

Precious Homes Limited

Elderberry Mews and Mulberry Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Precious Homes Limited provides personal care to people in their own homes within a supported living setting in 18 self-contained flats. The flats are split into two units known as Elderberry Mews and Mulberry Court. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service provides personal care to younger adults who have learning disabilities, autistic spectrum disorders or mental health needs. At the time of the inspection there were four people receiving personal care at the service.

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.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support. People did not consistently receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

At this inspection in December 2019 we found some improvements had been made and people were now supported by a regular staff team with the use of agency staff reduced to a minimum. A new management team was also in place and a new management structure had been introduced by the provider to provide greater support to the individual units across the provider organisation.

However, we found that further improvements were required. At our last inspection we found the provider's systems and processes were not always effective to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found although some improvements had been made, further improvements were required to ensure all provider systems are fully embedded to support the continued development of the service. The provider remains in breach of regulation 17.

We found we found that the systems to monitor and maintain a managerial overview of the service were ineffective. There was no evidence of care plan audits; therefore, the provider processes had failed to identify that when a specific incident had occurred, care records had not been reviewed to ensure that appropriate guidance for staff was in place to mitigate the risk of the incident occurring again.

Provider processes had failed to identify that staff had not received the training required to meet the needs of the service users they supported, and the provider's staff supervision matrix showed supervisions and

probation reviews had not been carried out in line the providers stated timescales.

The provider had made a number of changes to strengthen the management team of the service. Staff said the service and the care provided had improved since the last inspection and they felt listened to and that management team were approachable and supportive.

Staff had training in safeguarding people from abuse and understood the different types of abuse people may be subject to. Since the last inspection the provider had completed a monthly report for all incidents which was reviewed by the provider's operational manager.

Staffing had improved, and people were now supported by a core staff team. However, specialist training was required to support people who were living with very complex care needs. For example, specialist training to support people who may be at risk of self-harming or training to support people with anxiety disorders or depression.

People had developed good relationships with the staff that supported them. People were privacy was respected and staff promoted people's independence.

People were supported to have choice and control over their care and to receive care in their preferred way. Information was available to people in different formats. Staff supported people with their individual communication systems to share information.

Relatives told us they felt involved in people's care and were able to raise any concerns they may have and overall, they felt the management team were responsive to concerns.

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

Rating at last inspection.

The last rating for this service was Inadequate (inspection date 8 and 9 August 2019). There were breaches of regulation and a warning notice was issued to the provider stating governance arrangements needed to improve. 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. The provider was no longer in breach of two regulations, but further improvements were required in the management of the service and provider processes need to continue to be embedded into the services' routine practices. The service remains in breach of regulation 17 Good Governance.

Why we inspected.

This was a comprehensive inspection based on the enforcement actions taken following the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elderberry Mews and Mulberry Court on our website at www.cqc.org.uk.

Enforcement

We have identified a continued breach of regulation in relation to good governance arrangements for monitoring the care provided at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is

added to reports after any representations and appeals have been concluded.

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our effective findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our effective findings below.

Requires Improvement ●

Elderberry Mews and Mulberry Court

Detailed findings

Background to this 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

The inspection was carried out by two inspectors on 10 December 2019 and one inspector on the 11 December 2019.

Service and service type

This service provides care and support to people living in 18 supported living' flats, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At the time of the inspection the service did not have a manager registered with the Care Quality Commission. A registered manager 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

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people and staff available to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection including information submitted by the provider. The provider was not asked to complete a provider information return prior to

this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service from the Local Authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We met one of the four people who lived at the service and we spoke with two relatives, seven support workers, one senior carer, two managers and two deputy managers. We also spoke to an operations manager and the chief executive officer. We reviewed a range of records included four people's care records, medication records, incident reports, one staff file, staff training records and a variety of records relating to the management of the service. We contacted three healthcare professionals who supported people living at the service.

After the inspection

Following our inspection, we continued to seek clarification from the provider to validate evidence found. We also sought further feedback from commissioners of the service.

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 inadequate. At this inspection this key question has now improved 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.

At our last inspection the provider had failed to ensure people received their medicines safely which left people at risk of harm and failed to operate systems effectively to protect people from abuse or improper treatment. This was a breach of Regulation 12 and Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 and 13.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- We found that where incidents had occurred care records had not always been reviewed to ensure that appropriate guidance for staff was in place to mitigate the risk of the incident occurring again. For example, after one incident it was recommended that the person's footwear was checked to promote their stability. This was not recorded in their care plan to provide staff with the guidance they needed to ensure that the person was wearing appropriate footwear to promote their safety. For a second person, an incident had been recorded around meal times. The incident form recorded guidance for staff, but the care record had not been updated to reflect this advice. It is important that paperwork reflects people's current needs and risk to ensure a consistency of approach from staff.
- Two healthcare professionals we spoke with felt there needed to be some improvements to ensure people were kept safe. One healthcare professional commented, "We were not satisfied with the care provided especially around the management of challenging behaviours and incidents. The "keeping safe" documentation does not match the information held in the positive behaviour support (PBS) record." The people using the service have complex behaviours that can challenge staff need clear guidance to provide consistent support people to manage their behaviours.
- Relatives we spoke with said they felt people were safe. One relative told us when there was a safeguarding incident involving their family member, "[Staff] dealt with immediately. They responded the right way and promptly."
- We saw for each incident at the service a report had been completed which gave details of the incident and actions taken in response, including raising a safeguarding alert with the local authority where appropriate. We spoke to one relative who detailed how following an incident they would meet with staff to discuss learning and actions to be taken.
- At the last inspection we found there had been a significant number of incidents. The provider had reviewed these incidents and their analysis of incidents concluded that not all staff had been trained in the management of actual or potential aggression (MAPA). This is a range of techniques used where people may display behaviour that could be described as challenging. It is designed to help staff keep people safe. Since the last inspection all staff had received MAPA training.
- The staff we spoke with had training in safeguarding people from abuse and understood the different

types of abuse people may be subject to. All staff said the new management team was responsive to concerns and they felt confident action would be taken in response. One member of staff told us when they had reason to raise concerns the provider had taken prompt action in response.

- Since the last inspection the provider had completed a monthly report for all incidents which was reviewed by the provider's operational manager.
- Staff also advised us that after incidents staff would also hold a meeting to discuss the incident and any learning. This was confirmed by one relative who told us they had been involved in these meetings too.

Staffing and recruitment

- At the last inspection we found service did not always provide enough staff that have the right mix of skills, competence or experience to support people to stay safe and people had been at increased risk of harm from ineffective deployment of staff. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Following the inspection, the provider took action to transfer experienced staff from the providers other services to work at the Elderberry Mews and Mulberry Court.
- At this inspection we found improvements had been made. The staffing team had been split into two separate teams with each team supporting one unit. This had enabled a more stable staff team to support each person and a continuity of care which is important to the people being supported.
- Staff rotas showed the minimal use of agency staff and consideration had been given when planning the rotas to ensure a balanced mixture of experienced and new staff. The rotas were kept under regular review to make sure that people received consistent support. The deputy manager said, "Previously staff weren't happy to do overtime; they are okay to pick up extra shifts now because they are happy."
- Relatives confirmed that people were now supported by a more stable staff team. One relative said, "We had hit rock bottom [with] too many different staff - staffing is more settle now." A second relative also commented, "There is now a core team for [person's name]."
- All staff we spoke with advised us that staffing was much improved. One member of staff said, "There's been a turnover of staff..... new staff are much better. Very little agency staff used now. Team of regular staff. New management here now promote mixture of experienced and new staff being used."
- One relative and two healthcare professionals raised concerns about the potential impact on staffing when future admissions were made as currently there are only four people living at the service and there remained a number of empty flats. We discussed this with the provider they advised a transition toolkit had been developed with a section that prompts the manager assess training needs to meet the person's need so that training can be sourced where required. We were advised any larger packages of care requiring a high level of support will also now have to be agreed by the operations manager. to ensure the right staff and skills were in place.

Using medicines safely

- At the last inspection we found medicines were not managed or administered appropriately to make sure people were safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.
- At this inspection we found improvements had been made. The provider had put record of a daily count of medicines in place, this would ensure that any errors would be identified. One member of staff commented, "Medicine is checked and counted. [The system is] much better."
- We saw since the last inspection where a medication error had been identified the provider had taken action, including seeking healthcare professional advice and notifying the local authority.
- A medication audit was also completed to ensure the administration of medicines was recorded correctly and PRN (as required medication) protocols were in place to guide staff on when this medication could be used.
- Where one person's medication had been reduced by healthcare professionals, staff had a plan in place to

monitor and support this.

Preventing and controlling infection

- Staff told us a good supply of personal protective equipment for use when supporting people with aspects of their care.

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection the registered provider had failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced persons to meet people's care and treatment needs. This was a breach of regulation 18 (Staffing) 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.

Staff support: induction, training, skills and experience

- At the last inspection we found staff did not all have experience, training or skills to support people who had complex needs including a learning disability and autism. At this inspection we found some improvements had been made. For example, all staff had now received Management of Actual or Potential Aggression (MAPA) training and staff told us this had improved their confidence in this area.
- However, all healthcare professionals and relatives we spoke with felt more specialist training was required to support people who were living with very complex care needs. For example, specialist training to support people who may be at risk of self-harming or training to support people with anxiety disorders or depression.
- Staff spoke positively about the training that they had completed, but several also commented that further training was required. One member of staff said, "More training is needed for staff about people's behaviours for example, self-harm."
- We asked the provider about this, they advised that an internal training team was available to deliver bespoke training courses and the training programme for the next 12 months was currently being planned. They advised that the manager could request training for inclusion on the programme. Both managers said they would discuss specialist training with their operations manager immediately following the inspection.
- Several staff told us although they felt supported by the new management team they had not received regular supervision in which to reflect on their practice. Supervision records showed that probation reviews and supervision meetings had not been completed in line with the providers procedures. This is especially important as some of the staff we spoke with are new to care, with no previous experience in the role they were employed for.
- We spoke with the provider about this and they advised that they had appointed three more trainers (one in each of the provider's three geographical areas) to roll out training programmes quicker. This was in recognition that staff training was needed in a more timely way.

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

- At the last inspection we found pre-admission assessments had not been effective in ensuring that

systems were in place to meet people's needs upon admission to the service. At this inspection the provider advised the assessment tool had been amended to capture further information and also link to staff training. A new transition process had also been put in place which requires regular reviews which will be carried out the providers operations manager.

- Whilst we saw that new processes were in place we could not comment on the effectiveness of these as there were no new placements at the service at the time of this inspection.

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

- We asked staff how they promoted people's eating and drinking. Staff were able to identify people's dietary needs and the support they needed. For example, their preferences of what to eat and how they liked their meals to be presented.
- One person had their drink options on a choice board in their kitchen to support them in communicating their choice of drink.

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

- We saw examples of where healthcare input was sought to was sought in support of people's wellbeing, for example, one person had been supported to access dental care.
- Records showed people had access to other specialist healthcare professionals including mental health teams and social work teams.
- People had health action plans identifying their health needs which provided information about how a person should be supported when receiving health treatment.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff sought people's consent and accepted their refusals. For example, knocking on people's door before entering and one person was asked if they wanted to meet with the inspector.
- People were assisted to make their own decisions using their communication systems. For example, what activity they wanted to do and what meals they wanted.
- We saw records were maintained where the local authority had applied for authorisation to the Court of Protection where it had been considered people were deprived of their liberty.

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 requires improvement. At this inspection this key question has now improved 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

- Since the last inspection changes had been made to provide people with a more stable staff team so they received care from people they were familiar with which was important to people.
- People had developed good relationships with the staff that supported them. One relative said, "On Fridays they have a takeaway night - sense of family life."
- One healthcare professional we spoke gave positive feedback about the staff and said, "There was a core staff team to support [person's name] and they developed good relationships with staff especially [manager's name]."
- Staff spoke positive about the people they supported and told us they enjoyed working there. One member of staff said, "It's the best job I've ever. I love the people I support - they are great and it's great to see them doing things."

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

- An initial assessment was completed with people and the information used to complete the persons care plan. There were records of meetings with relatives and healthcare professionals who knew people well so that care plans could be discussed and agreed. One relative said, "[Staff] ask my advice to work together. I feel very part of what is going on now."
- There was evidence of developing and using people's communication aids such as social stories, pictures and symbols. For example, we saw the use of a picture board and been agreed for one person. A board had been purchased but the person did not like it. In response staff had involved the person in choosing a new board which was delivered on the day of the inspection.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain or develop their independence skills by completing tasks such as helping to prepare their breakfast or doing household chores. One relative said, "[Staff] encourage [person's name] independence - some staff more than others. The key worker has high expectations of them." One healthcare professional also commented that living independently was very important to the person they supported. They added, "This placement gave them that opportunity, they [staff] supported his independence."
- People's privacy was respected. For example, care plans identified when people might be expressing their wish to be alone and staff told us how they respected this.
- People were supported to maintain relationships with people who were important to them. Care plans provided guidance to staff about individual people's arrangements such as how they contacted family

members and one relative told us how their family member had been supported to meet another resident who they had become friends with.

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 requires improvement. At this inspection this key question has improved to good.

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

- Staff told us that the management team were responsive in supporting people's staffing preferences. One member of staff said, "I'm key worker for [persons' name] and it works well. I don't work with [person's name] because they didn't respond to me. I still see them when they ask to see me, but I don't work with them."
- People and relatives were involved in developing care plans. We saw these included information as to how people wished to receive their support and in identifying people's preferences.
- Staff told us information was shared by the staff team to meet people's needs. One member of staff said, "We share knowledge [and are] always looking for new ways of doing things."

Meeting people's communication needs

- Staff understood the Accessible Information Standard which requires providers to meet people's communication needs. People's communication needs were identified, recorded and highlighted in care plans. Staff supported people with their individual communication systems to share information. Easy read and pictorial documentation to help people understand written information was available.
- Since the last inspection staff told us they had received specific training on the communication used by one person.

Improving care quality in response to complaints or concerns:

- The provider had a complaints policy and procedure in place. The service had received one written complaint since the last inspection, which we saw had been logged and a record made of the actions taken in response. We saw that the complainant had written an acknowledgement stating, "[We] would like to thank [deputy manager's name] and the staff for the work and support they have put in at this stage."
- Relatives told us they felt able to raise any concerns they may have and overall, they felt the management team were responsive to concerns. One relative commented, "They are now responsive, but I feel there should be management cover at evenings and weekend." We spoke to the manager about this and they advised going forward a deputy would be on rota each weekend a floating manager would be available to lend support if this was required.

End of life care and support:

- People using this service are younger adults. Care records showed that people and their relatives had not yet been asked about their wishes at the end of their life. We discussed this with the two new managers and they advised they would address this in future meetings.

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 inadequate. At this inspection this key question is now 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.

At our last inspection we found the provider's systems and processes were not always effective to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found although some improvements had been made, further improvements were required to ensure all provider systems are fully embedded to support the continued development of the service. The provider remains in breach of regulation 17.

Continuous learning and improving care

- Since the last inspection in August 2019, we found some improvements but not all areas requiring improvement at the last inspection had been addressed.
- At this inspection we found there was no evidence of care plan audits; therefore, the provider processes had failed to identify that when a specific incident had occurred, care records had not been reviewed to ensure that appropriate guidance for staff was in place to mitigate the risk of the incident occurring again. For example, we found some care plans had not been reviewed regularly, for two people care plans that had not been reviewed since 28 August 2019. We noted that the provider had put a 'registered manager audit' in place across the whole organisation; which included an audit of care plans. However, this had not been completed Elderberry Mews and Mulberry Court at the time of our inspection.
- A full oversight of incidents was not in place. A provider incident analysis report was in place which looked at the number and type of incidents over a given period, however this did not capture actions taken in response, for example, if the care plan had been updated to reflect the incident and actions taken to mitigate the risk of the incident occurring again.
- Provider processes had failed to identify care plans were not consistently in place to provide staff with guidance about how to meet the service user's individual needs. For example, one person had a diagnosis of anxiety and depression. There was no care plan in place to guide staff how to meet the person's needs or give guidance to staff about the signs of the person's mental health deteriorating or relapsing.
- Provider processes had failed to identify that staff had not received the training required to meet the needs of the service users they supported. For example, there was no evidence of staff receiving specific training on managing and preventing self-harm or anxiety disorders despite some service users having these needs.
- The staff supervision matrix showed supervisions and probation reviews had not been carried out in line with the providers stated timescales. We noted that all staff we spoke with said they felt supported and could ask for advice outside a formal supervision setting. This shortfall in supervision was acknowledged by the provider and we were advised that supervisions are now scheduled for all staff.

- We found that the systems to monitor and maintain a managerial overview of the service were ineffective. Although they were new in post it was noted that the two managers and two deputy managers based at Elderberry Mews and Mulberry Court had not received training on the use of the electronic recording systems in operation; this meant that they were unable to access the full range of management reports at the time of the inspection. Until this training is completed the management team will not be able to access a full oversight of the service.
- Health professionals we spoke with felt the service was responsive but could improve to be more proactive. One healthcare professional commented, "[There is a] lack of auditing, learning from incidents."

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection the provider had made a number of changes to strengthen the management team of the service. For example, at the last inspection there was one manager in place. The provider had now appointed two managers and two deputy managers, all of whom were new in post at the time of this inspection. The provider had put support in place and an operations manager was in place to support the new management team.
- The provider was open to the findings of the inspection and acknowledged that further improvement was required and that further changes in process. The provider commented, "We are not fully there yet but we have made considerable improvements.some of these [changes] are long term."
- The provider was also in the process of appointing Intensive Support team (IST) leaders who will support the service when people's needs change. The provider advised they will work with staff team to understand and change staff team techniques. This was in recognition that as people's care needs changed, their care and support would benefit from support and training for staff in a more timely way.
- Relatives spoke positively of the new managers. One relative said, "[Manager's name] is fabulous; very likeable. Listens to you. Works things out with you. They have witnessed how I work with [family member's name] and it has worked, they have passed this onto staff." Another relative said they felt the new manager had the right skills to make change.
- All staff we spoke with said the service and the care provided had improved greatly since the last inspection. One member of staff said, "Things have 100% improved since last inspection." Another member of staff said, "Its improved ten-fold since last inspection."
- Staff said they felt valued. One member of staff said, "Just simple thing of getting a thank you. Wasn't recognised before." We also saw that one member of staff had recently won a 'Shining star' award at the providers staff awards evening.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff told us under the new management team they felt listened to and that management team were approachable and supportive. Staff said they felt supported in their roles. One member of staff said, "[Manager's name] listens. Very professional. Always answered my phone calls - makes me feel supported. Always someone there to answer me."

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

- One relative we spoke with expressed disappointment that the service had not had more people in to develop a better sense of community. Currently there were no residents' meetings, but one manager said this was something that would be developed as more people moved into the service.
- Staff told us regular staff meetings were held to share information and provide an opportunity for staff to

feedback their views and suggestions. One member of staff said, "[There are] regular team meetings to share knowledge...I like we are listened to."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There was a clear staffing structure and staff were clear on their role and who to report any comments or concerns to. One member of staff said, "Everyone now more comfortable to chat to managers." All staff said they were happy to raise any concerns and they were assured action would be taken in response.

Working in partnership with others

- We saw that staff meet with healthcare professionals to review and support people's care.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Provider's systems and processes were not always effective to assess, monitor and improve the quality and safety of the service.

The enforcement action we took:

We imposed a condition on the providers registration.