

# Park Avenue Ltd

# Hill House

## 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?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Hill House is a residential care home providing accommodation and personal care for up to 13 people. At the time of the inspection 10 people were receiving support. One of the 10 people was in the process of finding a new home so was not living at Hill House but did still have a bedroom there. The home supports people with various needs including learning disabilities, autistic spectrum disorder and a mental health diagnosis.

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

The service is a large home, bigger than most domestic style properties. It is registered to support up to 13 people. This is larger than current best practice guidance. However, the manager was in the process of adapting the service to ensure the size of the building did not have a negative impact on people living there.

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

Improvements had been made since the last inspection in October 2019 where Hill House was rated as inadequate. Some people using the service had left since the last inspection, this has enabled the service to work on improving quality and safety. There had been improvements in the governance systems and processes but there remained some areas for further improvement and development whilst embedding and sustaining the progress made so far.

Care plans and risk assessments had been reviewed and updated. Risks to people had been assessed and mitigated. Safeguarding processes were in place to protect people from the risk of abuse. There were enough staff to keep people safe.

There were positive interactions between staff and people living at Hill House. People's privacy and dignity was maintained. People felt well supported and listened to.

People's communication needs were met. People were supported to take part in activities. People's personal preferences were identified in their care plans. People were supported and encouraged to be part of the community.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The manager was working to ensure 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.

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

#### Rating at last inspection and update

The last rating for this service was inadequate (published 12 February 2020) 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.

This service has been in Special Measures since 12 February 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

The inspection was prompted in part by a notification of a specific incident and an allegation of abuse. Following which one person using the service sustained a serious injury. One incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of this incident. The information CQC received about the incident indicated concerns about people's safety. This inspection examined those risks.

We found no evidence during this inspection people were at risk of harm from these concerns. Please see the safe section of this full report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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 safe 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 not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Hill House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors

#### Service and service type

Hill House 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.

The service did not have a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We contacted

two relatives on the telephone to gather their experiences of the service. We spoke with nine members of staff including the nominated individual, operations manager, manager, deputy manager, senior care workers and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found.



# 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. The provider needs to ensure the improvements made so far will be sustained and will remain embedding. Failure to do so could mean some aspects of the service would not always be safe and there could be an increased risk people could be harmed.

### Learning lessons when things go wrong

- During the last inspection we identified numerous areas of significant concerns. These included risks relating to the safety of people, poor safeguarding processes and a lack of skilled and experienced staff. Since the last inspection, we saw lessons learnt had taken place and improvements had been made to the service. The systems in place had not previously been used effectively and were now being embedded, therefore we will check the systems have been sustained at our next inspection
- We saw accidents and incidents were recorded appropriately, and action taken where needed. There was clear analysis of accidents and incidents to identify themes and prevent future occurrences.

### Using medicines safely

- There was one occasion where the balance of a person's paracetamol did not match with what should have been left in stock. There were discrepancies when the senior staff had recorded the stock of this medicine and they had not reported this to the management team. We discussed this with the deputy manager who said they would investigate this error.
- A senior member of staff had incorrectly recorded the administration of one person's medicine. All other medication had been recorded appropriately. We discussed this with the deputy manager who said they would investigate this error.
- Controlled medicines were stored and monitored safely. Controlled medicines are classified (by law) based on their benefit when used in medical treatment and their harm if misused.
- We observed good practice when staff gave people their medicines. For example, staff washed their hands before dispensing medicines, asked people if they were ready for their medicines and made sure people had a drink to take their tablets.

### Assessing risk, safety monitoring and management

At our last inspection the provider had not always assessed the risks to the health and safety of people, the provider had failed to do all that was reasonably practicable to mitigate such risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- During the last inspection risk assessments and risk management plans were not always in place to instruct staff on how to protect people. Since the last inspection, care plans and risk assessments had been reviewed and areas of risk have been identified and mitigated for people.
- During the last inspection staff did not always protect people from risk of harm; where they were instructed to do so. During this inspection we discussed people's care and support needs with staff and they had a good knowledge and understanding of how to keep people's associated risks and how to keep people safe.
- One person's care plan specified they should be supported with personal care tasks on a three-hourly basis, this would prevent them from getting sore skin. Staff were not always recording when they had supported the person. We discussed this with the manager who said they were aware of this and had implemented new paperwork to ensure staff had recorded the time they provided this support.
- During the last inspection the provider had failed to ensure environmental risks to people were sufficiently assessed to ensure people were always cared for safely. During this inspection we found the environment to be suitable and safe for the people who lived at Hill House.
- Emergency plans were in place for people and accessible to staff. They outlined the support people would need to evacuate the building in an emergency.
- Regular maintenance of equipment was evident including fire extinguishers and electrical items. This ensured equipment in the home was safe for use.

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

At our last inspection the provider did not have robust processes in place to safeguard people from the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) 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 13.

- There had been two incidents at Hill House, that had caused concern and prompted this inspection. We reviewed the provider's safeguarding processes and found the manager had acted to keep people safe and notify the relevant authorities in relation to both incidents. Relevant documentation had been updated following the incidents to prevent further occurrences.
- During the last inspection, not all staff understood how to safeguard people from the risk of abuse. Since then, discussions had taken place between the manager and staff team about safeguarding and the responsibilities of the staff. Staff understood their responsibilities to safeguard people. One staff member said, "It's about preventing and protecting everyone. If something happened, I would have to let the management know what I saw. Then they follow it up." Another staff member said, "We are getting more involved in things now, like safeguarding. It's been better explained to us now, so we all feel involved in it."
- Staff felt confident they could raise concerns with the management team but equally knew how to report concerns externally if they needed to.
- During the last inspection concerns about a person's safety had been raised to the registered manager but not investigated or escalated to the relevant authority. We reviewed incidents that had occurred since the last inspection and saw they had been investigated and appropriate referrals had been made to relevant authorities.
- During the last inspection there were concerns in regard to a person, who lacked the capacity to make decisions about their safety, accessing the community with a visitor. This person was no longer living at Hill House.

### Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient numbers of suitably qualified, competent,



skilled and experienced persons were deployed in order to meet people's 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.

- During the last inspection, the provider had failed to take into consideration the effect of using agency staff, as they may not know the people who lived at Hill House. At this inspection we discussed this with the manager who told us they now used a set number of familiar agency staff. These staff received induction and worked at the service on a regular basis. One permanent staff member told us, "The skill mix is good, the agency staff know the people. When a new one [agency worker] comes in, they get an induction." An agency worker told us, "In terms of training, if you are agency you don't always have the same experience as the other staff, but they [staff] always teach me the ways of doing things here and I get the support."
- After the last inspection the provider told us they had brought in a specialist nurse to offer support and hoped to recruit someone in a permanent position. A full-time deputy manager had been appointed. The deputy manager was a nurse who had experience in learning disabilities services. The deputy manager told us, "I enjoy working with people with a learning disability and have loved coming to Hill House. My main priority has been looking at risk assessments, care plans and staff culture and practice."
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers.

#### Preventing and controlling infection

- Staff received infection control training and we observed staff using personal protective equipment such as aprons and gloves. This prevented infections from spreading. People's rooms and communal areas of the home were clean and tidy.

# 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. The provider needs to ensure the improvements made so far will be sustained and will remain embedding. Failure to do so could mean the effectiveness of people's care, treatment and support would not always achieve good outcomes or would be inconsistent.

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

- During the last inspection records of health professional visits were not always completed, the manager had provided reassurances about a new system they were implementing to overcome this. However, for one person, there was no record they had attended a medical appointment that was booked for them. In addition, a follow up opticians' appointment had not been booked for the person even though it had been recorded they needed one. The operations manager, manager and deputy manager investigated this on the day of inspection and booked the relevant appointments for this person.
- People received support from outside agencies to ensure they had access to a variety of services. We saw input from occupational therapy teams and psychiatrists.
- People had access to the dentist. Peoples care plans contained information about how they wanted to be supported with oral health care.

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

At our last inspection the provider had failed to ensure the care of service users was provided with the consent of the relevant person. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- During the last inspection we identified numerous areas of significant concerns. These included concerns in relation to people's capacity, recording of best interest decisions, staff understanding of DOLS and a surveillance system people had not consented to. At this inspection, we saw improvements had been made to the service. The systems in place had not previously been used effectively and were now being embedded, therefore we will check the systems have been sustained at our next inspection

- During the last inspection people's capacity to make decisions had not always been assessed. During this inspection we saw decision specific capacity assessments were in place and best interest had been considered.
- The surveillance system that had been operating in the home, without people consenting to it, was no longer in use.
- Staff understood who had a DoLS in place and what this meant for the person. Two staff consistently told us, "Everyone has a DoLS, except for [person]."

Staff support: induction, training, skills and experience

- During the last inspection staff did not always feel the training provided gave them the skills they needed to effectively support people. Following our inspection visit the provider had organised increased training for staff in managing people's behaviours, and safe ways of preventing people from injuring themselves and others. During this inspection a staff member said, "They have given us a lot more training." Where there were gap in staff training, sessions had been booked.
- Staff understood their responsibilities and what was expected of them. They told us they received supervision which enabled them to receive feedback and the opportunity for development.
- New staff had completed an induction process and the Care Certificate was available when staff were new to care. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

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

- Where people had undergone assessments from health professionals in relation to their food and fluids, we saw staff were following the guidelines provided.
- People were supported to have choice in what they ate, we observed one person asking to go to the chip shop for their tea and staff arranged this for them.

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

- The manager told us they were adapting the home to better meet the needs of the people living there. For example, they were redesigning communal rooms to include kitchen areas so people could be supported to make drinks and snacks. We saw one room being decorated whilst we were at Hill House. In addition, the manager had created a new sensory room that was bigger and able to accommodate more equipment.
- One person showed us around their bedroom, it was personalised to their likes and interests and they had items that were important to them.

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

- During the last inspection we found pre-admission assessments were not adequate in determining whether the person's needs were able to be met by the provider and the provider had failed to recognise how the introduction of several new people at the home, would impact on the wellbeing of all the people who lived at Hill House. There had been no new people move into Hill House since the last inspection but the manager showed us a new assessment tool they planned to use.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. The provider needs to ensure the improvements made so far will be sustained and will remain embedding. Failure to do so could mean people would not always feel well-supported, cared for or treated with dignity and respect.

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

- The language staff used, when they were recording how people's days had been, was not always respectful. For example, '[person] is playing up', '[person] was sent to their room' and '[person] started misbehaving'. We discussed this with the manager, they told us they had raised this in team meetings, and it was something they were aware of and working on with staff.
- During the last inspection there was not always a caring culture at the home, as people were not always supported in a caring way. During this inspection we observed people to be happy and relaxed with staff. A person said, "Yes I like living here. I like my bedroom and my staff. They are all nice to me really."
- People and their relatives told us staff treated them with kindness. A relative said, "If they [staff] weren't friendly, [person] wouldn't go near them. If [person] wasn't comfortable with someone, they wouldn't go near them and I am yet to see [person] walk away from staff."
- People records included details of life histories, religious beliefs and wishes and preferences. This enabled staff to use this information to provide personalised care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider did not ensure people using their service were always treated with dignity and respect, in particular ensuring the privacy of service users. This was a breach of regulation 10 (Dignity and Respect) 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 10.

- During the last inspection we identified significant concerns in relation to people's privacy and dignity not being upheld and people not being treated with respect. During this inspection we observed people living at Hill House were treated with dignity and respect and observed positive interactions between staff and people. For example, we observed a person reach out to a member staff for comfort, the staff member responded and hugged the person.
- During the last inspection, the provider failed to store care records and personal information securely. During this inspection we observed care records to be stored securely in the office in a locked cabinet.
- There were concerns at the last inspection regarding a CCTV system recording people, this was no longer operational.

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

- The provider had commissioned an independent advocate to visit the service weekly. The advocate would meet with people and discuss any concerns or issues. An independent advocate can speak up for an individual or group. Independent Advocacy is a way to help people have a stronger voice and to have as much control as possible over their own lives
- People told us they were involved in meetings to discuss topics about the home. A person told us, "We have meetings with other people who live here."
- Staff told us they encouraged people to make day to day choices, for example what they wore or what they ate.

# 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 now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- During the last inspection risk assessments and care plans were not always consistent and contained conflicting information. Since then, the manager and deputy manager had been reviewing people's care plans to ensure the information was up to date and accurate. At this inspection we saw people's likes, and dislikes were recorded and there was information about what would be a good day and a bad day for each person. This would enable staff to deliver personalised care to people.
- People were able to feedback about what they wanted, and this was listened to. For example, one person had commented on the chairs being too low, so a referral had been made to an occupational therapist for the person. Another person had expressed an interest to go to church and this had been listened to by staff. This showed care was planned and personalised to meet people's needs.
- People told us they were able to make decisions about their care and relatives told us they had been or were due to be involved in reviews. A person said, "I can choose what to do." A staff member told us, "When I am helping people to dress, I will take out a few outfits and hold them up to help them choose. At mealtimes, we tell and show people what is on offer and let them choose what they want."

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.

- The manager understood their responsibility to comply with the Accessible Information Standard (AIS). Information could be made available to people in easy read format and the manager was exploring the option of audio formats for people.
- The manager was working to make information more accessible for people. For example, one person's care plan was being changed into their preferred language. The manager was also implementing 'communication keyrings' which could be carried by staff or people. These keyrings would have small laminated cards with specific things people may want to communicate such as 'drink' or 'no'.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- On the day of inspection people were busy accessing the community and participating in activities that were of interest to them. People who spoke to us told us they were able to participate in activities. One relative told us they did not feel their loved one did many activities but said they would discuss this with the manager next time they saw them.

- People attended education settings where required. Some people had decided they would like to go to college and staff were working with them to decide what courses they wanted to do and where they wanted to do them.
- The manager told us they were working with local organisations to open up employment opportunities for people who wished to pursue them. This would enable people to develop skills and be involved in the local community.

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

- The provider had a complaints policy and procedure in place and complaints had been logged in line with this. However, following one complaint a meeting had been held but the meeting minutes didn't show all areas of the complaint were discussed and addressed. The manager who told us all areas were discussed but had not been recorded on the meeting minutes.
- Two compliments had been logged about the service between November 2019 and January 2020.

#### End of life care and support

- No one was receiving end of life care at the time of the inspection. People's end of life wishes, and preferences were recorded in their care plans, this enabled staff to have up to date information to ensure peoples end of life care was delivered in a way they wanted.

# 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. The provider needs to ensure the improvements made so far will be sustained and will remain embedding. Failure to do so could mean the service management and leadership would be inconsistent. Leaders and the culture they created would not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection systems or processes were not operated effectively to assess, monitor and improve the quality and safety of the services provided, or assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others. Systems did not ensure the secure maintenance of an accurate, complete and contemporaneous record in respect of each service user, including decisions taken in relation to the care and treatment provided. This was a breach of regulation 17 (Good governance) 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 17.

- During the last inspection we identified numerous areas of significant concerns. These concerns related to the providers systems being ineffective in identifying and mitigating risk to people. In addition, documentation relating to people living in the home was not sufficient and there was lacking information in relation to how decisions had been made on behalf of people. At this inspection we found there had been improvements in the governance systems and processes were in place to mitigate risk to people. However, there remained some areas for further development whilst embedding and sustaining the improvements made so far.
- The systems in place to audit medicine had not identified issues we found with the recording and stock balances of medicines. We discussed this with the deputy manager who said they would investigate the medicines errors and consider additional training for staff who administer medicines.
- The providers systems had not identified where one person's health appointments were either not recorded or followed up. This meant people may not have access to necessary health services when needed. We discussed this with the manager who told us they had checked and booked any appointments needed.
- Since the last inspection, an external audit has been completed. An action plan and risk register has been devised and we saw the management team had been working through this.
- The manager had started to make changes to the environment having taken into consideration the principles and values that underpin Registering the Right Support and other best practice guidance. The



building was being adapted so there were more communal areas for people to access. Some of the communal areas had also been made smaller by use of doors, this gave people access to quieter spaces if they wanted. The manager had offered some people to move bedrooms to better meet their needs and were considering adapting a certain area of the property to better accommodate people who may benefit from a higher level of independence.

- Peoples care plans and risk assessments had been updated and were being audited as and when required by the management team. There had been updates to care plans made following changes in people's needs. This meant the care staff had up to date information.
- Staff meetings had taken place and information had been provided to help increase staff knowledge and understanding.
- The manager had notified The Care Quality Commission (CQC) and other external agencies of events which had occurred in line with their legal responsibilities. The previous inspection ratings were displayed in the service and on the providers website.
- The manager had been in post since the last inspection. They were in the process of registering with CQC.

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

- Staff said they felt supported by the manager and could raise concerns if needed. One staff member said, "I have no worries or concerns, if I did I could approach the management team."
- Relatives felt able to approach the staff team and managers. One relative said, "We raised concerns with the last manager and nothing really happened. The new manager came in and we raised it with her and now it is resolved."
- Staff were positive about the service and felt there had been improvements since the last inspection. One staff member said, "Since we have had new management I have seen changes, there is more structure. More things implemented. Before I feel like things were not implemented for us to follow, so I felt that although I knew what I was doing I needed some guidance and now we have that. They [management] are trying and now if I have any concerns, I know I can go to them."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Surveys were used to gather the views of the people using the service. The majority of surveys feedback people were happy with the support and actions had been taken when people had feedback they weren't happy. However, there were a few occasions where actions were not documented. We spoke to the manager who told us these were in the process of being actioned and will be documented on the next action plan update.
- Staff had been given 'champion' roles to ensure they were actively involved in developing the service and putting new things into practice. For example, one staff member told us they were going to be a safeguarding champion and said, "There is going to be an infection control champion and continence champion as well. They [management team] are really trying to involve us all, it boosted us all, and everyone seems happier at work."
- Staff communicated with the GP, speech and language, physiotherapists and other professionals when required. This evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.
- Staff understood what was expected of them and had a good understanding of whistleblowing. They told us they received supervision and had involvement in team meetings. This gave staff the opportunity for learning and development.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement.