

Matthew Residential Care Limited

Matthew Residential Care Limited - 59 Woodgrange Avenue

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

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

Matthew Residential Care Limited - 59 Woodgrange Avenue is a residential care home providing personal care and accommodation to three people at the time of the inspection. The service can support up to three people.

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

During our last inspection we found that the service did not demonstrate how they were meeting the underpinning principles of right support, right care and right culture (RCRSRC). During this inspection the service had made a number of improvements to ensure that the underpinning principles of RCRSRC were addressed. However, we were still not fully assured that the changes the service had made were fully embedded and the quality standards will be maintained.

Right Support: During our last inspection, the service did not effectively support people through recognised models of care and treatment for people with a learning disability, autism and behaviours that challenge the service, such as positive behaviour support approaches (PBS). During this inspection we saw that PBS's had been updated and implemented. The registered manager told us that PBS'S needed further development by involving external behaviour specialist in the process. People were involved in the planning of their care and told us that they received support which met their individual needs and cultural preferences. People who used the service were supported in the least restrictive way and staff demonstrated understanding of people's PBS's. People were supported to live the life they wanted by staff who knew them well and put them at the centre of decision making. Staff enabled people to access specialist health and social care support in the community. People had a choice about their living environment and were able to personalise their rooms

Right Care: Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

Right Culture: People and those important to them, including advocates, were involved in planning their care. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff ensured risks of a closed culture were minimised so that people received

support based on transparency, respect and inclusivity. 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.

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 requires improvement (published 17 February 2022) and there were breaches of regulations. 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.

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.

Recommendations

We made two recommendation in regard to responding to people expressing distress and the analysis of accidents and incidents.

Follow up

We will continue to monitor information we receive about the service, which will help inform us 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?

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 ●

Matthew Residential Care Limited - 59 Woodgrange Avenue

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

The inspection was carried out by one inspector.

Service and service type

Matthew Residential Care Limited - 59 Woodgrange Avenue is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Matthew Residential Care Limited - 59 Woodgrange Avenue is a care home without nursing care. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally

responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with three members of staff including the registered manager, nominated individual and one care staff.

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



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- During our last inspection we found that risks were not always identified, monitored and where possible, reduced or prevented. During this inspection we found that the service had taken actions and had made improvements to the management of risk in relation to people expressing distress.
- Since our last inspection the service had reviewed positive behaviour support plans (PBS) for people who used the service. A Positive Behaviour Support Plan is a document created to help understand behaviour and support behaviour change in adults who have learning disabilities. We saw that PBS were well structured and provided staff with information what triggers peoples behaviours and how to respond to these pro-actively and reactively. However, we saw that PBS's lacked evidence-based approaches and therapies from external health care professionals such as Speech and Language Therapy (SALT), psychology and psychiatry. Input from professionals will formalise PBS's and ensured that the service was adhering to current national clinical guidance around the management of behaviours people might display when in distress. We discussed this with the registered manager who advised us that they contacted the local positive behaviour team and failed to get a response. The service has now involved an external company and waited for a professional to be allocated to assess people's behaviours and support the service in developing more holistic PBS's for people who used the service.
- During our last inspection we found that risk assessments lacked detail around responding to people's mental health needs and in regard to the environment. During this inspection we saw that the service had updated these risk assessments and provided staff with sufficient details in how to respond and manage such risks.
- People who used the service told us that they felt safe and well looked after. One person told us, "I want to live here forever, it's my favourite place to live and the staff make sure I am safe."
- We found during this inspection that the service had made improvements to the assessment and management of risk. However, we explained to the registered manager that these needs to be further embedded within the service to ensure risk management was maintained within the service.

We recommend the service seeks further national guidance in how to manage behaviours that challenge the service.

Using medicines safely

- During our last inspection we found the service did not have robust PRN (as needed) medicines procedures to ensure people received medicines at the right time to protect their health. We further found that staff lacked training in how to support people using an inhaler (portable device that delivers medicines to lungs).
- During this inspection we found that the service managed peoples medicines safely. The service had

updated all PRN protocols together with the prescriber and staff were provided with sufficient detailed guidance how to support people on PRN medicines.

- Staff administering medicines had received appropriate training and their competency had been assessed.
- Peoples medicines administration records (MARs) were detailed and completed diligently. Appropriate codes were used when medicines were not administered, or people were on social leave. The registered manager reviewed the system to monitor and assess MARs to ensure any omissions can be dealt with and immediately resolved.
- Staff had received training in Stopping over medication of people with a learning disability, autism or both (STOMP). We discussed STOMP with care staff, and they demonstrated good understanding that medicines used to manage people's behaviours should only be administered as a last resort. One care staff told us, "We use medicine to manage people's behaviours, but we will only give this if we tried everything else before to deescalate the situation." MARs viewed confirmed that people were not overmedicated on such medicines.

Learning lessons when things go wrong

- During our last inspection we found that incidents and accidents relating to people's behaviours and administration of psychotropic medicines for the primary purpose of influencing a person's behaviour was not appropriately documented and lessons learned from such incidences were not put into practice.
- During this inspection we found the service had reviewed and updated their system of recording and acting on accidents and incidents.
- We looked at a sample of the most recent incidents/accident recorded. We noted that the records detailed the nature of the incident/accident, immediate actions taken, the outcome and any follow up actions taken. However, there was a lack of information about lessons to be learnt following an incident/accident. We raised this with the registered manager who confirmed that such information would be recorded.

We recommend the service sought information on analysing patterns and trends for accidents and incidents.

Systems and processes to safeguard people from the risk of abuse

- During our last inspection we made a recommendation for the service to review and update the management of people's finances and take action to update their practice accordingly.
- On this inspection we found the service had reviewed the management of peoples finances and introduced an additional check to ensure peoples finances were managed safely. People who used the service told us that they were happy how their money was managed. One person said, "They go with me to the bank but its only me who knows my PIN. I am happy with this."
- Systems were in place to safeguard people from the risk of harm and abuse.
- The care people received was safe and met their needs. One person told us, "I am very happy here and I am safe." Another person said, "I feel safe here."
- Staff completed safeguarding training. Care staff we spoke with were able to describe their role in keeping people safe and reporting safeguarding concerns.
- Staff said they would feel comfortable to whistle blow should they witness poor or abusive practice. They were confident that management would take appropriate action when required.

Staffing and recruitment

- Since our last inspection no new staff had been recruited. During our last inspection we found the service had recruitment processes in place which supported safe recruitment decisions. This included pre-employment checks to ensure staff were suitable to work with people living at the service.
- We found during this inspection that sufficient staff were deployed to meet people's needs. This was confirmed by one person who said, "I really like the staff and there is always someone around to help me when I need them."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service was open to visitors.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- During our last inspection we found the service failed to carry out assessments of people's behaviours in a person-centred way. Interventions for people in distress were not detailed and clear focusing on pro-active strategies as supposed to restrictive strategies such as psychotropic medicines to manage behaviours.
- During this inspection we found that the service had undertaken behaviour assessments and implemented PBS to manage people's behaviours.
- A care plan was created following the assessment process. Since our last inspection the service had introduced a new electronic care planning system which included information about what care people needed. Details of people's needs, including their cultural, religious, dietary, and preferences were documented.
- We received feedback that the provision of care was generally centred around the needs, wishes and preferences of people receiving support.

Staff support: induction, training, skills and experience

- During our last inspection we found that while staff had received basic training the service failed to provide staff with specialist training around managing behaviours that challenge the service and how to support people with learning disabilities and autistic people. Since this inspection the service had sourced external training for the management of behaviours that challenge the service and training in how to support people with learning disabilities. Care staff told us that the training was very useful and helped them to have a better understanding of how to support people who used the service more effectively. This was also evident in the reduction of the use of psychotropic medicines to manage behaviours that challenged the service.
- Staff had access to a wide range of training including an induction tailored around the principles of the Care Certificate. 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. Training records viewed showed that care staff had completed most of the training. However, the registered manager told us that training was ongoing and she was working towards a 100% completion of and specialist training.
- Care staff told us that they were supported by their registered manager and regular one to one supervision were arranged to discuss ongoing work issues and development.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- During our last inspection the service did not clearly record mental capacity assessments and any best interest decisions for people identified as lacking mental capacity for certain decisions.
- During this inspection we saw people's care plans reflected areas where people required support in making particular decisions.
- Care staff had received training in the principles of the MCA and DoLS and were able to provide us with examples. One care staff told us, "[Name] is able to go to the bank on her own to withdraw money but we help her to keep it safe when she withdrew it, she is not fully aware of the dangers." This had also been documented in persons plan of care.
- The service had applied for DoLS authorisation from the local authority, which ensured peoples liberty was not unlawfully restricted. For example, if they required staff support when accessing the community or being administered psychotropic medicines to manage behaviours that challenge the service.

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

- During our last inspection we found the service did not focus on other wider proactive approaches to develop environment so that it was supportive to people's needs. During this inspection we saw that the service worked towards creating an environment more suitable towards people's needs.
- Overall, we found the environment was spacious and well-maintained. The service recently obtained quotes from contractors to undertake redecoration works which was part of the service development plan. The service was working towards completion of this work by November 2022. The registered manager told us once the decision was made on the contractor to use, people who used the service will be involved in choosing colours, wall papers, etc.
- One person showed us her room, we found the room to be personalised with family pictures and ornaments and spacious. The person told us, "I like my room, its mine and I do with it what I want."

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

- Since our last inspection the service had improved engagement with external health care professionals and stakeholders to ensure people received consistent, effective health care support.
- People's Health Action Plans (HAP) have been developed with people. A HAP is part of a person-centred planning. It is a record of a person's health and provided information about what that person needs and wants to do to stay healthy. Regular annual health checks with their GP had been carried out to ensure the service continued to meet their health care needs.
- Regular medicine reviews had been carried out by their GP or psychiatrist to ensure they continued to receive the appropriate medicines.
- The registered manager told us that she contacted an external challenging behaviour specialist to arrange assessments and develop appropriate PBS's and staff had up to date guidance to manage people's behaviours.

- The service had worked closely with the local authority quality assurance team to make ongoing improvements about the quality of care provided to people who used the service.

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

- People who used the service were supported to eat and drink and were provided a well-balanced and healthy diet.
- People told us that they enjoyed the food and that they were able to choose their own menu. We saw that the menu was planned over a four-week period and provided people a choice of what they wanted to eat.
- We observed ne person during breakfast. The person told us that she enjoyed it and demonstrated an understanding that she had to make healthier choices. For example, she told us, "My favourite cereal is [sugary brand] but I only eat them sometimes they are too sweet."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated and supported well, and their equality and diversity were respected.
- People using the service, told us staff treated them well. When asked if staff treated people well, one person said: "I love living here, it's the best place I ever lived in and the staff are great."
- People received kind and compassionate care from staff. People told us that they were comfortable in staff's company, and we observed staff speaking to them with respect and warmth.
- Since the last inspection the service had taken a number of steps to ensure people received support tailored to them personally, respecting their equality and diversity rights. For example, care plans had been reviewed and updated and included information in respect to people's cultural needs and wishes. For example, one person enjoyed cooking cultural meals, which was recorded in their plan of care and staff confirmed this happened.

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

- People who used the service were supported and encouraged to express their views and make decisions about their care.
- Staff routinely ensured people's views and choices were supported. This included a residents' meeting to plan the activities for people who used the service. As a result of one of such meetings people went for day trip to the coast.
- Care records showed people had been involved in making decisions and contained information about people's longer-term goals and aspirations. For example, one person planned and went on a holiday to visit family abroad recently.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted and respected.
- We observed people being supported by kind and unhurried staff. Staff were seen to sit down with people and talk with them about their day and any plans in the future.
- People told us that staff listened to them when they made day to day decisions. For example, one person told us that she was looking to move into a different setting and staff supported the person with this by helping the person to gain greater independence and undertake trial visits of the service the person had chosen.
- Care plans showed independence was routinely promoted within the service, with records showing people were assisted to do their own cooking and laundry. For example, one care plan stated how the person enjoyed cooking their own cultural dishes and staff told us that the person was an excellent cook. Another

person who told us that they liked cakes told us how much she enjoyed a recent baking session with staff.

- Systems were in place to maintain confidentiality; people's records were stored securely within the home.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- During our last inspection we found that the service did not always make information available in formats suitable to people's communication needs.
- During this inspection we saw that the service had made a number of improvements to ensure information was more accessible to people who used the service. For example, the service had introduced a picture book which supported people to make day to day choices. One person told us that she uses the book regularly when communicating with staff.
- The registered manager told us that since the last inspection the service made use of information technology by using a speech App on a tablet. She told us that this was used during key working meetings and supported people to have broader understanding of their care plans.
- The service provided a variety of documents, in particular service users surveys, in a pictorial format enabling people who are unable to read or write to comment on the care and support they received.

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

- Since our last inspection the service had done a lot of work to improve and personalise the care plans to demonstrate that people's needs, and preferences were met.
- All care records were transferred to an electronic care planning format. Records viewed were detailed and provided ample information about people's background and history, their current care needs, health needs and any future aspirations.
- People who used the service told us that they had been involved in the planning of their care. One person said, "I have a folder and staff talk to me of what I want to do in the future."
- All people who used the service spoke highly about the help and support they received from staff to achieve their potential. This included to go on international holidays with staff or their own or choose places they wished to visit or live.

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

- Since our last inspection people were supported to access varied activities that were socially, culturally and educationally relevant to them.

- For example, one person told us how much she was looking forward visiting a relative abroad. Another person told us that without the support of staff she wouldn't have been able to go to a family wedding and visits relatives abroad for the first time in over twenty years.
- People were also offered opportunities to seek employment with the help of staff and try out new things such as going to college for gaining further education and skills.
- One person expressed interest in seeking relationships and the service supported the person to go to discos to meet new people.
- People were supported to maintain relationships important to them and received appropriate support from staff if this was required.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, and information about how to complain was shared with people when they started using the service.
- Since our last inspection the service had not receive any formal complaints. People who used the service told us that they would raise concerns with staff or the manager. One person told us, "If I had any issues I would go to [managers name] or talk to staff but everything is ok here."

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed 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.

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

- During our last inspection we had concerns round the effective assessment of quality performance and assurance. This was reflected in the overall rating during that inspection.
- During this inspection we saw that the service and provider had made a number of improvements to the monitoring and assessment of the quality of care provided to ensure needs in regard to people's behaviours, medicines and personalised care planning were met.
- The service had involved an external care consultancy company to work together with the management and staff to assess care and systems and make improvements for people who used the service.
- We saw that a lot of work had gone into the safe management of medicines in particular medicines used to manage people's behaviours, training for staff to gain more skills in how to manage behaviours pro-actively rather than reacting to behaviours.
- While we saw that outcomes in relation to the quality of care people received and expected had improved. We were not fully reassured that the quality improvements made by the service were fully embedded and will be maintained in the future. We reflected this in the overall rating given to the service during this inspection.
- We saw that the service had introduced a number of robust quality assurance systems which included a service improvement plan, a workforce and training development plan and a holistic competency assessment for staff. These were regularly reviewed, however, a number of actions were still working progress and needed further development to be fully achieved. For example, PBS's still required further input from behaviour specialists and work in regard to the environment were still ongoing. The registered manager told us that this is an ongoing process and had taken appropriate actions to complete this.
- The service had engaged with the CQC and external stakeholders since the last inspection and demonstrated transparency and commitment to learn to make improvements to the quality of care given to people who used the service.
- People who used the service collectively told us that they were satisfied and happy with the care and support they received at Woodgrange Avenue.

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

- During our last inspection we had concerns that the service did not follow the person-centred principles of being open, inclusive and empowering to achieve good outcomes for people who used the service.
- During this inspection we saw that the service had taken action and work to engage and involve people in

the planning of their care by introducing picture books and using information technology to involve people who had difficulty to communicate, read or write. This was reflected in records we saw which had been improved and showed that people were involved in the planning of the care to ensure the individual needs can be addressed and met.

- Work has started to evolve PBS's for people who used the service. Though there was evidence that the implementation of PBS's for people had led to the reduction of the use of medicines to control behaviours.
- People who used the service told us that they took part in the planning of their care, social and educational activities and the running of the service. One person said, "I like living here, I talk to staff about what I want to do, and they listen and help me."

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

- During our last inspection we found that surveys were not provided in a format suitable to meet people's communication needs. We also were concerned the service was at risk of creating a closed culture. This is a poor culture that can lead to harm, including human rights breaches such as abuse. Right support, right care, right culture, which is a statutory guidance issued by CQC. We expect providers of learning disabilities services to have regard to this, in order to maximise choice, control and independence of people using their services.
- Since our last inspection the service had undertaken a questionnaire which was provided in pictorial format suitable for people using the service to understand and use. People who used the service had completed the surveys with some staff support but it was evident that they were the main driver of completing the surveys. All surveys viewed were positive. People who used the service told us that they completed the surveys and one person told us, "I completed and signed it."
- We further noted that the service had undertaken a lot of work to make improvements to the quality of service people were offered and it was evident that people had been involved in the process. People who used the service met regularly to discuss their care with their key worker and had regular service users meeting to plan menus or activities. This had reduced the risk for the service of creating a closed culture. The registered manager demonstrated understanding that this process was ongoing and told us that she will continue to work on maintaining the new systems introduced and continue to make further improvements to the quality of care provided.

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 registered manager and provider understood their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.

Working in partnership with others

- Since our last inspection the service improved their engagement with external partners and stakeholders. For example, people's PRN protocols had been discussed with the person's GP to ensure the decision to administer medicines to control people's behaviours was in the best interest for people and staff had safe protocols in place to administer them safely.
- The service worked closely with the local authority to ensure improvements following our last inspection were discussed and addressed. A quality assurance monitoring audit carried out by the local authority after our last inspection highlighted that the service had made improvements to care plans, risk assessments, training, medicines and PRN management and communication support. This was concurrent with our findings during this inspection.
- We saw that the service continued to engage with local partners, in particular around the management of behaviours when people were in distress. However, this work was still ongoing.

