

Liaise (London) Limited

Crossbrook Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Crossbrook Court is a care home without nursing providing accommodation and personal care to 10 people at the time of the inspection. The service can support up to 14 people.

There were 2 separate buildings sharing the same grounds. One building had 1 self-contained apartment and 7 en-suite bedrooms. The second building had 3 self-contained apartments and 3 en-suite bedrooms.

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

Right Support

Staff supported people to have the maximum possible choice and control over their lives and be independent. Since the last inspection all restrictions imposed to people's freedom were reviewed and lowered as much as possible. Where restrictions had to be in place these were regularly reviewed, and staff involved health and social care professionals in these reviews. The provider's behaviour specialists were working with people to manage their anxieties better so that restrictions were minimised. People had specialist psychological support as well as on-going support from staff.

People were supported by staff to identify and pursue their interests or aspirations. People were supported where possible to participate in setting goals for themselves as well as participate in 'Quality of Life' reviews. The provider started using the quality-of-life tool in care reviews. This tool helped them focus on people's experience, allowed feedback from relatives and other professionals involved in people's care and highlighted areas where further improvements were needed to achieve good outcomes for people.

People had a choice about their living environment and were able to personalise their rooms. People told us they were supported to choose their décor and furnishings. The environment was undergoing refurbishment at the time of the inspection to ensure it better suited people living there. People's medicines were managed safely.

Right Care

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. Incidents were recorded electronically for senior managers to access and review remotely to identify trends and patterns if needed and take further action to support staff in how to keep people safe.

The provider employed enough staff to meet people's needs and keep them safe. The use of temporary agency staff had dropped significantly since the last inspection, and this had a positive impact on people.

The provider started a training programme for staff to learn how to communicate with people who had individual ways of communicating, such as using body language, sounds, Makaton (a form of sign language), pictures and symbols. Daily support from a supporting manager was available for staff working in the home to help ensure effective communication with people.

People started to receive care and supported to fulfil their needs and aspirations and focus on their quality of life following best practice. Staff were working with people to create new opportunities for them to try and enhance their lives. However, more work needed to be done to ensure people's care was centred around their likes, dislikes and their wishes respected.

Risk assessments were in place to ensure staff knew how to support people safely. Work was still being done to encourage and enable people to take positive risks.

Right culture

The provider's management team recognised the need to promote a positive culture in the home. Their ethos and values to ensure people were enabled to lead inclusive and empowered lives were promoted within the new staff team. Staff were valued and supported to develop their strengths and skills and to understand best practice in relation to supporting people with a learning disability and/or autistic people. However, further work was needed for personalised care and support to be embedded in staff culture.

The quality of support provided to people was reviewed regularly. This involved people, their families, and other professionals as appropriate. Health and social care professionals as well as relatives gave positive feedback about the way the service had improved since the last inspection. Family members felt more involved in people's care, and they felt listened to.

At the previous inspection we found staff did not ensure the risks of a closed culture were minimised. Whilst there was still a reliance on internal resources, the service had involved and listened to external health and social care professionals in implementing current best practice and guidelines when supporting people. The service worked in an open and transparent way, sharing information, and regularly meeting with external professionals to discuss people's support.

The provider had changed and further developed their governance systems. This was to ensure they effectively monitored and improved the quality and safety of the care people received. The improvements identified as needed by our previous inspection had commenced with a delay. This was because the provider had to employ and train a permanent staffing group as well as employ a new manager. Some positive outcomes could be already identified for people following the improvements made, however the improved practices needed to be embedded and sustained.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 06 September 2022).

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 06 September 2022. 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 inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Crossbrook Court

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Three Inspectors carried out the inspection.

Service and service type

Crossbrook Court 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

The service had an interim manager in post who was not registered with the Care Quality Commission for this location..

Notice of inspection

This inspection was unannounced.

What we did before 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 (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We communicated with 4 people who used the service and observed interactions between another 3 people and staff. We received feedback from 2 relatives about their experience of the care provided. Not all people who used the service were able to talk with us and they used different ways of communicating including using Makaton, gestures and their body language. We adapted our communication styles as well as making observations of people's responses to communicate with them.

We spoke with 4 support staff, the interim manager, a support manager, the quality manager, regional operation manager, the clinical manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from 4 health and social care professionals about the care and support people received in the service.

We reviewed a range of records. This included 5 people's care records. We looked a variety of records relating to the management of the service and medicine records.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Previously we found risks to people were not being effectively assessed and recorded to ensure staff had sufficient guidance to safely meet people's needs. There were insufficient numbers of suitably skilled and trained staff on shifts. This placed people at risk of harm. 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.

Assessing risk, safety monitoring and management, Staffing and recruitment

- People living in Crossbrook Court were safe. Two people we spoke with on the first day of the inspection felt they were not safe living at Crossbrook Court. This was because of the compatibility of the people they lived with. However, when we returned for the second day of the inspection, they told us they felt safe.
- The provider was re-assessing the type of service people needed. They discussed this with the funding authorities and plans were in place to work in partnership to ensure people were safe in the service.
- People's needs were assessed, and risk assessments were in place to guide staff in how to keep people safe. The provider involved external health and social care professionals in reviewing people's care and to ensure the risk management processes they had in place were not too restrictive for people.
- Staff told us the support and training they received from the provider and management helped them understand people's needs and how to manage risks better. People's risk assessments were reviewed and were up to date to help staff understand what risks were involved when supporting people.
- Relatives told us they observed an improvement of the care and support people with diagnosed mental health conditions received. They felt staff were more knowledgeable and able to recognise when people's mental health deteriorated. They told us they felt people were safe but improvements still needed to be made about how staff engaged people to help prevent any crisis.
- Previously staff did not always consider less restrictive options before limiting people's freedom. In this inspection we found that this was regularly reviewed. Restrictions were minimised as far as possible and constantly reviewed. For example, when some restrictions such as locking the kitchen had to be introduced because a person was in crisis, this was only for a short period. Keys were provided for other people living at the home so their access to the kitchen was not impacted.
- Previously the service relied heavily on the use of agency staff to cover gaps in staffing levels. At this inspection we found the provider made significant improvements and they had recruited a full permanent staff group. Some new staff members were still being inducted into the service, however the continuity of having permanent staff was appreciated by people and their relatives. One relative told us, "Having permanent staff makes all the difference. Some of them are still learning, but overall, its good."
- Previously we found staff recruitment processes promoted safety. Pre-employment checks were in place and included staff's work history, references and making checks for any criminal records. We have not

checked this again at this inspection.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had training on how to recognise and report abuse and they told us in recent months they had been supported daily by the provider's senior management team to recognise and report concerns.
- The provider had improved the way they reviewed accident, incident reports and concerns reported to them by staff or visiting professionals. The system allowed them to look for trends and patterns as well as to identify if safeguarding referrals had to be raised and reported to Local Safeguarding Authorities and CQC.

Using medicines safely

- After the previous inspection we received concerns about the way people's medicines were managed. Systems and processes to administer people's medicines were reviewed by the provider to ensure people received their medicines safely. We received positive feedback from the visiting community pharmacist following the improvements made.
- We found staff were trained, and their competency had been assessed before they administered people's medicines. We counted 3 people's medicines and found these corresponded with the records kept.
- People's medicines were reviewed regularly by their GP or specialist consultant involved in their care. Where medicines were administered as and when required, protocols were in place to give guidance to staff to ensure they administered these medicines safely.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping the premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service admitting people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- The service supported visits for people living in the home in line with current guidance.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Learning lessons when things go wrong

- Systems were in place for staff to report and record incidents and accidents. These were reviewed and monitored by the manager and internal senior managers and specialists. Whilst previously we had found little evidence lessons were learnt following incidents and accidents; this was now in place. Staff told us they discussed the previous inspection findings in meetings and improvements were made following lessons learnt. Incidents and accidents were analysed for trends and patterns and discussed with staff in meetings, handovers and care reviews.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection there was a lack of effective staff supervision, assessment and development. Staff did not have the skills and knowledge to provide care using a person-centred approach. This placed people at risk of poor care and unmet needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- The provider went through an extensive recruitment process to build up a permanent staff team. Newly employed staff members completed an induction programme in line with the Care Certificate standards. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Some staff members told us they found the training good and informative, however they felt more face to face training was needed. The provider had recognised this and ensured staff had support from a manager on the floor during weekdays. They had also started a collaboration with an independent care provider association to book staff on face-to-face training.
- Staff told us there were significant improvements in the training programme since our previous inspection and they had support from management in the home where they needed further guidance.

At our last inspection, the provider had failed to properly assess a person's mental capacity for a specific decision and failed to ensure only the least restrictive methods were used to uphold people's rights under the MCA. This was a breach of regulation 11 (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.

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

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

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- People had their capacity assessed if there was a need for this. Where people were found lacking capacity to take certain decisions, they received care and support in their best interest. Best interest decisions were taken following involvement from relevant health and social care professionals as well as relatives where appropriate.
- Record keeping around best interest decisions was still improving to ensure these listed the name and role of everyone involved.
- Restrictions imposed on people's freedom were considered and these were increased or lowered, depending on people's condition. Restrictions were reviewed regularly through a multidisciplinary approach. People, where possible, their representatives, supporting psychologists, independent advocates and learning disability specialists were consulted.

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

- The environment had been improved in places but continued to be under refurbishment. One person told us how happy they were with their new room.
- People personalised their rooms and told us they were included in decisions relating to the interior decoration and design of their home.

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

- People had an assessment of their physical and mental health prior of them moving into the service. However, in case of an emergency admission the assessment had been completed after people arrived in the service. This at times caused difficulties as it was not possible for the provider to assess prior the admission if people were fully suitable for the service they provided.
- The provider told us they had reviewed their admission process and they were also reassessing people living in the home to ensure their needs were fully met in the service.

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

- Previously we found people's health needs were mainly assessed and supported by the provider's internal multidisciplinary team (MDT), with little input from external professionals. At this inspection this had changed and there were regular meetings involving the provider's MDT members as well as external professionals.
- The provider's clinical staff had their knowledge regularly checked through clinical supervisions provided by external clinicians. This meant clinical staff in senior positions were up to date with current best practice and clinical standards.
- Relatives told us they observed an improvement about how senior clinical staff and care staff supported people to stay healthy.

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

- People told us staff supported them to prepare the meals of their choice. People were involved in shopping for the ingredients for the meal they wanted to prepare, and staff helped them.
- People at risk of choking or needed specialists' diets, had this recorded clearly in their care plans and staff were knowledgeable about these needs.
- Staff continued to encourage people to eat a healthy and varied diet to help them to stay at a healthy weight. People were able to eat and drink in line with their cultural preferences and beliefs.

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.

At previous inspection the provider failed to ensure people were supported to develop skills aiming towards becoming more independent. This was a breach of regulation 9 (Person Centred Care) 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 9.

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

- People and relatives told us permanent staff were kind and caring. One person said, "Staff are kind to me." A relative told us, "We noticed improvement since more permanent staff are in place. They are kind and caring."
- The provider recognised the need to have senior managers working alongside staff to promote positive culture and language when staff were talking with or about people.
- People continued to be supported to follow their religious beliefs by attending religious services of their choice and observing related cultural requirements such as diet and personal care.

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

- People told us they had meetings with staff to discuss their care and support needs. People were supported where possible to participate in setting goals for themselves as well as participate in 'Quality of Life' reviews. The provider started using the quality-of-life tool. This tool helped them focus on people's experience, allowed feedback from relatives and other professionals involved in people's care and highlighted areas where further improvements were needed to achieve good outcomes for people.
- People had key workers whose role was to act as the main point of contact for the person they were supporting, their relatives and professionals. We had positive feedback about this from health and social care professionals involved in people's care.
- Relatives of people who could not communicate their decisions or had no capacity to understand their own care needs told us they felt more involved in people's care. Their feedback was taken seriously by staff and management when planning people's care.

Respecting and promoting people's privacy, dignity and independence

- Previously people did not always have the opportunity to regularly try new experiences, develop new skills and gain independence. This area of people's support needs had been reviewed and plans were in place to further develop and create new opportunities for people.

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 inadequate. At this inspection this key question has improved to requires improvement. This meant people's needs were not always met.

At the last inspection we found that people did not receive quality, structured, personalised care that gave them choice and control and supported aspirations and social inclusion. This was a breach of regulation 9 (Person Centred Care) 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 9.

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

- Care records needed improving further to ensure all the information staff needed to support people in a person-centred way, had been captured.
- People's care plans were still in the process of being reviewed and structured in a personalised way so that information was easy to access by staff and professionals involved in people's care. Our observations on the day of the inspection evidenced that staff needed to further develop their understanding of what was important to people. For example, a person was enjoying colouring when we visited. They proudly showed us their work, however staff sitting next to them for support had not noticed the colouring pencils were all blunt making progress difficult for the person.
- Staff were knowledgeable about people, however they were still getting to know people's likes, dislikes, and preferences about the care they received. A relative told us, "Staff are trying their best, but they still need to learn how to engage with [person] in a meaningful way."
- Personalised care and support was not yet embedded in all aspects of the service. For example, a person opened their wardrobe when they showed us their bedroom. There were only 4 items of clothing hung up. The wardrobe was full of sheets, clothes, jumper, blankets without any order. This made it difficult for the person to choose what they wanted to wear every day.
- The improvements made by the provider had not been in place long enough for the impact to be meaningfully measurable in positive outcomes for people. We saw evidence that the provider had already identified some positive outcomes, including people having less anxieties. However, the improvements were not in place long enough to evidence continuous positive achievements.

Meeting people's communication needs

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

- People's communication needs were assessed, and staff received training to help them understand how

to effectively communicate with people.

- People continued to have communication passports that detailed preferred methods of communication in place. These included using 'now and next' boards, Makaton, pictures, and objects. At our previous inspection staff were not observed to be using these communication tools.
- At this inspection we found some staff had Makaton training and the provider's occupational therapist had started using `Talking Mats` with some people to engage them better in conversations about their interests, likes and dislikes. Talking Mats is a picture-based communication tool which supports people to share their thoughts and think about a topic in a concrete, structured, way. We observed the occupational therapist was trying to engage a person in using Talking Mats. However it was clear the person was not yet familiar with this communication tool, and they were constantly distracted.

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

- We found that people were engaged in outdoor activities, however further improvements were needed to ensure people had enough engagement opportunities when they were not going out.
- There was a significant improvement in people going out and about in the community, going shopping, to cinemas, visiting the seaside or other activities they chose to do. However, there were further improvements needed to in house engagement opportunities. For example, a person showed us their bedroom. They wanted to watch a DVD in their room or listen to a radio station on their TV. The staff member told them their TV was not working and they could only listen to the radio in the living room.
- People told us they were going out when they wanted. Relatives told us there were significant improvements in this areas and people had more opportunities to go out in the community and engage in different activities.
- Staff encouraged people to maintain relationships with their friends and relatives, through facilitating meetings where possible or through social media.

Improving care quality in response to complaints or concerns

- People and relatives said they were confident to raise concerns. A relative said, "They [staff and management] are good and they listen. They try and solve issues as much as possible. We know it's a new manager starting so we will talk to them to ensure communication is good." People were provided with a version of the provider's complaint's procedure in simple English with photo symbols to help them understand.

End of life care and support

- People had been supported to review their wishes for the end of their life. Their care plan had been developed and their views about the care and support they wanted were captured through the quality of life reviews.

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 improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Previously we found systems were either not in place or robust enough to demonstrate the service was effectively managed. The provider had failed to identify concerns in relation to records, staff competence, restrictive practices and quality of care. The provider had also failed to seek feedback from all stakeholders. 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.

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

- Further improvements were needed to the provider's governance and leadership to ensure these fully promoted a person-centred culture with clear outcomes for people. People and relatives told us there were improvements, however more time was needed for the permanent staff to get to know people well and for them to promote a personalised approach in all aspects of the support people received. For example, a relative said they felt there was a need for a stable management in the home. Whilst they appreciated the efforts and input from the provider and that there was now continuity of staff, they felt communication was not always as good as it should have been.
- Further improvements were needed to care records. For example, staff communicated with health or social care professionals and advocates to support a best interest decision taken for a person. This communication was not always in the care records but held electronically in emails or other correspondence. This made it difficult for reviewing professionals to understand the decision-making process. There was also a risk that important information could be missed. The provider had recognised this, and they were working on improving the way care records were organised and completed so that all information was captured.
- The provider started to use current best practice guidance of Right support, right care, right culture when supporting people with a learning disability and/or autism. People's care reviews were completed with the use of the quality-of-life tool. Relatives told us they felt more involved in people's care as they were part of these reviews. They told us they felt positive about the improvements and were confident that with a new manager in post things would improve further.
- We found evidence of numerous improvements made by the provider to promote a positive culture amongst the staff team so people could benefit from a personalised approach. However, this has not been

fully achieved yet, further improvements were needed to language used in care records as well as by staff at times when referring to people.

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

- The manager who was in place at the time of our previous inspection had left the service and although the provider had made efforts to employ a new manager, they had only recently found the right candidate. A manager from another service owned by the provider was in place until the new manager settled in the service. However, the provider had no registered manager in place since 06 May 2022.
- After the previous inspection there was a delay in the provider being able to evidence improvement and positive outcomes for people. They told us, although actions to improve were taken, until they built up a permanent staff team there was little progress made. More significant improvements were made from November 2022 when the provider had made changes in their senior management structure.
- The provider introduced additional audits and checks carried out by various members of their senior management team. There were also audits done by registered managers from other services owned by the provider. The supporting manager carried out daily walk rounds and observations of care practices. All actions arising from these audits were included in the provider's service improvement plan and evaluated when the next audit took place.
- Staff were trained and completed an induction training before they started to work in the home. Two newly employed staff members started every week in a staggered induction into the service. The provider had an additional support manager in place until they had managed to induct all permanent staff members.

Continuous learning and improving care

- Staff were happy with the training they received but wished for more face-to-face training. A staff member said, "The training is much better. We also have someone (management team) we can ask when we have questions."
- There were regular staff meetings where lessons learnt were shared and issues discussed with staff. Staff told us they had support in supervisions, staff meetings, handovers where they could raise any issues and seek management advice or agree a solution to their problem.
- Staff told us the only difficulty they had, which they knew the provider was trying to address, was the lack of space or staff room where they could spend their breaks and rest, especially if they had a difficult shift. The provider was planning to provide a staff room; however, works were not yet completed.
- The provider told us they had shared learning from our previous inspection with their other services for the purpose of lessons learnt and to further improve people's experience of the care they received.

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 provider notified CQC and the local authority of significant events, accidents, incidents and safeguarding concerns. They also communicated with relatives and others involved in people's care. This was done in an open and transparent way.

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

- People told us they spoke with staff if they had any concerns. People also had key workers. Part of the key workers role had been to seek people's feedback about the care and support they received. However, the provider had identified the key worker sessions were not at the quality they expected so further training and workshops were arranged for key workers to ensure people fully benefited from their support.
- Relatives told us they were asked for their feedback in regular reviews people had. They felt confident in

raising concerns if any and giving feedback to the provider. A relative said, "I am confident in raising anything and give feedback. They are good in accepting it and act."

Working in partnership with others

- The provider worked on establishing good links with commissioners, social workers involved in people's care and learning disability specialists. We received positive feedback from these professionals about the effective partnership working, which had a good impact on people.
- The provider also established links with an independent care provider association, to access training and support for staff and management.