

Endurance Care Ltd

Coppice Lodge

Inspection report

66-68 Walter Nash Road East
Kidderminster
Worcestershire
DY11 7BY

Date of inspection visit:
11 September 2019
12 September 2019

Date of publication:
19 November 2019

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

Coppice Lodge is a care home providing care for up to eight younger people, living with learning disabilities or autistic spectrum disorder or mental health needs. There were six people living at the home at the time of the inspection.

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 was a large home, bigger than most domestic style properties. It was registered for the support of up to 8 people. Six people were using the service. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

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

The provider did not have a consistent manager at the home since our last inspection. Further time was needed for the provider to embed an open and honest culture within the staff group, so staff consistently felt confident to escalate concerns about people's care. This would enable the provider could manage these promptly. Administration of people's prescribed creams was not always safe.

A new manager had been appointed and advised us they were intending to apply to become the registered manager for Coppice Lodge. The provider had introduced new systems, staff structures and process so they could understand people's experience of living at Coppice Lodge. These new arrangements will take time to embed and to provide assurances people are receiving good care.

People's risks had now been identified and staff supported people to stay as safe as possible. There were enough staff to care for people and staff promptly supported people when they wanted assistance or reassurance.

The manager and provider planned further improvements to the care provided and the environment and checks on the quality of care. Compliments had been received from relatives and other health and social care professionals regarding the improvement in people's care and the appearance of the home, since our last inspection. The manager understood their responsibilities and acted to inform CQC of important events at the home. Staff felt supported and their suggestions were listened to.

The provider, manager and staff had driven through improvements in the way people's needs were assessed. People were assisted to achieve the best health and well-being possible, through planned health

checks. People were supported to have enough to eat and drink, based on their choice. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this. Staff had commenced training to meet the needs of the people they cared for and were supported in their roles.

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 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.

People approached the new staff team supporting them with confidence, when they wanted any assistance. The provider and manager had driven through improvements in people's environment, which had further enhanced how people's rights to dignity and independence was promoted. Further improvements were planned to meet people's needs and increase their well-being and safety. Staff involved people in decisions about their care and listened to their choices.

Care plans and risk assessments reflected people's histories and preferences, and people's care was planned in consultation with their relatives, with input from other specialist health and social care professionals. People's care plans were reviewed as their needs changed.

People had opportunities to do things which they enjoyed, and their communication needs were considered when their care was planned. People's wishes at the end of their life were being established, and plans created based on their preferences and needs.

Systems were in place to manage any complaints, and to take learning from these.

Rating at last inspection and update

The last comprehensive rating for this service was Inadequate (published 5 March 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. We also undertook a focused inspection (published 22 May 2019), in response to concerns about the management of people's risk of choking. The inspection did not lead to a change in ratings.

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 5 March 2019. 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: This was a planned inspection based on the rating at the last inspection. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme, to ensure all improvements made are embedded. If any concerning information is

received, we may inspect sooner.

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

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 ●

Coppice Lodge

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors on the first day of the inspection and one inspector on the second day of the inspection.

Service and service type

Coppice Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Coppice Lodge accommodates up to eight people in one adapted building.

The service did not have a manager registered with the Care Quality Commission. A manager had been appointed and was in the process of applying to become the registered manager. This will mean 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 inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other organisations, for example, the local authority.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the provider's nominated individual and two provider representatives. We spoke with the manager, a senior care staff member, and seven care staff.

We looked at three people's care records, compliments received and multiple medication records. We saw records relating to the management of the home. These included minutes of meetings with staff and checks undertaken by the manager and provider on the management of the home and safety and quality of care. We also saw systems used to manage complaints and any accidents and incidents which may occur.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the training which staff had undertaken, and additional training planned.

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 further assurance about people's safety and the management of people's risks were required, to ensure improvements were embedded.

Systems and processes to safeguard people from the risk of abuse

At our last comprehensive inspection, the provider did not have systems in place to protect people from abuse through effective systems for reporting, progressing and monitoring concerns.

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.

- An external support worker who worked with one person at Coppice Lodge told us they had concerns about a person's safety at night but had not reported this concern to the manager. We escalated this to the manager, who took action immediately. This concern had not been identified or escalated by the provider's own care staff.
- Whilst the provider and manager held regular meetings with staff to discuss concerns about people's safety, they planned to further develop the way staff were guided to consider people's safety and well-being needs, so they could be assured any concerns were promptly addressed.
- The provider needs more time to embed and establish a culture where staff immediately escalate concerns.
- Staff were confident the manager would act to promote people's safety, should any concerns be identified.
- The manager and provider's representative understood their duty to notify the CQC and other organisations of any concerns about people's safety. The provider had introduced new systems to ensure all organisations were promptly informed of any concerns for people's safety.

Using medicines safely; Assessing risk, safety monitoring and management

At our last comprehensive inspection, the provider did not have systems in place to assess, mitigate and review risk. The provider had not ensured staff were trained and competent in their role to deliver care safely. People did not always have access to the equipment and environment needed to meet their safety needs and people did not always receive their medicines safely.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008

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

- People were receiving the majority of their medicines when they should. There were some instances when people did not receive creams as prescribed. This increased risks some people may experience poor skin health.
- The provider and manager gave us assurances guidance to support staff to consistently administer people's creams would be reviewed. The provider also planned to introduce further checks on the recording of medicinal creams, so they would be assured people always received these as prescribed.
- The provider was following safe protocols for the receipt, storage and disposal of medicines.
- Following our last inspection, the provider had introduced new quality and safety checks. These included checks on the quality of plans to assist people to stay safe, the management of people's risks and the safety of the environment. More time will be required for these to be embedded and to confirm these provide assurance people receive safe care.
- Improvements had been made to people's environment to further reduce risks to people and to promote their well-being. People's rooms had been decorated and provided a personalised space for people to relax. The home was clean and odour free. Further improvement in the environment were planned, including replacement of people's furniture, resurfacing of the garden area and routine maintenance of the home, to ensure improvements were maintained.
- People were cared for by staff who recognised where people required support to reduce the risk of avoidable harm. People's care plans contained guidance for staff to follow to reduce risks to people and to keep people safe. These included risks in relation to people's anxiety and underlying health conditions, such as risks in relation to choking. We saw staff supported people to maintain their safety when eating and drinking.
- The views of other health and social care professionals were considered when people's risks were assessed, and plans created to promote people's safety.
- People were cared for by staff who had received support to develop the skills to care for them safely. Staff knew how to recognise and report any concerns they had for people's safety.
- Where people needed equipment to help them to manage their safety staff ensured this was available and maintained.

Staffing and recruitment

- There was enough staff to care for people. Staff gave us examples of how their shift patterns were adjusted, so people could enjoy spending time out in the community at times which suited people and promoted their choice.
- The manager was planning additional recruitment to ensure people's needs continued to be met. The manager ensured if support was required from agency staff a consistent group of agency staff were used. This helped to ensure people were cared for by staff who knew them and understood their safety needs.
- The suitability of potential staff to care for people was checked prior to their employment.

Preventing and controlling infection

- Staff gave us examples of the actions they took to reduce the likelihood of people experiencing infections. These included following good food hygiene practices, and using the protective clothing required when supporting people.
- The manager and provider checked the home to ensure good hygiene was promoted. The manager planned to recruit dedicated cleaning staff to ensure improvements made to people's environment was

embedded.

Learning lessons when things go wrong

- Staff had opportunities to reflect on people's changing safety needs and to adjust the care planned and provided.
- Systems were in place to take any learning from incidents and accidents, when required.

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 Good. This meant people's outcomes were consistently good, and findings confirmed this.

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

At our last comprehensive inspection, we found staff did not always apply their knowledge of The Mental Capacity Act when caring for people.

This was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

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 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. The application procedures for this in care homes and hospitals are 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 were being met.

- The culture in the home was improving and people were now encouraged to take managed risks. For example, people were supported to enjoy using additional areas of the home, and to spend time in the community, with assistance from staff to reduce risks they may experience.
- Staff had received training to understand people's rights and people's care plans provided staff with the guidance they needed assist people to make their own decisions where possible.
- Systems were in place to manage people's capacity assessments. Decisions taken in people's best interests were informed by staff knowledge of people's preferences and in consultation with other health and social care professionals.
- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, authorisation correctly obtained, and any conditions observed.

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

providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support

At our last comprehensive inspection, we found the provider failed to demonstrate they were supporting people in-line with their care needs. Care assessments did not consistently reflect people's current needs. The provider had failed to ensure people received routine appointments to maintain their health.

This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred Care.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's care needs had been assessed and consideration was given to what was important to people. The views of other health and social care professionals were incorporated in people's assessments. This helped to ensure people's preferences and needs were understood and staff had the information they needed to care for people.
- People's assessments were updated to reflect their changing needs and preferences. Staff sought and acted on advice from other health and social care professionals, as people's needs changed, so people continued to receive the care they wanted.
- Staff supported people to routinely see other health and social care professionals, such as dentists, GPs, speech and language therapists and mental health specialists. People were also assisted by staff to attend annual health checks, so their health and well-being was promoted.
- Where staff had any concerns for people's health they worked with other health and social care professionals, so people's health needs would be met. For example, if people needed additional specialist support to manage their anxieties.
- Staff were supported to provide timely health care to people through the communication systems in place, which provided opportunities to monitor people's health needs and to escalate any concerns they had for people's welfare and health.
- The provider had recently introduced new systems to ensure care provided was based on people's assessed needs and preferences. These need to be embedded to confirm people's needs are consistently understood and responded to.

Staff skills, knowledge and experience

- People were supported by staff who had developed the skills they needed to care for them. One staff member told us about the training they had done and explained this had a positive impact on the way people were assisted to stay as safe as possible, with their dignity needs met, when people were away from the home.
- New staff were supported through induction programmes and opportunities to work alongside more experienced staff. One staff member told us they completed key areas of training before they commenced employment, so the manager and provider could be assured they were supporting people safely.
- The manager and provider planned to develop staff opportunities for developing their skills further. For example, training was planned with health and social care professionals, so staff knowledge in how to support people to manage their anxieties would be enhanced. The manager had also planned additional training for staff so they could be further assured people were receiving their medicines as prescribed.

Supporting people to eat and drink enough with choice in a balanced diet

- People were encouraged to let staff know what they wanted to drink and eat throughout the day and were

supported to have enough to eat and drink to remain well.

- People's meal time experiences were not rushed, and people decided what meals they wanted.
- Staff knew if people had any food and drink preferences or specific dietary needs, such as a particular texture of food, and supported people so these would be met.
- Where staff had identified any concerns people may not choose a balanced diet staff promoted healthy alternative meals and snacks.

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

- People's rooms had been refurbished and reflected their interests and personalities.
- People choose which areas of the home and garden they wished to spend their time in.
- Staff had been provided with the guidance they needed to support people to enjoy the different areas of the home. For example, if people preferred to spend time quietly or in busier and louder areas.
- The manager and provider planned to further enhance people's environment. This included development of a sensory room, review of people's furniture and a planned programme of maintenance to ensure improvements were embedded.

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.

Respecting and promoting people's privacy, dignity and independence

At our last comprehensive inspection, the provider had failed to ensure people's dignity was always maintained and people's independence was not consistently promoted. We also found the culture at the service and environment did not support good care and people were not always involved in decisions about their care. 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.

- Improvements had been made to the environment at the home which helped to ensure people's dignity was further promoted. For example, staff had supported people so curtains, blinds and window privacy film were now in place to promote people's dignity.
- Staff gave us examples of the care provided which helped people to increase their independence and to be involved in the running of the home. This included people gaining new skills and contributing to life at the home by assisting staff to prepare food and empty the dishwasher.
- People's confidential information was securely stored, to ensure people's privacy.

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

- There had been further changes to staff and management of the home. This had led to improvements in the culture and staff approach when caring for people. For example, people were promptly supported by staff when they became anxious.
- People had begun to develop good relationships with the staff who cared for them. We saw people wanted to express their affection for staff and were comfortable to approach staff for physical reassurance, when they wanted this.
- Staff spoke warmly for the people they cared for. Staff told us they got to know people by reading their care plans and spending time working with them.

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

- People made decisions about their day to day care, with support from staff where this was required. For example, what interesting things they wished to do, and what new clothes they wanted to buy.
- Staff gave us examples of how people were encouraged to make their own. These decisions included how

they wanted their rooms to be identified and decorated, and what time they wanted to get up and retire to bed.

- The manager gave us examples of how staff supported to encourage people to make their own decisions, through clear guidance in people's care plans.

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 ensure people have choice and control and to meet their needs and preferences; 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

- People now enjoyed spending more time in the community, attending clubs and enjoying meals out and gentle exercise, as they chose. This had led to improvements in people's health and well-being.
- We saw staff encouraged people to decide what enjoyable things they might like to do. This included opportunities to spend time at the home playing bowls with staff, being supported to listen to music and to enjoy spending time in the garden.
- Staff gave us examples of additional activities they now provided based on people's preferences, such as baking cakes with staff, and support to be involved in recycling activities.
- People were supported by staff to keep in touch with others who were important to them.
- Staff considered what mattered to people when planning and reviewing their care and involved people's relatives and other health and social care professionals in plans to support people, so people's well-being would be enhanced.
- People's care plans and risk assessments reflected their histories, needs and preferences and provided guidance for staff to follow to meet people's individual needs. For example, specific plans had been put in place to promote people's unique health needs, so they would enjoy the best health possible. Care plans also provided guidance to staff to ensure people were supported by staff, based on people's gender choice.
- The provider and manager planned to continue to develop people's care plans, so their unique needs would be further recognised, and plans put in place to support people to express themselves as they wished, with their rights further promoted.

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 service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals, such as information showing people's preferred communication methods. For example, pictorially based key documents and information had been made available to people. The manager told us they planned to further develop the range of

information and tools and methods available to enhance people's opportunities to communicate their choices.

Improving care quality in response to complaints or concerns

- Systems were in place to manage any complaints or any concerns raised and to take any learning from these.
- Staff were confident if they raised any concerns the manager would address these.

End of life care and support

- Staff were able to access additional training to support them to provide good care to people at the end of their lives, when this was required.
- The manager had begun to plan people's end of life care. People's end of life plans were based on their known preferences and people's relatives were consulted about what end of life care was appropriate, so people would be supported as they wished.

Is the service well-led?

Our findings

Well-Led – this means 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 service management and leadership was inconsistent. The culture created by leaders needed to be further embedded, to ensure this supported 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 the last comprehensive inspection, the provider did not have established or effective governance systems in place to ensure they were providing a good service provision and take action where shortfalls were identified.

This was a breach in regulation which was Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Good governance.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17, the condition on their registration will be removed, and they are no longer in special measures.

- There was no registered manager in post at the time of the inspection. The provider is legally required to have a manager registered for the regulated activities at Coppice Lodge.
- People and staff were not supported by a consistent manager at the home. Since our last inspection, there had been three managers in post. The new manager had been appointed in August 2019 and advised us they intended to apply to become the registered manager for the home.
- There has also been changes in the provider's staffing, structures and systems, which required embedding to establish and further improve the provider's governance systems of the home. This meant some improvements in the day to day running of the home and provider oversight of the quality and safety of the home were not yet fully embedded. For example, the provider's checks to confirm people received their creams as prescribed required further development. The provider's representative gave us assurance they planned to enhance audits and checks so they could be fully assured people consistently received their creams as prescribed.
- In addition, the provider had put new systems in place, so the provider's senior (Board) staff would have further oversight of any emerging patterns in relation to people's safety. This would enable senior staff to promptly respond to any emerging risks. At the time of the inspection, the first meeting of the provider's senior staff had been planned but had not yet taken place.
- The provider had introduced new ways of checking the quality of care provided. This included the appointment of both internal and external auditors, to provide further assurance people were receiving safe,

person centred care. These were new systems and subject to further development.

- Some improvements in the fabric of home, such as the introduction of a sensory room and maintenance of the garden area had been identified, and were in the process of being actioned, for the benefit of people living at the home.
- The manager checked people received care based on their assessed needs and preferences. The results of these checks were used to drive through improvement in the care provided.
- People's views of the development of their care and the home were incorporated into people's care reviews.
- Relatives views on the development of the home had been obtained through questionnaires. We saw feedback and compliments from relatives and other health and social care professionals had been positive about improvements made to people's care and the environment, since our last inspection.
- The manager felt supported by the provider to meet people's needs, and drive through improvements in people's care. This included resources to improve the environment and with additional staff, so people's opportunities to do things they enjoyed doing were maximised.
- Staff received guidance to understand how they were expected to provide care to people through meetings to discuss people's care and to reflect on the care provided. Staff told us communication across staff teams was improving, and this helped to ensure people received the care they needed.
- The manager kept up to date with best practice through research on websites such as NICE and CQC, through guidance obtained during their one to one meetings with their manager, and through completion of quality action plans. In addition, the manager had regular discussion with the provider's other local manager.
- The manager and provider understood and acted on their responsibilities to notify CQC of important events which happened in the service. New processes had been introduced by the provider to support this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People's experience of living at Coppice lodge had improved. We saw there were times when people smiled and shared a joke with staff. People's confidence that staff would respond to their requests was growing. Staff were responding to the manager and provider's focus on ensuring people's dignity, independence and preferences were met.
- Staff were complimentary about the guidance, support and focus of the manager and provider's representative. One staff member said, "I like working here, because you get to know the [people] and staff. [Manager's name] is introducing more structure for [people], but also approachable." Another staff member told us, "The new manager wants people to have a better life, and she is working towards this."
- The manager said, "There's been massive changes with way people are now being supported. The staff culture is no longer fixed." The manager explained the change in staff's focus to meet people's needs and preferences meant, "People are much calmer as staff are reminded to use [people's] behaviour plans and have a much lower key approach when helping [people]. I am proudest of the additional choices people now have to do things they enjoy."

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

- People had been consulted about changes to environment at the home and encouraged to let staff know their suggestions. Staff said suggestion they made for improving people's care were listened to and gave us examples of how this helped people to express their identities.
- The manager planned to gain further insight about people's experience of the care provided through surveys.

- Feedback from other health and social care professionals and relatives acknowledged there had been more investment in the home and improvements in people's care and well-being.
- The manager and provider's representative understood their responsibility to be open in the event of anything going wrong and reviewed any feedback and incidents, so any learning would be taken from them and the home would continue to develop.

Working in partnership with others

- Staff gave us examples of effective relationships which had been developed with other health and social care professionals, so people would promptly be supported to have the care they needed and to enjoy good physical and mental health outcomes.
- The manager planned to further develop links with the community so people's well-being and inclusion was enhanced.