

Park Lodge

Park Lodge

Inspection report

45 Carshalton Park Road
Carshalton
Surrey
SM5 3SP

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22 November 2022

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28 December 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

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

Park Lodge is a residential care home providing personal care to 7 people at the time of the inspection. The service can support up to 8 people.

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

Right Support:

The provider was not working within the principles of the Mental Capacity Act. They could not demonstrate that people's consent to care and support was lawfully obtained or that proper legal authorisations were in place to deprive people of their liberty where appropriate. This meant people were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service at the time of this inspection did not support this practice.

The service gave people care and support in a clean, well equipped, furnished and mostly well maintained environment. The provider was making improvements to the living environment at the time of this inspection to make this safer and more comfortable for people. People were able to personalise their rooms. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff enabled people to access specialist health and social care support in the community. Staff supported people to make day to decisions about their care and support. They communicated with people in ways that met their needs. Staff supported people with their medicines and to play an active role in maintaining their own health and wellbeing.

Right Care:

Not all people's care plans were up to date which meant they did not fully reflect their current needs and preferences in relation to their care and support. There was a risk people could receive unsafe or inappropriate care and support. The provider was aware of this concern and was reviewing and updating care plans at the time of this inspection.

Staff promoted equality and diversity in their support for people. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked with other agencies to do so. The service had enough staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported

them consistently and understood their individual communication needs. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Right Culture:

People's quality of life was not always enhanced by the provider's oversight of the service and governance processes. These had not always been effective in taking action to keep people safe, protect people's rights and provide good quality care and support.

Notwithstanding the issues we found, people received good care and support because staff could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, were involved in planning their care. The provider was improving the way people, and those important to them, worked with staff to develop the service. The provider was committed to continuous improvement at the service which helped to enhance the quality of people's lives.

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

Rating at last inspection

The last rating for this service was good (published 23 October 2019).

Why we inspected

The inspection was prompted in part due to concerns received about the change in management and leadership of the service. A decision was made for us to inspect and examine those risks.

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.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

Enforcement

We have identified breaches in relation to the need for consent, safeguarding service users from abuse and improper treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Park Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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 2 inspectors.

Service and service type

Park Lodge 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. Park Lodge is a care home without nursing care. 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.

At the time of our inspection there was not a registered manager in post. A new manager had been in post since August 2022. They told us they intended to submit an application to register.

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. 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 5 people using the service and 2 relatives. We observed interactions between people and staff to help us understand the experience of people who could not talk with us. We spoke with the manager, a senior staff member and 2 care support workers. We reviewed a range of records. This included 2 people's care records, records relating to medicines management, staff files, staff training and supervision information and other records relating to the management of the service.



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 good. At this inspection the rating has changed to 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.

Preventing and controlling infection

- On the whole, staff were using PPE effectively and safely. Staff wore personal protective equipment (PPE) when supporting people with their personal care or when carrying out cleaning duties.
- We saw one staff member was not wearing a face mask during our inspection, in line with current practice. The manager took action after this inspection to discuss and review current practice with all staff to make sure any risks to people would be appropriately minimised.
- The provider was supporting people to minimise the spread of infection. For example, guidance on correct hand hygiene was displayed around the premises.
- The provider was taking action to prevent staff and visitors from catching and spreading infections. Temperatures were taken of staff and visitors before entering the service to check for signs of possible infection. Staff and visitors were supported to understand why they should not enter the service if they were feeling unwell.
- The provider knew how to respond to risks and signs of infection and how to make sure infection outbreaks at the service would be effectively prevented or managed.
- The premises were clean and hygienic.
- Staff had completed food hygiene training and followed correct procedures for preparing and storing food.
- The manager was unable to show us whether a formal risk assessment had been undertaken to identify, manage and mitigate infection risks at the service. The manager was also unable to locate the current infection control policy for the service at the time of this inspection. They told us this information had not been made available to them when they took over management of the service in August 2022. This meant we could not fully check if the provider had effective systems in place, to manage infection prevention and control at the service.

Whilst we were assured staff took appropriate action to manage and mitigate infection risks, the lack of a formal risk assessment and a current infection control policy raised concerns about records management and provider oversight relating to the management of infection risks. This contributed to a breach of Regulation 17 (Good governance) of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Visiting in care homes

- The provider made sure visiting arrangements at this service were in line with government guidance.

Assessing risk, safety monitoring and management

- People were involved in managing risks to themselves and in taking decisions about how to keep safe.
- Staff helped keep people safe through formal and informal sharing of information about risks.
- Care plans contained explanations of the control measures for staff to follow to keep people safe. Staff understood where people required support to reduce the risk of avoidable harm.
- One person's care plan had identified a risk to their safety from an activity they enjoyed. It was not clear if they had been supported to explore alternative ways of undertaking this activity in a safer way.
- We discussed this with the manager who told us they were currently updating all care plans and risk assessments for people at the time of this inspection and would review this as part of that process.
- Staff managed the safety of the living environment and equipment through checks and action to minimise risk.
- Since taking over day to day management of the service, the manager had taken action to bring all required safety checks, servicing and maintenance of safety systems and the premises, up to date. This was due to be completed by the beginning of December 2022.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. A relative told us, "We wanted [family member] to be safe and happy and we think [family member] is, there."
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- The provider was working with other agencies at the time of this inspection, after safeguarding concerns had been raised about people. This helped to ensure the provider was taking appropriate action to protect people from further risk of abuse.

Staffing and recruitment

- There were enough staff to support people to take part in activities and visits, how and when they wanted.
- The numbers and skills of staff matched the needs of people using the service.
- The provider had recruitment and induction training processes which promoted safety, including those for agency staff.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- People could take their medicines in private when appropriate and safe.
- The provider worked with the relevant prescribers to make sure people's medicines were reviewed in line with the principles of STOMP (stopping over-medication of people with a learning disability, autism or both).
- The provider audited medicines stock and records at regular intervals and checked staff were managing and administering medicines safely.

Learning lessons when things go wrong

- The provider managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately.
- Senior staff investigated incidents and shared lessons learned, to help staff improve the quality and safety of the support provided.
- We saw a good example of this for one person, where new equipment had been purchased for the person which had helped to reduce the risk of the person falling.

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 good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- The provider was not working within the principles of the MCA.
- The provider was unable to demonstrate that people's mental capacity to make specific decisions about their care and support had been assessed and recorded in their records. This meant the provider could not be assured people had been supported to make decisions and consent to their care and support and where they were not able to do so, the proper processes had been followed to make sure any decisions would be made in their best interests.
- It was clear some people using the service lacked mental capacity to make specific decisions and needed close supervision when being supported by staff. However, the provider could not demonstrate the necessary applications had been submitted to request the authorisation to do this through the DoLS procedures. This meant legal authorisations were not in place to deprive people of their liberty where appropriate.
- We discussed this with the manager at the inspection who told us these issues had come to light after they had taken over management of the service and agreed to take action after this inspection to rectify this.

The issues we found meant the provider could not be fully assured people's consent to care and support was lawfully obtained which was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In addition, the provider could not demonstrate that proper legal authorisations had been obtained to deprive people of their liberty. This was a breach of Regulation 13 (Safeguarding service users from abuse

and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the issues above, staff empowered people to make their own decisions about how their day to day care and support was provided.
- Staff had received training in the MCA and knew about people's capacity to make decisions through verbal or non-verbal means.

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

- People's care and support was provided in a clean, well equipped, furnished and mostly well maintained environment, which met people's sensory and physical needs.
- The provider was taking action at the time of this inspection to make improvements to the environment. This included redecorating communal areas and making repairs around the premises, where these were required. The provider was also purchasing new furniture for the communal lounge and conservatory which better suited people's needs, for example, new armchairs that people could get in and out of more easily.
- People personalised their rooms and were included in decisions relating to the decoration and design of their rooms. One person showed us their room and told us they had been able to decorate this, with staff support, in keeping with their specific interest.
- The environment was homely. The communal lounge had recently been repainted. Artwork and ornaments displayed in the lounge did not seem to be in keeping with the interests of people at the service. We discussed this with the manager who said they would review this and involve people in how the room should be updated to reflect their preferences and tastes.

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

- The provider had systems in place to ensure a comprehensive assessment of each person's physical and mental health was completed either on admission or soon after.
- The provider made sure when people moved in they had care and support plans put in place that were personalised and reflected their needs and aspirations, including physical and mental health needs. A relative told us, "The previous manager helped to settle [family member] in, got their room all ready and we thought the transition went well."
- Care plans included relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- People were supported by staff who received relevant training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, communication tools, positive behaviour support and human rights.
- The provider had recently taken action to make sure all staff were up to date with their training and refresher courses. This helped staff to continuously apply best practice.
- The provider had also taken recent action to make sure there was a regular programme of supervision and appraisal in place, to make sure staff received continuous support from senior staff. A staff member told us they felt supported and said, "Supervision is now happening again and I am up to date with all my training."

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

- People received support to eat and drink enough to maintain a balanced diet. Staff monitored people ate and drank enough to meet their needs.
- People were involved in choosing their food, shopping, and planning their meals. Staff supported people to be involved in preparing and cooking their own meals if they wanted to be.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. Bowls of fresh fruit were made available, for people to help themselves.

- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.

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

- People had health actions plans and health passports which were used by health and social care professionals to support them in the way they needed.
- People were supported to attend annual health checks, screening and primary care services.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

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 good. The rating for this key question has remained 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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- People told us they were happy at the service and liked the staff. A relative said, "Everyone seems happy there and relaxed and comfortable in the home and with the staff." Another relative told us, "[Family member] seems happy and has been there a long time and has good relationships with the others that live there." We saw people were relaxed and comfortable with staff.
- Staff members showed warmth and respect when interacting with people. Conversations between people and staff were friendly and cheerful. There was genuine warmth and appreciation when people and staff were talking with each other.
- Staff were patient and used appropriate styles of interaction with people. They offered people choices and gave them time and space to make a decision. People were not hurried and could do things in their own time and at their own pace.

Supporting people to express their views and be involved in making decisions about their care; respecting equality and diversity

- Staff supported people to express their views using their preferred method of communication. They took the time to understand people's individual communication styles and develop a rapport with them.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics such as cultural or religious preferences.
- Staff supported people to maintain links with those that are important to them. Staff made sure people remained in contact with family and friends through visits to the service, visits home and through phone and video calls.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills, gain confidence and independence.
- Staff prompted people to do as much as they could and wanted to do for themselves. People's records contained information about their level of independence in the key tasks of daily living and the support required from staff where people could not manage these by themselves safely.
- Staff knew when people needed their space and privacy and respected this. Staff made sure people could spend time alone in their rooms and did not enter people's rooms without seeking their permission first.

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 good. At this inspection the rating has changed to requires improvement. This meant people's needs may not always be met.

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

- Some people were potentially at risk of not receiving personalised care and support from staff. Not all people's care plans were up to date which meant they did not fully reflect their current needs and preferences in relation to their care and support.
- Notwithstanding this issue, staff supported people through recognised models of care and support for people with a learning disability or autistic people.
- Staff were able to explain their role in respect of individual people without having to refer to their care plans. This was because staff had worked with people for a long time and knew them, their needs and their preferences well.
- The provider was already aware some people's care plans needed to be updated and was reviewing and updating care plans at the time of this inspection. The provider contacted us after the inspection to confirm all care plans were now up to date.
- Although we did not find evidence people had been harmed because their records were not up to date, there was a risk people could receive unsafe or inappropriate care and support from any new staff joining the service who did not know them and unfamiliar with their needs.

Improving care quality in response to complaints or concerns

- The provider could not fully demonstrate they had robust systems in place to investigate people's concerns and complaints. This was because the manager was unable to locate at the time of this inspection, the current complaints policy and procedure to show how any concerns or complaints would be dealt with. They told us this information had not been made available to them when they took over management of the service in August 2022.
- The provider was taking action at the time of this inspection to update all the service policies and procedures including those in relation to dealing with concerns and complaints.
- Notwithstanding the above, we were assured the provider would deal with people's concerns and complaints in an appropriate way. People and relatives told us they knew how to raise a concern or make a complaint with staff and would do so if required.
- People and relatives told us they were satisfied with the care and support provided by staff at the time of this inspection and did not have any concerns or issues. The manager confirmed they had not received any formal complaints from people, since taking over management of the service in August 2022.

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.

- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff understood people's individual communication needs and knew how to facilitate communication and when people were trying to tell them something.
- Information could be adapted to meet people's specific communication needs. For example, information could be made available in an easy to read format if this was required.

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

- People were supported to make and maintain relationships with others. A relative told us, prior to their family member moving into the service, they had not had many friends. After moving in their family member had built up friendships with others at the service and this had led to a positive impact on their wellbeing. The relative said, "I have to say the only time I've seen [family member] smile is since they've been there. [Family member] seems so much happier."
- People were able to stay in regular contact with friends and family who lived away from the local area, via telephone or video calls. A relative told us they called weekly to speak to their family member and to get an update from staff as to how they were.
- People were supported to participate in their chosen social and leisure interests on a regular basis. We saw people were encouraged to undertake activities they enjoyed, for example, arts and crafts, going out for meals and outings to places of interest in the community.
- Staff helped people to have freedom of choice and control over what they did. Activities were planned with people in advance based on their interests. However, people were able to change their mind at any time and do something different to what was planned.
- Staff were committed to encouraging people to undertake courses in line with their wishes and to explore new social, leisure and recreational interests. Two people told us they were currently attending college courses to learn more about how to stay healthy and well which was something they were both interested in.
- Staff empowered people to be active citizens within their local and wider community. The service had close links with the local church and people attended services regularly as well as social events and activities.

End of life care and support

- None of the people using the service at the time of this inspection were in receipt of end of life care and support.
- There were systems in place to obtain and record people's wishes for the support they wanted to receive at the end of their life. This would help ensure staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.

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 good. 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; 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

- Provider oversight and governance processes at the service had not been effective.
- The provider was a partnership made up of four individuals. Two of the partners had been responsible for day to day management of the service. They left in August 2022. One of the remaining partners took over as manager from that date. Prior to this, they and the other partner had not been actively involved in the management of the service.
- The current manager told us the handover of the service from the previous managers had been poor. As a result they had undertaken a review of the service in August 2022 and found a number of issues and concerns with people's records, the management of people's finances, staff records, records relating to the management of the service and the general state of the environment and equipment.
- The manager had developed an action plan to make the necessary improvements that were required. They appointed a senior staff member to support them to make these improvements.
- At this inspection we found improvements had been made to address some of the issues found in August 2022. This included repairs and redecoration to the environment. New equipment had been purchased to replace broken items. People's care plans and records were being reviewed and updated. New policies had been implemented for staff around record keeping, driving the dedicated vehicle for the service and the management of people's finances. New records were introduced for recording of fridge and freezer temperatures and hot water temperatures. A new labelling system had also been introduced for food items. Staff had been asked to supply information to replace missing information in their files relating to their recruitment. The manager had requested criminal records checks on all staff as this information was out of date. Staff training and supervisions had been brought up to date.
- Despite the improvements made by the provider, records remained incomplete at the time of this inspection as they were missing key information related to the care and support of people and to the management of the service. People's care records were missing key information about mental capacity assessments. Risk assessments relating to the management of fire and infection risks could not be located. Policies and procedures relating to infection prevention and control and complaints were missing. Records overall, had not been maintained safely and securely.

These issues indicated ineffective oversight and governance at management and provider level. These concerns had not been identified through a system of regular checks and audits of the service. The provider had not identified, in a timely manner, that the quality and safety of the service had deteriorated. This

increased the risk of people receiving unsafe and/or inappropriate care which could put them at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, the manager and new senior staff member had a clear understanding of people's needs. They encouraged and supported staff to deliver good quality support to people. People told us they were happy with the care and support provided by staff. A relative said, "It would be tricky to find something as good...it's a lovely place in terms of care." Another relative told us, "I'm happy because [family member] is happy. They're content and happy and they're safe and doing ok."
- The manager now had a better understanding of their role and responsibility to comply with regulatory and legislative requirements. The manager confirmed their intention to apply to become the registered manager for the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager was improving the culture of care at the service and supporting staff to put people's needs and wishes at the heart of everything they did.
- The manager and the new senior staff member were visible in the service, approachable and took a genuine interest in what people, staff, family, and other professionals had to say. A relative said, "Having [senior staff member] there makes us feel more confident and she explains things to us...[senior staff member] is lovely and I'm happy with them." Another relative told us, "The last few weeks the contact from them has been good."
- Staff felt respected, supported and valued by the manager and senior staff member which supported a positive and improvement-driven culture. A staff member said, "I like the managers. They are brilliant. They are good to talk to and it's like a family here." Another staff told us, "[The manager] is hands on with people. [Senior staff member] has made a difference straight away. Her experience makes a difference."
- Staff felt able to raise concerns with managers without fear of what might happen as a result. A staff member said, "[The manager] is very approachable and he listens to me and nothing is a problem."
- People were supported to state their views about ways in which staff could improve the quality of support they provided to help people achieve positive outcomes. The manager was looking at new ways to engage with people about all aspects of service delivery to help the service continuously improve.
- The manager was engaging with family members so that they could share their views and discuss issues with staff.

Continuous learning and improving care; working in partnership with others

- The manager was open and transparent about the issues and concerns found at the service. They were committed to continuing to make the improvements required to the quality and safety of the service and they had a clear action plan to do so. A staff member said, "They have done so much in 3 months. [The manager and senior staff member] have a different attitude and they are trying."
- The provider had recruited new staff to work at the service and made changes to staff shifts to provide more flexibility and improved consistency for people using the service.
- The provider was working closely with the local authority and acting on their recommendations following recent quality visits they had made to the service. They were meeting with the local authority at regular intervals to discuss the improvements made and to identify any further improvements needed to the quality and safety of support provided to people.
- The provider was working in partnership with healthcare professionals which helped to ensure that care and support was up to date with current best practice in relation to people's specific needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
	Regulation 11 HSCA RA Regulations 2014 Need for consent
	The provider could not be assured people's consent to care and support was lawfully obtained
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
	The provider was not meeting the requirements of The Mental Capacity Act 2005 (MCA). They were placing restrictions on people at the service without the necessary legal authorisation to do so.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
	Regulation 17 HSCA RA Regulations 2014 Good governance
	The provider was not assessing, monitoring and

improving the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).

The provider had not maintained securely an accurate, complete, and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.