk to the other people. At this inspection we heard that this had resulted in a positive outcome for the people who currently lived at the home. Staff told us about one person who had become more relaxed and confident. A member of staff said, "[Name of person] has really come out of themselves. They feel safe now and will even fall asleep on the sofa whilst watching television which is something they would never do before. That shows how safe they feel now." We also heard about another person who lived in one of the flats. The manager told us, "[Name of person] would never come up to the main house before; but now they regularly pop up to say hello and spend time in the house. It's wonderful to see."

Following our last inspection we used our urgent enforcement powers to restrict any new admissions to the home. Prior to the manager taking up post, people had been admitted to the home without a full assessment of their needs. This had resulted in a negative impact on the people who already lived at the home and staff were unable to fully meet people's needs. Although there had been no admissions since the last inspection, the manager told us once they could admit again, the pre-admission process would be very thorough and would take into account the needs and preferences of the people living at the home.

We read the care plans for the three people who lived at the home. These contained information about behaviours which may challenge and how these should be managed by staff. At our last inspection there was insufficient information for staff and we found, due to high use of agency staff, there were inconsistencies in how staff supported people when they presented with high levels of anxiety and this had resulted in behaviours escalating. At this inspection we heard that people were now being supported by a staff team who knew them well and that agency use was minimal. Staff were very knowledgeable about the people they supported and they told us that people were more relaxed and that incidents of challenging

behaviours had greatly reduced. This was confirmed by the care plans we read.

There were sufficient staff to meet people's assessed needs in a safe way. Where people required additional staff support, such as when they accessed the community, this was provided. A member of staff said, "It's brilliant now. It's more relaxed now and we can spend so much more time with people. It's been so positive for the [people] we support." Another member of staff said, "It's really improved. Now we can do what people want when they want to do it." We observed people looked relaxed and comfortable with each other and with the staff who supported them.

Staff had received training in safeguarding adults and those we spoke with knew how to recognise and report any concerns. At our last inspection we found that when staff had reported concerns to the previous management team, they had failed to take action to ensure people were protected. They had failed to make safeguarding referrals to the local authority and had not informed us of significant events. There was now a new manager in place and staff told us they were confident that action would be taken when concerns were reported. One member of staff told us, "I recently reported a concern to [name of manager] and she dealt with it the minute I told her. She made a safeguarding referral and briefed us on what we needed to do to protect [name of person.]" Another member of staff said, "I would definitely report concerns and I know for sure [name of manager] would deal with it straight away."

At our last inspection people were placed at risk of unsafe care and treatment because medicines were not safely managed or administered. People's medicine administration records (MAR) were incomplete, there were no records of the amount of medicines held at the home and stocks of medicines did not tally with the records held. At this inspection improvements were noted. There was a safe system for the administering medicines. Medicines were delivered from the pharmacy in individual sealed 'pods' which detailed the name of the person they were prescribed for, the details of the medicines and when they should be administered. The manager explained that this system also helped people to have more independent when taking their medicines as staff could pop out the pod and hand it to the person who could then remove the seal and take their medicines. There were pre-printed MAR charts which staff had signed to confirm medicines had been administered. Records showed medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct. Staff had received training in the safe management and administration of medicines along with regular observation of their practice to ensure they remained competent. There were regular in-house and external audits of procedures to ensure they remained safe.

Each person who lived at the home had an emergency evacuation plan. These gave details about how to evacuate each person with minimal risks to people and staff. People were involved in regular fire drills which helped prepare them to know how to respond in the event of an emergency. The manager had implemented a missing person profile for each person which could be given to the police in the event of a person going missing. These profiles contained a photograph of the person as well as information about distinguishing features.

The premises were well maintained. A maintenance person was employed and regular checks were carried out to make sure the environment and equipment remained safe. Records showed that repairs had been completed without delay. There were risk assessments in place relating to health and safety and fire safety.

People were protected from the risk of the spread of infection because staff had received training in

infection control and there were systems in place to minimise this risk. The home was clean and staff had access to personal protective equipment such as disposable gloves and aprons. Sanitising hand gel and hand washing facilities were available.

Good

Is the service effective?

Our findings

The rating for this key question has improved from Requires Improvement to Good.

At our last inspection in August 2017 the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider failed to ensure that people were supported by staff who had the knowledge and experience to meet people's needs. We found people were being supported by a high number of agency staff and newly appointed staff who did not understand people's complex needs and had not had the required training to meet their needs.

Improvements were found at this inspection. Since our last inspection the number of people who lived at the home had reduced from seven to three. There had also been a change in the staffing team which meant people were now being supported by a core team of staff who knew them well. The manager told us the use of agency staff had reduced significantly and had only been used where absolutely necessary for example, to cover annual leave. Where agency staff had been used, they were always on duty with experienced staff. The current staffing structure showed that there was always a senior member of staff on duty who supported the care staff. The manager was on duty in addition to the care staff which meant they were able to monitor the care and support people received. A member of staff told us, "The rota used to be a mess. You didn't know when you were supposed to be on duty or who you would be working with. Now it's planned in advance and there is always a team leader on shift." Another member of staff said, "We have a great staff team now and haven't used agency staff for ages. This has been great for the [people] we support."

The manager told us they were currently recruiting more staff. They said, "I don't care how long it takes but I am going to make sure we get the right staff. We need to build on the great staff team we have who are totally committed." They explained all newly appointed staff would complete a thorough induction where they would be supported by and work alongside experienced staff until they got to know people and how they liked to be supported. New staff would then complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

At our previous inspection communication was poor which meant that important information about people was not effectively shared with the staff team. This meant staff did not have up to date information about the people they were supporting. Handover discussions during shift changes were not recorded and staff did not always make daily entries about people's well-being and how they had spent their day. Since the inspection the manager had introduced systems which helped to monitor the effectiveness of each person's plan of care. We saw completed daily record sheets which provided detailed information about each person, how they had spent their day and the outcome of any activity or intervention. Records also included information about a person's goals and how staff had supported them to work towards their goals. For example one person's aim was to make a hot drink without staff support. The records we read provided information about how the person had achieved this and how happy the person was. This information was used to review a person's plan of care and helped to monitor the effectiveness of their care plan.

Staff told us they received the required training to meet the needs of the people they supported. One member of staff said, "The training is brilliant and there has been so much more recently." Another member of staff told us, "I know I am up to date with all my training. [Name of manager] keeps a matrix so I always know when I am due an update. Nothing gets past [name of manager]."
Training completed by staff included health and safety topics, first aid, safeguarding adults and subjects relevant to the people who lived at the home. These included epilepsy management, autism awareness and positive behaviour support (PBS). PBS is a person-centred approach to people with a learning disability who display or at risk of displaying behaviours which challenge. It focuses on creating physical and social environments that are supportive and capable of meeting people's needs, and teaching people new skills to replace the behaviours which challenge. The care plans we read and our observations demonstrated that staff supported people in accordance with this approach.

Staff had received training about the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interests decision is made involving people who know the person well and other professionals, where relevant. Throughout our visit we observed staff sought people's consent before they assisted them and they respected their wishes. We heard staff asking people what they wanted to do and they responded quickly to any requests. One person returned to the home after being out all day and told staff they wanted some time alone to have a sleep. This was respected by staff and communicated to other staff members. A member of staff told us, "This is their home and we're here to support people to do the things they want to do."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager had an understanding of the mental capacity act and had made applications to the local authority for those people who required this level of restriction to help keep them safe.

People were supported to eat well in accordance with their needs and preferences. We were informed by the manager that the people they supported were able to choose what they ate. Each person met with staff on an individual basis to plan their menu for the week. With staff support they were able to shop for their food provisions and were involved in preparing and cooking their meals. We observed this to be the case when we visited. One person told us they were going shopping on the day of our visit and were going to buy some of their favourite items. Another person made us hot drinks and brought us biscuits each time they made a drink for themselves.

People saw health care professionals when they needed to. One person had wanted to lose weight and we saw they had been supported to visit their GP who had made a referral for a dietetic assessment. The same person told us they had recently been seen by an optician and were looking forward to collecting their new spectacles which they had chosen. People also saw professionals who supported them with behaviours that challenge. One person who lived at the home had recently been discharged from their care because of the significant improvements in their well-being.

The design and layout of the home meant, where appropriate, people had the opportunity to live a more independent lifestyle. Apart from the main house, there were three self-contained ground floor flats in the grounds.

Good

Is the service caring?

Our findings

The rating for this key question has improved from Requires Improvement to Good.

At our last inspection we found people lived in an environment which did not promote their well-being. The busy and noisy environment caused some people to become anxious and distressed. People's privacy and confidentiality was not always respected because staff conducted handover meetings in a communal area which meant people could hear what was being discussed.

At this inspection improvements were noted. There was only one person living in the main house although the two people who lived in the flats; would occasionally visit and spend time in the main house. The manager told us this was positive as they had not felt comfortable in doing this before.

The atmosphere was relaxed and happy. Both of the people we met with looked comfortable and relaxed in each other's company and with the staff who supported them. We heard laughter and friendly banter and people enjoyed interactions with staff. One person smiled and gave us the thumbs up when we asked if they were happy living at the home. They also warmly embraced a staff member and the manager when they approached them. Another person said, "I like it here very much. I like the staff." A relative told us, "[name of person] is really settled; even more so recently. I have nothing but praise for the staff and the care my [relative] receives."

Since the last inspection an office had been created in what had previously been an empty bedroom. This meant there was an area for staff to have discussions about people without being overheard. During our inspection we noted staff were careful not to make any comments about people of a personal or confidential nature within ear shot of other people.

Staff morale was good and people were supported by a caring team of staff. A member of staff told us, "It's a really happy place to work now and I know the [people who live at the home] are so much happier now." Another member of staff said, "The staff team now really want to be here and really do care. It feels like people have come back to life. They have a voice and are so much more confident. They tell us what they want to do and we do it." Another staff member said, "We're in their home and we will do whatever to make their life better."

One person was keen to show us their flat. This had been decorated and furnished in accordance with their tastes and preferences and was very personal to the individual. The person told us, "I love pink and princesses." We saw their environment certainly reflected this. Since the last inspection improvements had been made to the environment in the main house and this now provided a more relaxed, pleasant and homely environment. A member of staff said, "It's like a completely different place now. There are pictures on the wall, nice curtains and new furniture. It feels really homely now and I feel people have a really good quality of life."

People were supported to develop and maintain a level of independence. We met with one person whose

goal had been to make a hot drink independently. We heard the person was very proud that they had achieved this and when staff were talking to us about this, the person smiled, took the staff members hand and went to the kitchen to make us a cup of tea. We heard how people were supported on an individual basis to plan their meals, shop for food and prepare and cook their meals. The manager told us, "Our aim is for people in the main house to learn new skills so they can then move into one of the flats and be more independent with staff support, build on their skills which will hopefully enable them to move into the community." A relative told us, "[Name of person] has come on leaps and bounds. They are more independent and sociable. When they come home [name of person] comes into the kitchen to help me cook which is amazing."
Care plans contained profiles of people and recorded key professionals and relatives involved in their care. Care plans detailed family and friends who were important to them and provided information about people's social history, hobbies and interests. This helped staff to be knowledgeable about people's preferences and family dynamics and enabled them to be involved as they wished.

The registered provider ensured people felt valued and that their views were listened to. The service involved the people in the selection of new staff and considered their feedback as part of the recruitment procedures. The manager explained that following a formal interview, the applicant spent time with people and this enabled them to observe how the applicant interacted with people and how people responded. The manager told us they then asked a person who lived at the home for their views. They said, "When I asked [name of person] about the applicant; they gave me a thumbs down so we decided not to offer them the job. It's so important that people have a say."

Good

Is the service responsive?

Our findings

The rating for this key question has changed from Inadequate to Good.

At our inspection in August 2017 we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider failed to ensure that people received a service which based on their individual needs and preferences. The provider had failed to ensure that people were fully assessed before they moved to the home which had resulted in people's needs not being met and had not considered the needs of other people who lived at the home.

At this inspection, improvements were found. Care plans contained information about people's needs and how these should be met by staff. Care plans contained information about what was important to the person, their family, and friends and how they liked to spend their day. This helped staff to support people in a way that met their needs and respected the person's wishes.

Staff were knowledgeable about the people they supported and we heard them chatting with people about the things they enjoyed. For example a member of staff told us about one person who loved 'girly' things and loved their pamper nights. We met with the person who told us a member of staff was taking them out so they could buy some hair products. They said, "I love shopping." We heard about another person who enjoyed hydro-pool sessions. We also met with the person who told us they had packed their bag and were looking forward to their 'bubble bath.' We also heard staff chatting with people about their family, birthday celebrations and other events which they had enjoyed.

People used various forms of communication and where people had limited verbal communication staff were very knowledgeable in recognising what a person wanted. One person we met used limited speech and signs to communicate with staff. Staff knew exactly what the person was saying and engaged in a meaningful conversation with them.

Information was provided in an accessible format for the people who lived at the home. For example there were photographs of the staff on duty displayed so people would know who would be supporting them. Information around the home, such as the complaints procedure, was displayed in an easy read format. The manager was in the process of implementing a new care planning format which would be easier for people to understand and be involved in. There were simple systems in place which enabled people to summon assistance when required. An intercom system was fitted in the individual flats which meant people could speak to staff when they needed to. One person told us, "I can press this and talk to staff. It's good."

People were supported to follow their interests and take part in a range of activities, trips and holidays. These included shopping trips, swimming, discos, trips to the cinema and attendance at local colleges. We observed people were busy coming and going on the day we visited. A member of staff told us, "It's amazing now. We get to take the guys out all the time now. Every day and whenever they want."

People were encouraged and supported to develop and maintain relationships with people that mattered

to them and avoid social isolation. The people who lived at the home received regular visits from their relatives and were supported by staff to visit their relatives.

Requires Improvement

Is the service well-led?

Our findings

The rating for this key question has changed from inadequate to requires improvement. Although people now received a service which was well-led, the provider needs to ensure the improvements in place can be maintained consistently over time and when more people move into the home. The provider also needs to ensure that the manager in post applies for registration with the Care Quality Commission.

At our inspection in August 2017 we found the provider was in breach Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider's systems for monitoring and improving the quality of service people received were ineffective and failed to ensure people received safe care. The provider also failed to notify us or other authorities of significant events which had occurred in the home.

Since the last inspection there had been a change in the provider's senior management team and the manager of the home. We spoke with the regional director on the telephone who demonstrated their commitment to on-going improvements within the home. The manager was also positive about the improvements made and their on-going commitment to improving the service further. The staff we spoke with were very positive about the improvements in the home. One member of staff said, "Since [name of manager] started things have improved so much. The home feels stable and secure now and you know where you stand."

The manager described their ethos and vision for the home. They said, "I want the home to be resident led, person centred and a lovely place for people to live. I will always look for ways we can improve and will never stop. I want people to have the best life. This is their home; we are just visitors and we will always do the very best we can possibly do for them." This ethos had been adopted by staff. We observed staff supported people with the things they wanted to do when they wanted. For example one person said they wanted to go out into town and this was facilitated straight away.

At our last inspection we found systems to monitor accidents and incidents were not effective. At this inspection improvements were noted. The manager had introduced a recording system which meant that any accidents or incidents would highlight any traits or causes for concerns. This meant that any actions could be taken quickly to reduce the risk of reoccurrence. Audits for the safe management and administration of people's medicines failed to identify the shortfalls we found at our last inspection. At this inspection we found improvements had been made and effective monitoring systems were in place.

At our last inspection we found that although the provider had a comprehensive policies and procedures in place, these were not always followed by staff. For example two people were admitted to the home without full assessments of their needs or consideration about the people who lived at the home or whether there were sufficient numbers of skilled staff to meet their needs. Because we used our urgent enforcement powers following that inspection, there had not been any further admissions to the home. However it was evident that lessons had been learnt. After consultation with the staff team the manager had changed shift patterns which meant sufficient staff were available to meet people's physical and social needs and there

was more consistency for people because there were no changes of staff during the day. A member of staff told us, "The rotas are planned in advance now which is good for us and good for the [people] we support. They know who will be on duty and can choose which staff they want to support them." The manager said, "It's really been much more positive for people. Their day is not disrupted by shift change overs and it means there is more time for people to do the activities they want to do."

There was a staffing structure which gave clear lines of accountability and responsibility. In addition to the manager there were senior care workers and care workers. Staff were clear about their role and the responsibilities which came with that. Staff rotas identified who was responsible for leading the shift and which staff were allocated to support each person who used the service. There was an out of hours on-call system which ensured staff were able to seek advice and support when needed.

Staff morale was good and staff told us they received good support from the manager and their peers. One member of staff told us, "Since [name of manager] took over things have improved so much. The training and support is brilliant now. I have regular supervisions which I didn't have before and [name of manager] recognises and thanks you for what you do well." Another member of staff said, "There have been huge changes and improvements since the last inspection. I feel a lot more supported. We have a great staff team who are really supportive and the [people who live at the home] are so much happier."

Following our last inspection the provider had introduced revised systems to monitor the quality of the service provided. Whilst these had been effective in addressing the shortfalls found at that inspection; more time is needed to demonstrate that systems are effective in continually monitoring the quality of the service and drive further improvements.

There was now a culture which promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Care staff were honest and open; they were encouraged to raise any issues and put forward ideas and suggestions for improvements. A member of staff said, "We all work as a team now and [name of manager] takes very opportunity in telling us to discuss any concerns. I would go to her straight away. [Name of manager] knows what's going on and she deals with things quickly and professionally."

At our last inspection we found the provider had not notified us of significant events which had occurred in line with their legal responsibilities. At this inspection the manager was very clear about their responsibilities and records showed they had informed us of reportable events which had occurred in the home. The manager had worked in partnership with commissioners and the local authority to improve the lives of the people who lived at the home. For example where concerns were identified, the manager had worked in partnership with the local authority safeguarding team to ensure people were protected. Where there had been concerns about the compatibility and behaviours of people who lived at the home, the manager had liaised with people's relatives and commissioners to ensure people were reassessed and moved to other placements which could better meet their needs.

In accordance with their legal responsibilities, the provider had conspicuously displayed their previous inspection rating both in the home and on their website.