

Heathcotes Care Limited

# Heathcotes Enright View

## Inspection report

1-3 Enright Close  
Newark  
NG24 4EB

Tel: 01636707211

Date of inspection visit:  
16 July 2019  
17 July 2019

Date of publication:  
13 September 2019

### 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:

We conducted an unannounced inspection at Heathcotes Enright View on 16 and 17 July 2019. The service consisted of one bungalow for four people and three individual apartments in another building. People living at the service had a learning disability and or autism and complex mental health needs. At the time of the inspection, two people were living at the service. Within the same grounds the provider had a second registered location Heathcotes Enright Lodge that provided the same service and could accommodate six people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service:

Improvements had been made and were ongoing, in how people's safety needs were assessed and managed. Staff skills and competency had improved in managing incidents where people became highly anxious, and their behaviour became a risk to themselves and others. However, not all staff were confident and there continued to be a high turnover of staff.

Where safeguarding incidents had occurred, the provider had used their safeguarding and staff disciplinary procedures to reduce further risks. The management team had also worked with external agencies, responsible for completing safeguarding investigations.

Improvements had been made to how incidents were managed. This included more robust ways of involving people and staff, with an emphasis on how lessons could be learnt. Staff had received additional training in positive behavioural support. Least restrictive practice in the care and support people received had improved. The management team were working more effectively and being supported by external health and social care professionals.

Whilst improvements had been made to staff recruitment procedures and induction, concerns were identified regarding the transfer of staff internally from the provider's other organisations. Staff training, and support had improved and whilst staff were positive about these improvements, staff morale was generally low. Staff expressed concerns about not being fairly treated and valued.

People received their prescribed medicines safely and when they needed. However, some minor inconsistencies were found in how national best practice guidance was followed. The environment met people's needs and safety. Improvements had been made to safety of the environment and premises. The service was clean and infection control practice was understood and followed.

People received sufficient amounts to eat and drink. People were involved in menu planning and independence was promoted. However, food stocks were low and repeated concerns were raised about the availability of food. Following our inspection, the provider took action to make improvements.

People are 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 with any health conditions and accessed health services to maintain their health needs.

People were positive about the staff who supported them. Positive engagement was seen between staff and people who used the service, where independence and choice were promoted, encouraged and respected. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Support plans that provided staff with guidance of how to meet people's needs had improved. However, improvements were required to ensure guidance for staff was sufficiently detailed and up to date.

People received opportunities to pursue interests and hobbies, including social activities and inclusion. People were involved in discussions and decisions about their care as fully as possible.

The provider had an ongoing action plan that confirmed what action had been completed to make improvements with targets for future work. The inspection found improvements and the breaches in legal requirements had been met. However, improvements had been slow in progression and the majority had been completed within a few months prior to this inspection. It was clear more time was required for further improvements to be made and those developed, to fully be embedded and sustained.

Rating at last inspection:

At the last inspection the service was rated Inadequate (published 5 January 2019) and there were multiple 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 improvements had been made and the provider was no longer in breach of regulations.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Why we inspected:

This was a planned inspection based on the rating of the last inspection. This service has been in Special Measures since December 2018. 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.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our safe findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

**Requires Improvement** ●

# Heathcotes Enright View

## Detailed findings

### Background to this inspection

#### The 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, to look at concerns we received about the safety of the service and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was undertaken by one inspector and an assistant inspector.

#### Service and service type:

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

Heathcotes Enright View was developed in response to the national 'Transforming Care' agenda, which aims to improve health and social care services so that more people with a learning disability can live in the community.

Since the last inspection, a regional manager for the provider had become the registered manager, until a new permanent registered manager was appointed. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This comprehensive inspection was unannounced.

#### What we did:

Before our inspection, we reviewed information we held about the service. This included the last inspection report, information received from local health and social care organisations, including the local clinical commissioning group (CCG) and transforming care team and statutory notifications. A notification is

information about important events, which the provider is required to send us by law, such as, allegations of abuse and serious injuries. We used the information the provider had shared in the Provider Information Return (PIR). This is information we require providers to send us to give key information about the service. We used all this information to help us to plan the inspection.

During our inspection, we spoke with one person who lived at the service and two visiting health care professionals. We spoke with the registered manager and home manager, we spoke with 17 support workers who worked at Heathcotes Enright View and the provider's other service that was on the same site, and inspected at the same time. To help us assess how people's care needs were being met we reviewed all, or part of, two people's care records and other information, for example their risk assessments. We also looked at the medicines records of two people, four staff recruitment files and a range of records relating to the running of the service. We carried out general observations of care and support and looked at the interactions between staff and people who used the service.

After our inspection visit, we received further feedback from five external professionals. We also asked the management team to send us a copy of various records, this included staff training, audits and current action plan. These were received within the timescales requested and were reviewed as part of the inspection.

# 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.

### Staffing and recruitment

At our last inspection, the provider had failed to deploy sufficient numbers of staff who were sufficiently skilled, competent, trained and supported. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- There were sufficient staff available to meet people's needs. Consideration of staff skills and competency was considered. The management team told us how three staff teams had been developed. These were continually being reviewed, as additional staff were recruited, to optimise staff skill mix. During the inspection we saw people received the level of staff support they had been assessed as required.
- There continued to be a high turn over of staff. This was due to either staff not meeting their probation, fulfilling their responsibilities or they resigned for personal reasons. The frequency of staff changes had impacted at times, on people receiving consistent care.
- Staff were positive that staffing levels had improved, and the development of the staff teams had provided some consistency. However, not all staff felt confident in caring for people who could display challenging behaviour.
- Prior to our inspection, we were aware staff recruitment procedures, had not been consistently robust. Whilst improvements had been made, we were concerned how staff who had transferred from other services within the organisation, had not had pre-employment checks reviewed. We discussed this with the management team and immediate action was taken to address this.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This included safely supporting people in managing behaviours that could be challenging to the person and others. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

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At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Support plans and risk assessments associated with people's care needs were found to provide staff with improved guidance. At the last inspection, these documents were reviewed three monthly, these were now being reviewed monthly and this ensured staff had up to date information. Staff were knowledgeable about people's support needs, including the strategies used to manage behaviours that could be challenging.
- A person told us how they had been involved in discussions and plans in how risks with their behaviour was managed. This person's incident records showed the use of physical intervention had reduced in recent months. The management team and external professionals attributed this to staff developing better understanding in managing behaviours, working closely with external agencies and good use of positive behavioural strategies.
- The internal and external environment met people's safety needs. Repairs and maintenance were responded to in an effective and timely manner. There were ongoing checks of the environment and premises, including fire risk to ensure health and safety standards were being maintained.
- Action was taken to learn from incidents. Improvements had been made to the incident forms. Information recorded was more detailed and enabled better analysis to understand and consider themes and patterns. Incidents were also recorded electronically, allowing senior managers to review and have oversight of the frequency and type of incident and the action of staff. There was better sharing of information with external professionals and joint working in how challenging and complex behaviours were managed.

### Using medicines safely

At our last inspection, the provider had failed to robustly ensure people received their prescribed medicines and nationally recognised good practice was not followed. This was a further breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Where medicine errors had occurred the management team had taken action to safeguard the person. Staff were provided with additional training and staff disciplinary action was taken if required. Whilst staff were on the whole following safe protocols for the receipt, storage, administration and disposal of medicines, there were some minor inconsistencies. For example, a person who had prescribed cream did not have a body map to show staff where the cream needed to be applied, another person did have a body map for their prescribed cream. Some medicines were dated when opened and others not.
- Staff had guidance about people's preference of how they took their medicines, including information about any known allergies and medicines prescribed to be taken 'as required'. Staff told us they had completed training in medicines management and administration. They also had competency assessments completed to check they followed national best practice guidance.
- People told us they received their medicines at regular times. We saw a staff member support a person with their medicines and best practice was followed such as remaining with the person until the person had



taken their medicine.

#### Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise and protect people from the risk of abuse and avoidable harm. Staff had received safeguarding training and had access to the provider's policies and procedures. A staff member told us how they had used the provider's whistle blowing procedure, to report unsafe staff practice and how this had led into a safeguarding investigation by external agencies.
- Prior to our inspection, we were aware of action the management team had taken when safeguarding allegations or suspicions had been identified or reported. The management team had worked with external agencies to investigate safeguarding concerns and used their staff disciplinary procedures when required.
- The provider's safeguarding policy and procedure was available and presented to people who used the service in easy read and discussed with them on an ongoing basis. People confirmed safeguarding was discussed with them.

#### Preventing and controlling infection

- The service was clean and well maintained. Staff had received training in infection prevention and control and how to prevent the spread of infection.

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

Staff support: induction, training, skills and experience

At our last inspection, the provider had failed to ensure staff received a robust induction, training and ongoing support. This was a further breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18

- Improvements had been made to the induction of new staff. Staff told us they completed training and shadowed experienced staff, before being deployed to work with people independently. Staff were positive about the training they had received and told us support had also improved. A staff member said, "Training has got better more, it's more frequent, I'm up to date with it. We have monthly supervisions, we get praise and recognition and constructive criticism." The provider's training plan showed staff training was at 90 percent compliant and staff supervision had increased and was on target to meet the provider's expected frequency. The management told us how staff's competency was continually assessed by formal and informal observations and discussions with staff.
- Improvements had been made to staff handover meetings and an additional morning meeting with the management team including shift leaders, had been introduced to enhance communication. Staff were positive these changes were having a positive impact but felt this was currently working progress. We observed both a staff handover and management team morning meeting. These were recorded and covered topics such as health and safety, appointments and actions that required following up.
- Feedback from external professionals about communication amongst staff and with them, told us whilst improvements had been made, this continued to be problematic at times. This was in relation to staff being aware of changes to people's needs and staff taking action in recommendations in a timely manner.

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

At our last inspection, the provider had failed to consistently assess where required, people's mental capacity to consent to specific decisions about their care. This was a breach of regulation 11 (consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach

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.

- Improvements had been made in assessing people's mental capacity to consent to specific decisions. One person had capacity assessments completed where required and best interest decisions recorded, showed how and who had been involved. Where restrictions were in place these had been authorised under DoLS. Where conditions had been attached to authorisations these were being met. However, the management team were in the process of implementing a tracker to monitor authorisations expiry dates and conditions to improve how these were monitored.
- The registered manager was in the process of completing another person's capacity assessments, due to this person's fluctuating capacity being dependent on their mental health. However, their reluctance to engage had impacted on this being completed.

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

At our last inspection the provider had failed ensure people's health care needs were being met. This was a further breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- On the whole health needs and appointments were recorded, but some inconsistencies were identified. For example, a person's care records showed they had an asthma review in July 2019 with the GP, but there was nothing to record the outcome of this review. An external professional gave positive feedback about how staff had supported a person with a health condition.
- One person's support plan for mental health needs, lacked guidance for staff about the action required if the person's mental health deteriorated. We discussed this with the registered manager who agreed to review this support plan to ensure staff had sufficient guidance.

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

- Whilst people told us they were happy with the choice of meals and drinks and care records confirmed people had sufficient to eat and drink. A repeated concern by staff was how food stocks were consistently low and the food budget for people was insufficient to meet their needs and choices. We found food stocks were low and this was a repeated concern from our last inspection. We discussed this with the registered manager. Following our inspection, we received information confirming the food budget had increased. This was also confirmed by the CCG who had visited the service since our inspection.
- People's nutritional needs and preferences, including any religious or cultural needs in relation to their diet, had been assessed and planned for. Staff were knowledgeable about people's individual support needs.

- Staff told us how they encouraged healthy eating. People's weight was monitored to enable staff to refer to the GP, if concerns were identified with weight loss or gain. A person told us how staff supported them to lose weight and they had achieved this by eating healthy and exercise.

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

- There was an increase in partnership working with external professionals. Whilst feedback from external professionals raised some concerns, all professionals agreed positive improvements had been made and were ongoing. The registered manager provided external professionals with a monthly update on people's needs and involved them earlier if support and assistance was required in meeting people's care needs.
- People had an 'NHS Hospital Traffic Light Assessment' that was used in the event of an emergency admission to hospital. This shared information with others about the person's ongoing care needs and health information.

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

- The internal and external environment had been developed and designed to meet people's complex behavioural needs and safety. At the time of our inspection for the two people living at the service, their individual needs were met.
- People's bedroom or apartment were personalised to their individual tastes and needs. A person who had moved from the communal bungalow to an apartment, told us they were very happy they had their own space and how it met their needs.

# 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. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

During our last inspection, the high use of agency staff and insufficient staff training, and support had a negative impact on people. At this inspection we found improvements had been made.

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

- The use of agency staff was not happening because permanent staff had been and were continuing to be recruited. This was to develop a bank of permanent staff.
- There was a core group of staff who knew people well and all staff spoken with, were positive about the people they cared for, demonstrating an understanding and interest in people's care and welfare needs. A staff member said, "We've had recent staff leave but it does not have an impact on the care we provide." Another staff member said, "I think the people are amazing I like to see people as equals, it's like being with a friend, I really like to promote [name of person's] independence."
- An external professional gave positive feedback about how staff supported a person more effectively with their anxiety and behaviours. This had resulted in less behavioural incidents. This person confirmed they were happy with the staff who supported them.
- We observed positive interaction of staff with people. From how people responded to staff with jovial exchanges, smiles and laughter they were relaxed and comfortable with staff.

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

- People were involved in their care as fully as possible. A person told us how they did not like living in the shared accommodation on site and was given the opportunity to move into a single apartment within the service. They told us how pleased they were, and this had made a positive difference to them.
- A person gave an example of how they had developed a specific plan with staff and external professionals in managing a behaviour they could present with. These examples of involvement in the person's care had a positive impact and outcome for them.
- People were given the opportunity to discuss their support plans with staff each month. In addition, people also met with staff on a regular basis to discuss any specific goals they wanted to achieve. Person centred plans confirmed people had received opportunities to discuss and plan activities they wished to pursue.
- Independent advocacy information had been made available for people. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. Examples were given how people were being supported with advocates.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. There was a clear focus on promoting people's independence. This was evident by people's support plans that gave staff guidance about how to support and develop people's independence. Staff understood the importance of promoting independence. A staff member said, "Since [name of person] has moved to their own apartment they've been cooking and cleaning more than before." Another staff member said, "We constantly encourage people to make choices, take control of what and when they want to do things as much as possible."
- The provider recognised people's diversity and, they had policies which highlighted the importance of treating everyone as individuals. People told us staff respected their privacy and dignity and we saw positive staff interactions with people. Staff were polite, sensitive, and whilst people needed monitoring for their safety and welfare, staff were sensitive and discreet. People told us staff respected their privacy and dignity and we saw positive staff interactions with people. Staff were polite, sensitive, and whilst people needed monitoring for their safety and welfare, staff were sensitive and discreet.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely maintaining the confidentiality of the information recorded.
- There were no restrictions on when people received visitors.

# 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. 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

- People received personalised care and support, specific to their individual diverse needs and preferences. Improvements had been made and were ongoing, in how people's support plans were updated to ensure staff had correct and up to date guidance. External professionals were more involved in supporting the management team in ensuring staff had the information they required to support people and provide a responsive service.
- Whilst no new placements had been made at the service, we were aware of the action taken by the management team to facilitate a person back to the service from hospital. This included a reassessment, working effectively with external professionals and ensuring staff had the right skills and the environment met the person's needs. This showed a person centred and inclusive approach to care and support.
- We received a mixed response from external professionals about well people's needs were being made. Whilst professionals were in agreement improvements had been made, concerns were raised about the length of time it was taking to see this.
- Staff were positive about the improvements at the service and confirmed information and guidance was more detailed and was being kept up to date. A staff member said, "Paper worker better -detailed." Another staff member said, "The manager makes sure that everyone knows if the care plan has been updated. There has been a big improvement in communication."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication and sensory needs had been assessed and staff had detailed guidance of people's communication preferences. We saw staff used effective and communication and listening skills with people.
- Information had been made available for people such as the provider's service user guide and complaint procedure in easy read.

Supporting people to develop and maintain relationships to avoid social isolation

- People received opportunities to pursue activities, interests and hobbies. This included accessing their local and wider community and recreational facilities. A person who used the service told us how they, if they wanted to, went out daily. This included going shopping and walks and visiting places of interest.

- People's willingness to engage in activities varied dependent on their mood. Care records confirmed people received regular opportunities to participate in activities and how choices were offered.
- During the inspection, people received opportunities to participate in activities. One person who had requested to visit a place they liked to go, changed their mind. Staff offered alternative activities and the person went out for lunch which they enjoyed. Another person chose to remain inside and was seen relaxed watching television and later doing their laundry.

#### Improving care quality in response to complaints or concerns

- People had access to the provider's complaint procedure. A person told us they were happy with the care and support they received and how they spoke with the registered manager if they had any concerns. Staff confirmed this to be correct. Staff also took the opportunity during monthly meetings with people to ask them if they had any concerns or complaints.
- The provider's complaint log confirmed complaints received had been responded to in line with the provider's complaint policy and procedure.

#### End of life care and support

- At the time of our inspection, no person was receiving end of life care. People had end of life books that recorded their personal wishes about the care they wished to receive at the end of their life.



# 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 has now improved 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.

At our last inspection, significant concerns were identified with the provider's systems and processes in place to effectively 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 enough improvement had been made and the provider was no longer in breach of regulation 17

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Improvements had been made to the culture of the service. It was apparent from speaking with staff they had an increase understanding of the provider's values and vision. This was due to the improvements to the staff induction, training and ongoing support. Whilst staff retention continued to be a concern, the provider had made improvements to how staff were recruited and supported. However, further time was required to develop a sustainable staff team.
- The management of the service had improved. New and improved systems and processes had been implemented. However these were still in the process of being developed and fully embedded in practice to enable a sustained improvements. For example, the development of staff practice and confidence in managing people with challenging and complex needs. Also, developing improved record keeping, communication and staff team work.
- The management had held several workshops to support staff and increase their confidence, and support them to develop. At the time of inspection, workshops had been provided in; effective supervision, fire awareness, record keeping, medication and healthy eating.

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

- Improvements at the service have been slow, and external professionals reported in the main these have been within the last two to three months prior to this inspection. However, the provider and management team have showed continued commitment in engaging with external professionals and commissioners to make the required improvements. This has included reviewing and improving the audits and checks completed on quality and safety, how incidents were recorded, reviewed and analysed to increase understanding. Improvements also included increased reporting systems to allow senior staff to have

greater oversight of the service.

- Communication systems had improved internally and with external professionals and these needed to continue to grow and develop. Whilst external professionals confirmed improvements had been made at the service, concerns were held by some professionals of the time improvements have taken and that communication was sometimes an issue.
- The provider had met their registration regulatory requirements of notifying CQC of certain events when they happen. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the last inspection, a regional manager for the provider had become the registered manager, this was until a permanent manager was appointed, this position was still ongoing. There continued to be some changes with the senior care staff responsible for leading the staff team. Some staff in these positions were either temporary or new, and they required further time to fully develop into the role.
- Staff reported improvements had been made to support them to understand their roles and responsibilities and new staff told us they felt well supported. Whilst staff on the whole were positive about the leadership and management, there was a reoccurring concern raised by staff that they felt the management team favoured some staff and that they did not always feel valued and respected. We raised this with the management team who told us they were aware of these concerns and what action they were taking to address this.
- At the last inspection, we took enforcement action against the provider and imposed conditions on their registration. The provider was required to submit monthly information to CQC advising of the action they had taken to comply with their registration conditions. The provider forwarded CQC of the required information.

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

- People and their relatives received opportunities to share their experience about the service. A person told us they felt involved and consulted. People were invited to feedback by either an annual quality assurance survey or during review meetings.
- Staff received opportunities to be involved in the development of the service. Staff meetings were more frequent. Staff handover meetings were used to share information and for staff to feedback to the management team. There were daily management meetings and staff received individual and attended group meetings, to discuss their work, training and development needs.
- The service had received positive feedback from a relative, and external professionals. Comments included, "The staff team as always were welcoming, and went out of their way to help me set up the training room. It was a pleasure to train members of the team and spend time in the service." And, "Both workers were incredibly helpful and insightful."

Continuous learning and improving care

- The management team and provider had developed and improved how incidents were recorded, reviewed and managed. This had supported staff to understand and reflect on incidents and to consider if lessons could be learnt.

Working in partnership with others

- Improvements had been made how the management team engaged and worked in partnership with external professionals and commissioners.