

Alban Quality Care Limited

Alban House Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Alban House Residential Care Home is a 'care home'. The home is registered to accommodate up to 23 people in one adapted building. At the time of this inspection there were 17 people living there. The home cared for older people, including people with dementia, learning disabilities and other mental health needs. The home also cared for younger adults with physical disabilities, including neurological conditions such as Multiple Sclerosis.

Alban House has been adapted from three adjoining Victorian terraced houses. There are four floors accessed by a shaft lift.

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

People's individual risks had been identified and risk assessment reviews had been carried out to identify ways to keep people safe. For example, risk assessments for pressure area care, constipation and those risks associated with specific physical health conditions, such as Multiple Sclerosis and Parkinson's disease. The service recognised that further work was needed to individual risk assessments and this formed part of the service' improvement plan. The plan stated: 'Latest audit shows that some bespoke risk assessments are outstanding.'

The service had implemented an 'escalation steps' procedure surrounding the health of individuals, in order for changing needs to be addressed in a timely manner. This involved updating care plans, risk assessments and seeking health and social care professional involvement to address people's individual needs.

Health and safety failings and areas of the home in need of repair had now been addressed. All relevant health and safety checks were now scheduled in an annual diary. This clearly indicated who was responsible for all checks, including external contractors, visiting for instance to service moving and handling equipment. These checks were being completed in a timely way.

People were protected because the organisation took safety seriously and had appropriate procedures in place. Comments included: "The staff look after me very well" and "I am very comfortable."

Care plans had been reviewed and clearly detailed people's individual needs, wishes, goals and how to support them to ensure all individual health conditions and preferences were addressed. Sections specific to people's physical health conditions were now detailed and explained how certain physical health needs affected people's lives. For example, for people living with Multiple Sclerosis or Parkinson's disease. Further work was underway to ensure care plans provided enough information to ensure staff delivered consistent care and support. The service' improvement plan cited that further work was needed to care plans and this work was on-going.

Improvements had been made to the induction process for new employees. Staff training on essential

topics had improved, which enabled staff to feel confident in meeting people's needs and recognising changes in people's health. A staff member commented: "100% improved. We have had lots of training we are interested in so we can look after people properly. I am looking forward to doing end of life care training soon." Staff were now receiving on-going supervision in order for them to feel supported in their roles and to identify any future professional development opportunities.

The staff team had stabilised and felt well supported by the management team and felt able to raise concerns.

A redecoration programme was in place and was being worked through to improve the home's environment, ensuring it was comfortable for people living there.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support was assessed on an on-going basis in line with the Mental Capacity Act 2005.

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.

Systems to monitor the service had improved to ensure people received a safe service according to their individual needs. Quality monitoring systems were increasingly becoming more effective to provide clear oversight of the service to ensure it was safe for people and reduce risks to their health and well-being. These systems needed to be fully embedded in practice.

The service was being supported by the local authority Quality Assurance Improvement Team (QAIT) to ensure robust systems were in place to ensure people received the appropriate person-centred care and support.

Medicines were safely managed on people's behalf. There were safe staff recruitment and selection processes in place. Staffing arrangements met people's needs. People were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

We continue to receive statutory notifications in relation to safeguarding events and serious injuries in a timely manner.

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 15 January 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check whether the Warning Notice we previously served in relation

to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We also followed up on further breaches of regulations 11 (Need for consent); 12 (Safe care and treatment); 15 (Premises and equipment) and 18 (Staffing). This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contains those requirements. The overall rating for the service has not changed following this focused inspection and remains requires improvement.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alban House Residential Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Alban House Residential Care Home

Detailed findings

Background to this inspection

The inspection

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

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

Alban House Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A new manager had been appointed who commenced their employment on 5 April 2021. They will be registering with the Care Quality Commission to become the registered manager.

Notice of inspection

The inspection was announced.

What we did before the inspection

Prior to the inspection we reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We also reviewed the information the provider had sent to us about the progress they were making in meeting the breaches of regulation identified at our last inspection. We used 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 eight members of staff including the provider, newly appointed manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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.

After the inspection

After our visit we sought feedback from health and social care professionals and relatives to obtain their views of the service provided to people. We received feedback from two professionals and two relatives.

We also spoke with a number of health and social care professionals as part of the quality assurance and improvement process.

We continued to seek clarification from the provider to validate evidence found. We looked at various documents including care plans, risk assessments, training records, policies and procedures, specific audits relating the quality and safety of the service and the action plan relating to the management of the service to ensure people received safe care and support specific to their individual needs.

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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. 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.

- At our inspection in October 2020, systems were not in place to ensure people received safe care and treatment. This inspection found improvements had been made. Further work was still needed to ensure risk management systems were consistent and embedded in practice.
- People's individual risks had been identified and risk assessment reviews had been carried out to identify ways to keep people safe. For example, risk assessments for pressure area care, constipation and those risks associated with specific physical health conditions, such as Multiple Sclerosis and Parkinson's disease. Risk management considered peoples' physical and mental health needs and showed measures to manage risk were as least restrictive as possible. The service recognised that further work was needed to individual risk assessments and this formed part of the service' improvement plan. The plan stated: 'Latest audit shows that some bespoke risk assessments are outstanding.'
- The service has implemented an 'escalation steps' procedure surrounding the health of individuals in order for changing needs to be addressed in a timely manner. This involved updating care plans, risk assessments and seeking health and social care professional involvement to address people's individual needs. To help with this procedure, a new handover form had been created which allowed staff to document/flag up changing needs. These were then followed up by the senior member of staff who escalated them on the same day. Escalations were inputted on the electronic care planning system which enabled oversight by the management team to ensure the quality and safety of the service.
- Where people were identified as at risk of constipation their care plans now identified the risk. They explained how to recognise the signs of constipation and the measures necessary to reduce the risk of further episodes of constipation.
- Care plans now contained more information about specific risks and how to reduce or prevent them. For example, relating to skin care. The care plans clearly detailed the signs and symptoms to look out for and the actions needing to be taken if necessary. In addition, skin check charts had been implemented and were completed when a person was receiving personal care. This enabled clear oversight and enabled changes in a person's skin integrity to be escalated, including to the community nursing team. A health professional commented: "Staff are reporting skin care issues proactively."

- Staff had also received training from an external source on skin care and the prevention of pressure ulcers to enable them to provide people with appropriate skin care support. To further enhance staff ability to provide people with appropriate skin care support, competency assessments had been carried out to ensure staff were following best practice guidelines.
- Where creams and lotions had been prescribed for skin care, the records of administration had been improved and weekly auditing had been implemented to provide assurance that people's skin care was being managed and to assure measures were in place to prevent skin damage.
- Measures to protect people and staff from accident or injury when people needed assistance to move were now in place. Staff had received training in moving and handling and competency assessments had been introduced to ensure safe practices.
- Health and safety failings and areas of the home in need of repair had now been addressed. All relevant health and safety checks were now scheduled on an annual diary. It clearly indicated who was responsible for all checks, including external contractors, visiting for instance to service moving and handling equipment. These checks were being completed in a timely way. For example, the hole in one of the ceilings identified at our inspection carried out in October 2020 had been rectified. The service also had a redecoration programme in place which they were working through. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care.
- There was evidence that learning from incidents and investigations was improving. Appropriate changes were beginning to be implemented. For example, when a person's physical health needs had changed, their care plans and risk assessments had been updated and involvement of other health and social care professionals was requested in a timely way. Further work was needed to ensure consistency and to demonstrate that this was embedded in practice.

Systems and processes to safeguard people from the risk of abuse

At our inspection in October 2020 we recommended the provider sought advice and guidance from a reputable source, to help them review their systems and training programme for staff on safeguarding people from abuse. This inspection found improvements had been made.

- People were protected because the organisation took safety seriously and had appropriate procedures in place. Comments included: "The staff look after me very well" and "I am very comfortable." A relative commented: "(Relative) is 'happy as Larry' at Alban House. The care and attention to detail is evident. The care is fantastic. I have no worries."
- Staff had received up to date safeguarding training in order for them to understand what good practice is, how to report concerns and keep people safe.
- Staff knew the procedure to follow if they witnessed abuse. Comments included: "I would check that the individual was ok. Report it immediately and complete the necessary paperwork."

Staffing and recruitment

- Staffing arrangements met people's needs. Staff confirmed people's needs were met promptly, and there were sufficient numbers of staff on duty. We observed this during our visit when people needed support or wanted to participate in particular activities. For example, staff spent time with people engaging in meaningful conversations and ensured staff were present in communal areas.
- Unforeseen shortfalls in staffing arrangements due to sickness were managed. The nominated individual explained that generally regular staff would fill in to cover the shortfall, so people's needs could be met by staff who knew them. In addition, the service had management on-call arrangements for staff to contact if concerns were evident during their shift.
- There were effective recruitment and selection processes in place to ensure only staff who were suitable to

work with people who may be vulnerable were employed.

Using medicines safely

- People's medicines were managed so they received them safely.
- Appropriate arrangements were in place for obtaining medicines. The home received people's medicines from a local pharmacy each month. When the home received the medicines, they were checked, and the amount of stock documented to ensure accuracy.
- Medicines were kept safely in a locked medicine room. The room was kept in an orderly way to reduce the possibility of mistakes happening.
- Medicines were safely administered. Medicines administration records were appropriately signed by staff when administering a person's medicines.
- Audits were undertaken to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained in date.
- Staff received medicine training and competency assessments to ensure they were competent to carry out this task.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

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 remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection there was a lack of adequate care plans and risk assessments which placed people at risk of harm or poor care. 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.

- At our last inspection in October 2020 people were at risk of poor care because their needs and choices were not fully assessed. Care plans did not always provide sufficient information to ensure staff delivered effective care. This inspection found improvements had been made. Further work was underway to ensure care plans provided enough information to ensure staff delivered consistent care and support. The service' improvement plan cited that further work was needed to care plans and this work was on-going.
- All care plans had now been reviewed and detailed people's individual needs, wishes, goals and how to support them to ensure all individual health conditions and preferences were addressed.
- Sections specific to people's physical health conditions were now detailed and explained how certain physical health needs affect people's lives. For example, for people living with Multiple Sclerosis or Parkinson's disease.
- Care plans were in the process of being developed to include more information on people's social needs. For people who had limited verbal communication, the provider's action plan stated that meetings were being arranged with people's families in order to gather further details about life histories, hobbies and preferences. This would then guide staff on the things people might want to hear or talk about when supporting them with care and support. The service' improvement plan stated that this work was due to be completed by the end of May 2021.
- Staff had received additional training on the use of the electronic care planning system, in order for them to accurately record tasks which had been completed. This enabled daily notes to evidence that people's care and support needs had been met.

Staff support: induction, training, skills and experience

At our last inspection people were at risk of poor care because the provider had failed to ensure staff received appropriate training, supervision and appraisal. 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.

- At our last inspection in October 2020 not all staff had received an induction or ongoing training in essential topics to provide them with the knowledge and skills necessary to meet the needs of people living in the home. This inspection found improvements had been made.
- People and relatives felt staff were well trained. One person commented: "The staff know how to do their jobs." A relative commented, "Staff appear well trained and support (relative) well."
- Improvements had been made to the induction process for new employees. Evidence showed new staff had completed an induction and probationary period when they started work at the service. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone.
- Staff training on essential topics had improved, which enabled staff to feel confident in meeting people's needs and recognising changes in people's health. Staff recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on a range of subjects including, safeguarding vulnerable adults, moving and handling, medicines, basic life support and nutrition and hydration. In addition, staff have received training on topics specific to people's individual needs. For example, dementia awareness and skin care. Further training was arranged, for example end of life care. A staff member commented: "100% improved. We have had lots of training we are interested in so we can look after people properly. I am looking forward to doing end of life care training soon."
- The training matrix evidenced that staff had also completed nationally recognised qualifications in health and social care, including the care certificate. The care certificate aims to equip health and social care staff with the knowledge and skills which they need to provide safe, compassionate care.
- Staff were now receiving on-going supervision, in order for them to feel supported in their roles and to identify any future professional development opportunities. Annual appraisals were on-going. Staff confirmed they felt supported by the acting manager, nominated individual and provider. A staff member commented: "I have had supervision and I had my appraisal a few weeks ago."

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

At our last inspection people were at risk of harm from unsuitable accommodation because the provider had failed to ensure the premises and equipment are properly maintained. This was a breach of regulation 15 (Premises and equipment) 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 15.

- At our last inspection in October 2020 a lack of maintenance and management oversight had resulted in the decoration and maintenance deteriorating since the previous inspection. Some areas of the home required maintenance and decoration to ensure the premises were safe and comfortable for people living there. This inspection found improvements had been made.
- A redecoration programme was in place and was being worked through to improve the home's environment, ensuring it was comfortable for people living there. For example, high use areas and communal areas were being repainted and bedrooms were gradually being redecorated. One person's bedroom had recently been redecorated. They commented: "I have had my room redecorated and I chose the colour scheme." Carpets and flooring covers were also being replaced as per the redecoration programme.
- The new toilet and shower room on the top floor had been completed and was now in use.
- The home also had a maintenance person who carried out routine repairs and maintenance in a timely way. In addition, the provider's governance diary indicated and flagged up when external contractors were required to service essential equipment and utilities to ensure they were safe to use.
- The service was in the process of improving the layout and decoration of the home to make it more suitable for people living with dementia. For example, carpets and floor coverings were being replaced, door frames

painted in contrasting colours and toilet seats being a different colour to aid spatial awareness.

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.

At our last inspection the provider did not have systems in place to ensure people's right to make important decisions about their care and treatment, and their daily lives was upheld. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- At our last inspection in October 2020 care plans did not provide evidence to show that people's mental capacity had been considered or assessed. This inspection found improvements had been made.
- Staff had now received up to date MCA training.
- Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known. People's individual wishes were acted upon, such as how they wanted to spend their time.
- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support was assessed on an on-going basis in line with the (MCA). People's capacity to consent had been assessed and best interests' discussions and meetings had taken place. For example, the need for a person to be in a care setting. This demonstrated that staff worked in accordance with the MCA.
- DoLS applications had been made to the relevant local authority where it had been identified people were being deprived of their liberty. The nominated individual was aware that authorisations required regular review.

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

- Staff knew how to respond to specific health and social care needs. They spoke confidently about the care they delivered and understood how this contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff said people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis. For example, when recognising changes in a person's physical health.
- People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. For example, GP and community nurse. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion. For example, diabetes management.

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

- People were supported to maintain a balanced diet.
- Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. People's weights were monitored on a regular basis. Where a person's ability to eat or drink changed, staff consulted with health professionals. For example, speech and language therapists had been involved with people who had issues with communication and/or eating and drinking. As a result, people were prescribed specific diets to reduce any risks, and staff followed the guidance.
- The cooks were aware of who needed soft diets and ensured food was separated so they could appreciate the different tastes and textures.

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. The purpose of this inspection was to check if the provider had met the requirements of the warning notice, we previously served in relation to regulation 17 (Good governance). 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

At our last inspection due to poor governance of the service people continued to be at risk of harm. The breaches had occurred because the provider had failed to adequately assess, monitor and improve the quality and safety of the services. Their monitoring processes had not identified failings in their risk assessment and monitoring procedures. Daily records did not provide an accurate, complete and contemporaneous daily record of the care and treatment each person received. 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.

- This inspection found systems to monitor the service had improved to ensure people received a safe service according to their individual needs. Quality monitoring systems were increasingly becoming more effective to provide clear oversight of the service to ensure it was safe for people and reduce risks to their health and well-being.
- Changes to the senior management team had improved. The provider had enlisted the support from an individual to oversee the quality assurance of the service. This person has since become the nominated individual. A new manager had been appointed who commenced their employment on 5 April 2021. They will be registering with the Care Quality Commission to become the registered manager.
- The staff team had stabilised. Staff confirmed they felt well trained in order to provide appropriate care and support to people. They felt well supported by the management team and felt able to raise concerns. Staff commented: "Things have definitely improved. I know I can raise things if needed, it was difficult in the past. The previous manager did not help the home" and "The nominated individual is absolutely amazing, supportive and her door is always open. They are visible in the home."
- The principles of good quality assurance as a tool to drive improvement had been gradually implemented in stages and continued to do so. The provider's action plan had addressed the deficits found at previous inspections and those identified through the local authority whole home safeguarding process.
- Various audits had been implemented to oversee the running of the service. For example, audits included ensuring relevant care plans and risk assessments were up to date and accurate, management of skin care,

falls and medicines, infection control practices, incidents and accidents and staff personnel, training and support records.

- The nominated individual was also due to carry out a full audit in line with the Care Quality Commission's key lines of enquiry (safe, effective, caring, responsive and well-led) to help inform the service' ongoing service improvement plan to further develop the quality and safety of Alban House.

Continuous learning and improving care; Working in partnership with others.

- The service was being supported by the local authority Quality Assurance Improvement Team (QAIT) to ensure robust systems were in place to ensure people received the appropriate person-centred care and support. This meant the service continued to be monitored closely, with various professionals involved to ensure people were receiving safe care and support. There was evidence of continuous learning and improvement.

- The QAIT meeting held in March 2021 demonstrated the improvements which had been made to date, to improve the care and support people received. Professionals praised the staff for their proactive approach to providing people with the best care and support to meet their needs in a safe way.

- Monitoring systems were now clearly in place, including a governance diary to ensure the quality and safety of the service. These systems needed to be fully embedded in practice.

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

- A formal system was now in place for gathering people's views on the service. Due to other priorities and wanting to ensure systems and processes were in place, surveys to people, relatives, staff and health and social care professionals to seek their views had been delayed until April or May 2021. The provider had been visiting the service most days and spoke with people each day. They knew people well and acted on any issues raised.

- During the Covid-19 pandemic staff helped people to stay in touch with their families. Alternative forms of maintaining social contact were used for friends and relatives; for example: keeping in touch using video calls. Since 8 March 2021, visitors were supported to wear a face covering when visiting, and wash hands before/after mask use. All visitors were screened for symptoms of acute respiratory infection and other signs of Covid-19 before being allowed to enter the home. There was prominent signage and instructions to explain what people should do to ensure safety.

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

- We continue to receive statutory notifications in relation to safeguarding events and serious injuries in a timely manner.