

Sahara Parkside Limited

# Sahara Parkside

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Sahara Parkside is a care home for up to 30 adults with learning disabilities, acquired brain injuries and autistic spectrum conditions. It is arranged as ten three-bedroom flats. At the time of our inspection, nine people were living there.

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 received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The home was larger than most domestic style properties. The home was situated in a residential area close to the town centre. There were deliberately no identifying signs, cameras, industrial bins or anything else outside to indicate it was a care home.

### People's experience of using this service

People received their medicines as prescribed. However, there were no effective systems in place for medicine temperature control in people's apartments. We made a recommendation in this area.

Most risk assessments were in place to ensure people received safe care. However, for people that may demonstrate behaviours that challenge, we found risk assessments were inconsistent and did not include robust de-escalation techniques. We made a recommendation in this area.

People's apartments required work to ensure cleanliness and infection control was sustained.

Although regular audits were being carried out since the last inspection, audit processes needed to be more robust to continuously identify shortfalls and take action to minimise risk of re-occurrence.

Since the last inspection, we found improvements had been made in some areas. People had healthy food and appetisers in their apartments. People had choices with meals and were involved with menu planning. Care plans were person centred and included details of people's support needs and preferences. Regular supervisions had been carried out and staff felt supported. Care plans had been reviewed regularly to ensure they were accurate. People had been included in key worker meetings and their goals and preferences were discussed. However, some recordings required details on what was discussed.

Pre-employment checks were carried out to ensure staff were suitable to care for people safely. Safeguarding procedures were in place and staff were aware of these procedures. Staffing levels were appropriate to support people safely.

Staff had completed essential training to perform their roles effectively. 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. People had access to a number of health services.

People received care from staff who were kind and compassionate. Staff treated people with dignity and respected their privacy. Staff had developed positive relationships with the people they supported. They understood people's needs, preferences, and what was important to them. People were encouraged to be independent and to carry out tasks without support.

People participated in a number of activities both inside and outside the home. The management team and staff gave us a number of examples of how people had developed and progressed since the last inspection.

Systems were in place for quality monitoring to ensure people's feedback was sought to improve the service. People and staff were positive about the management of the service.

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

The last rating for this home was requires improvement (published 18 September 2018). The home remains rated requires improvement. The home has been rated requires improvement for two consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up:

We will speak with the provider prior to this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Sahara Parkside

## 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

Sahara Parkside 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 home had a manager since November 2018 but they were on long term sick leave. A temporary manager had been recruited but was unable to extend their contract. The home was recruiting for a new temporary manager in the interim. A manager had not been registered with the CQC but we were informed once a new temporary manager was in place they would apply to register with the CQC. Registered managers are legally responsible for how the service is run and for the quality and safety of the care provided. Meanwhile the home was managed by the Chief Executive Officer [CEO] with the support of two deputy managers.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed relevant information that we had about the service. We checked the last inspection report. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about the service, what they do well and improvements they plan to make. We also contacted professionals involved with the service for information. This information

helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people that used the service, the CEO, two deputy managers and five staff. We reviewed documents and records that related to people's care and the management of the service. We reviewed care plans, which included risk assessments and staff files, which included pre-employment checks. We looked at other documents such as training, medicine and quality assurance records.

#### After the inspection

After the inspection, we spoke to two relatives of people that lived at the home.

# 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 requires improvement. At this inspection, the key questions has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People received their medicines as prescribed. However, there were no effective systems in place for medicine temperature control in people's apartments.
- At the last inspection, we found there was lack of processes in place to ensure medicine temperature ranges were within acceptable levels. In addition, we found for people that received medicines with special instructions, these instructions were not followed. Where people refused PRN medicines, this was not recorded. PRN are medicines that given when required such as paracetamol.
- During this inspection, some improvements had been made. PRN medicines that were offered and refused were recorded and PRN protocols were in place. For medicines that required special instructions, there was specific information in place on how to administer the medicines on people's medicines records.
- For one person we found that medicines were provided in a different form of packaging due to technical issues with the supplier. We found the dates when medicine should be administered on the person's MAR did not correspond with the days on the blister pack. Therefore, it was difficult to understand when medicine should be given. We were informed by a staff member that staff knew when to give medicines as they were instructed by the pharmacy and this was communicated to staff during handovers. There was no record of this discussion during handovers. We checked the person's medicine records, this showed the person received their medicines. After the inspection, we were informed the reasons the dates on the MAR did not correspond with the days on the blister pack was that a staff had accidentally administered medicines for the wrong day from the blister pack. We were shown records that the error was investigated, staff discussed the error during handovers and protocols were in place to ensure the person received their medicines safely.
- However, we found that temperature levels of where medicine where stored, went beyond recommended levels on a number of occasions. There were no records to evidence what actions had been taken to ensure medicines were kept within acceptable temperature levels. This meant there was a risk people may not receive the full benefits of medicines.

We recommend the service follows best practice guidance on medicines management specifically on temperature control.

- Medicine Administration Records (MAR) showed medicines were administered as prescribed. A person told us, "Every time I go, they give medicine on time. They do it properly."
- Staff had been trained in medicines management and received a competency assessment to check their understanding of medicines.

### Assessing risk, safety monitoring and management

- At our last inspection, we found inconsistencies with risk assessments, specifically for people that may demonstrate behaviours that challenged.
- During this inspection, we still found inconsistencies with risk assessments for people that may demonstrate behaviours that challenged. Some people had robust risk assessments in place that included specific de-escalation techniques such as for one person, information included that person should be given soft toys as they liked playing with it should they demonstrate behaviours that challenged. However, some risk assessments did not include this level of information.

We recommend the home follows best practice guidance on risk management relating to behaviours that may challenge.

- Risk assessments had been completed in full and were consistent in other areas and were specific to people's individual needs and health conditions. There were risk assessments for falls, skin integrity and health conditions. For people at risk of falls, people had call bells and regular welfare checks were carried out to ensure people were safe.
- Hot weather posters were displayed at the home providing information on how to keep people safe during hot weather and minimise risk of sun related injuries.
- Premises safety checks had been carried out by qualified professionals. Fire alarms were tested and records were kept of this. Fire risk assessments had been carried out on 14 August 2019, which showed actions that were required. These actions had not been carried out. After the inspection, we were shown an action plan that showed contractors were in the process of carrying out remedial works.

### Preventing and controlling infection

- Adequate systems were not in place to reduce the risk and spread of infection, although staff were aware of their roles and responsibilities in this area. We found occasions where there had been a build-up of dirt in people's apartments especially in the kitchen area. In one apartment, we found a carpet that had been stained by a person in the home due to their needs and disabilities. This meant that there was a risk of infection spreading. We also observed that vinyl flooring in one kitchen area was peeling off, which may increase the risk of bacteria growing and spreading in the area. After the inspection, we were informed that immediate action was being taken to address this.
- Staff had access to personal protective equipment (PPE). Hand hygiene information was displayed in bathrooms and hand lotion dispensers were installed throughout the home. We observed staff using the dispensers.

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

- People were protected from the risk of abuse because there were processes in place to minimise the risk of abuse and incidents.
- People told us they were safe. A person told us, "I am alright here. I am happy here." A relative told us, "I believe [person] is safe there. I am happy with the care [person] has been getting."
- Staff understood their responsibilities to protect people's safety and had been trained on safeguarding people from abuse.

### Learning lessons when things go wrong

- There was a system in place to record accidents and incidents within the service.
- Incidents and accidents were monitored each month to identify specific trends. Records showed that action had been taken following analysis to minimise the risk of re-occurrence.

### Staffing and recruitment

- There was an appropriate number of staff available to support people safely. A staff member told us, "There is enough staff. I get enough breaks. When I go home after a long shift, I don't even feel that tired. I don't feel rushed or under pressure at work. It is very positive."
- We observed that the required number of staff were on duty as shown on rotas, including 1:1 staff.
- Records showed that relevant pre-employment checks, such as criminal record checks, references and proof of the person's identity had been carried out to ensure that they were suitable to work with people.

# 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 requires improvement. At this inspection, this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

### Staff support: induction, training, skills and experience

At our last inspection, regular supervisions were not being carried out. The home had made improvements.

- Regular supervisions and appraisals of staff had been carried out. These focused on their development, their objectives and enabled staff to discuss any issues they may have.
- Staff told us they felt supported. A staff member told us, "When we do our supervision, they are really supportive and good managers."
- Staff had completed mandatory training and refresher courses to perform their roles effectively such as first aid, safeguarding and moving and handling. Records showed refresher training had been booked when it was due to ensure staff were up to date with all training. Specialist training had also been given in learning disabilities, dementia and autism. A staff member told us, "Training is very good and regular." A relative told us, "They [staff] do know what they are doing."
- In addition, senior carers and deputy managers were also being trained on leadership courses to enhance their knowledge and skills on leadership. The CEO told us this would support them in their role and develop their confidence and leadership skills.

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

At our last inspection, we found that there was insufficient amount of food in some people's apartment. The home had made improvements.

- We observed there was food and drink in people's apartments. People's dietary requirements according to religious beliefs were catered for and stored accordingly.
- Care plans included the level of support people would require with meals or drinks.
- People had choices with meals and were involved with menu planning. A staff member told us, "We give choices with meals. I show pictures of options and ask what they want." A relative told us, "They always give [specific food according to religious beliefs]. [Person] does get choices with food."

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

- Pre-assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them.
- Reviews had been carried out with people regularly to ensure people received support in accordance with their current circumstances.
- A key worker system was in place that reviewed people's support needs monthly. A key worker is usually a member of staff that knows the person well and has oversight of the person's support.
- This meant that people's needs, and choices were being assessed comprehensively to achieve effective

outcomes for them.

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

- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health.
- Records showed that people had been supported to access a number of health services such as GPs and hospitals to ensure they were received treatment as required. Annual health reviews and oral checks had been carried out.
- A hospital passport was in place that recorded key information about people's health needs and would help people communicate their needs to health professionals.

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.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Assessments had been completed to determine if people had capacity to make specific decisions.
- Staff had received training on the MCA and were aware of the principles of the Act.
- DoLS authorisations were in place and timely renewals had been sent for people's authorisations that had expired.
- Staff told us they always requested people's consent before doing any tasks. A staff member told us, "I always ask consent. I understand the MCA, we have had training." A person told us, "They ask for consent."

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

- People had their own apartments in the home. There was a communal area, where people could socialise with other people and participate in activities. There was a roof garden on the top of the building where people could also socialise and engage in sensory activities. The CEO told us there were plans to build a sensory room.
- There was information throughout the home of staff members, information on how to stay healthy and upcoming activities.
- There were photographs, notice boards and posters on the walls to make the home feel warm and comfortable for people. Photos of staff were on display to help people identify them.
- Some people in the home were wheelchair users and there was adequate wheelchair access throughout the home, including lifts.

## 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 requires improvement. At this inspection, the rating has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our last inspection, we found that people were not always included in decision making such as on their goals and preferences during key worker meetings. The home had made some improvements.

- Records showed that people's goals and preferences were discussed at key worker meetings and these were reviewed monthly. However, some records showed little detail about what was discussed. For example, one person's goal was to reduce smoking. Another person's aim was to play football in the outdoor car park because they did not go out much. Keyworker notes did not detail what achievements were made or whether or not these outcomes had changed. Some people's support objectives were not signed by staff, people or relatives to show that these were agreed, and that people or relatives had involvement in them. The CEO told us they would ensure signed copies were placed in people's care plans and these were detailed.
- People were involved in decisions about their care. Care plans included that people should be involved with decision making as much as possible such as choosing the time they want to have a shower.
- Staff told us they always involved people with decisions. A staff member told us, "I always encourage them to make decisions such as what they would like to do today or what they want to eat. It is their life, its important."

Ensuring people are well treated and supported; equality and diversity

- Staff were caring and had a positive relationship with people. A relative told us, "[Staff] are always friendly. They are smiley all the time." Another relative commented, "All the staff are very kind to [person]. We observed that staff had a good relationship with people and treated people in a kind and caring manner.
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. A staff member told us, "I respect people's differences and promote equality. I wouldn't discriminate based on people's gender or sexuality or religion."
- People were able to practice their religion at places of worship with support of staff. A relative told us, "If I want [person] to come to church, they would bring [person] here and sit with us even if they were [followed another religion]."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected by staff.
- We observed that staff closed people's door when supporting them in their rooms. People had their own

apartments and we observed they were able to go to their apartments for privacy. A relative told us, "[Person] has privacy, when they change [person], they close the door."

- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care, was vital in protecting their dignity.
- Staff encouraged people to be independent. Staff told us they encouraged people to be independent when supporting them with personal care and also with shopping and cooking meals. A staff member told us, "I encourage independence by asking if they want to put their clothes on themselves."

## 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 requires improvement. At this inspection, the rating has improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection, we made a recommendation that records were kept of activities that had been carried out. The home had made improvements.

- At this inspection, we found activities had been recorded on people's daily logs that evidence people went outside and completed indoor activities.
- People were supported with regular activities if they wanted to participate. A relative told us, "They have reviewed activities. There has been improvement with activities. [Person] goes out more and it is planned." A staff member told us, "They do exercises, singing and dancing and go outside like the cinemas." A weekly activities plan was in place that ranged from outdoor and indoor activities with access to communities to ensure people were protected from isolation. We observed activities were carried out throughout the day. Activities were also discussed at review meetings and people's interests were pursued, such as one person enjoyed going to places of worship and local communities. Records confirmed this was being done.
- Records showed that a number of celebratory events were held such as celebratory religious events and birthday parties. One person told us, "It is my birthday soon, I am going to have a party."
- There was a relationship cycle care plan that detailed people's current relationship with people and how they can be supported to develop relationships.

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

At our last inspection, we found that some care plans were inconsistent and did not always contain correct information, specifically with falls and skin integrity. The home had made improvements.

- Care plans were person centred and detailed people's support needs accurately. Information was also available of people's routines throughout the week. A staff member told us, "Care plan are easier now than they were before." A relative told us, "I sometimes I go there without warning and [person] is well looked after and clean. What they have on paper, they actually do it."
- Care plans included information on how to support people. There was an NHS emergency grab sheet and hospital passports detailing people's background and support needs in case of emergency transfers. There was also a one-page summary that summarised people's support needs and backgrounds. A staff member told us, "Staff work in a person-centred way and always give choice."
- The home was responsive to people's needs. Staff and the management team gave us examples of how people have progressed since the last inspection through staff support. One of the examples was that a person who refused to attend health appointments had attended dental and health appointments. Another person who did not like to go out or socialise, had responded to initiatives taken by the home and was now confident with going out in the vicinity of the home and meeting people. A staff member told us, "[Person]

has really improved. There has been lots of improvement."

- There was a daily log sheet, which recorded information about people's daily routines, behaviours and daily activities in most cases. Staff told us the information was used to communicate with each other between shifts. A staff member told us, "There is good communication with staff. We work well together and with professionals."

#### 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.

- There were communication care plans in place that detailed people's ability to communicate and the resources they required to aid with communication. Easy read information had been developed along with pictures. For example, information on one care plan included, if a person held staff arms, then this meant that the person wanted staff to follow them. A staff member told us, "To communicate with [person], I use Makaton or sign language, which I have learned." Staff had been trained in Makaton. Makaton uses signs and symbols to help people communicate.
- For people that spoke different languages, key words had been translated into people's spoken language so staff could communicate with people effectively.

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

- There was a complaints procedure in place. There were no formal written complaints following our last inspection.
- Informal concerns through feedback were usually received via telephone, email or verbally. They were logged, acknowledged and responded to by the CEO in a timely manner, including an apology to the complainant. There was not a procedure for informal complaints. The CEO told us they would ensure a process was in place for informal complaints.
- We saw compliments that had been received. "This is the best care home [person] has ever lived in" and "Thank you, Sahara staff and management, for outstanding service in the home to their residents. All are looked after well."

#### End of Life care and support

- No one was receiving end of life care in the home. People's end of life care wishes were explored including their religious and spiritual beliefs or requirements in the event of their death. For example, staff were to recite a passage from a specific holy book.

# 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 requires improvement. At this inspection this key question has remained the same. This meant that the management and leadership of the service was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At our last inspection, we found that the quality assurance systems were not robust to identify the shortfalls we found at the inspection as we found a number of repeated concerns in addition to new concerns. We recommended the home increased the frequency of audits to identify shortfalls.
- During this inspection, although frequency of some audits had been increased, we found there were repeated concerns with medicine temperature recordings and risk assessments. The CEO told us that steps were being taken to find a robust and permanent solution. Care plan audits had not been completed since April 2019 due to care plans being reviewed and reduced in size. We were informed risk assessments for people with behaviour that challenges would be updated. However, a number of improvements had been made since the last inspection in relation to nutrition, supervisions, care plans and record keepings.
- Staff were clear about their roles and were very positive about the management of the service. They told us that improvements had been made since the last inspection. A staff member told us, "There has been a lot of improvements. Everything is very organised now. We have put in a lot of effort to make things better." Another staff member commented, "Things have improved a lot. It's better now." A relative told us, "They have improved significantly."
- An external audit had also been carried out, which also identified areas for improvement with safe medicine temperature control and specific breakaway techniques in risk assessments. There was an updated action plan for this. However, we had identified these areas for improvement at our last inspection and found similar concerns at this inspection. We were informed action was being taken to address this
- The frequency of audits had been increased. However, this would need to be made more robust to ensure shortfalls with risk assessments associated with behaviours that may challenge were identified, once identified, prompt action were taken to ensure people received safe care at all times.
- The management team was aware of their responsibilities to inform us of any notifiable events such as recent safeguarding referrals they had made to the local authority. They also kept copies of all the notifications that they had sent us.

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

- There was an effective system to gather people's feedback on the service.
- Residents meetings were held with people to gather their feedback. Records showed people discussed

people's individual goals, infection control, fire safety and people sitting in on interviews of new staff.

- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team. Topics included night checks, recruitment and procedures. This ensured people received high quality support and care.
- People and relative told us the service was well-led and said they liked living at the home. A person told us, "It's alright here. I like it." A relative told us, "It is much better than how it was before. The [deputy] managers are very good. The [CEO] is very helpful." Another relative commented, "The [CEO] is very supportive. I cannot praise them enough. I believe it is a good home. The environment is excellent."
- Staff told us the service was well led and they enjoyed working for the service. One staff member told us, "The management is very good, very approachable. [Deputy manager] is a very good manager." Another staff member commented, "[CEO] has been very supportive. [Deputy manager] is very good."
- Professionals told us that the home was well-led. One professional told us, "There were concerns with this provider. However, there was a new CEO who had changed things around." Another professional commented, "How they have improved. I feel this is due to the dedicated work of [CEO]. She has sorted out the staff and there have been some changes. There was a really nice atmosphere when I 'popped in' unannounced a few weeks ago, the home appeared much more active. I hope this continues."

#### Continuous learning and improving care

- Quality monitoring surveys were carried out to obtain people's, relatives and staff's thoughts about the home and act on their feedback where possible, to create a cycle of continuous improvement.
- Surveys were analysed and actions and improvements were identified for the service. For example, introducing more activities in the home and encouraging ideas from people, both individually and collectively.
- There were 'You said, we will' posters displayed in the communal areas detailing the action that would be taken following feedback from surveys.

#### Working in partnership with others:

- The service worked with professionals to ensure people's needs were met.
- Staff told us they would work in partnership with other agencies such as health professionals if people were not well, to ensure people received prompt treatment. Records confirmed that people had access to a range of health services.
- The service worked with local authorities to develop practice through quality monitoring visits. The home also took part in an event organised by the local authority to raise awareness of Learning Disabilities. We saw photos that showed people attending the event.
- The home had also worked with other organisations. For example, information on the PIR included working in partnership with organisations that sent corporate volunteers to decorate the home and design and paint murals for people. There was also partnership work with police officers to attend and deliver a safety event and working with a local college and youth trust to improve the home's roof terrace with the addition of more sensory boards, improved seating and raised beds. Records and staff confirmed that this took place.