

Little Oyster Limited

Little Oyster Residential 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?

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

Little Oyster Residential Home is a residential care home providing accommodation and personal care for up to 64 people. The service supports people with learning disabilities, autism, physical disabilities and mental health conditions. The main building is arranged across 2 floors with lift access and the service has an annex, bungalows and flats on the same site. Only 1 of the flats was occupied. At the time of our inspection there were 15 people using the service.

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

Right Support:

The service had systems and processes in place to safely administer and record medicines use. There was a robust auditing process in place that helped to identify areas for improvement and minimise impact on people's care and safety. However, there was no process in place to record why PRN (as and when required) medicines were being used or if these had been effective and national guidance wasn't always being followed when disposing of certain medicines. We made a recommendation about this.

Staff supported people to take part in activities of their choice. People were supported to pursue interests in their local area. People's rooms were personalised and they were supported to move to another part of the service if they wanted to and if it was appropriate. Staff supported people in a clean and well-equipped environment. The service had an ongoing programme of redecoration in progress.

Right Care:

People were protected from poor care and abuse. The provider had policies in place and staff had been trained. Safeguarding concerns were reported to the appropriate authorities and the manager worked with the local safeguarding teams to ensure any issues were fully investigated.

Risk assessments had improved since our last inspection and these gave staff enough information to provide safe care. Care plans were detailed and people's preferences and choices were documented. There were enough staff deployed to provide support for people. Staff knew people well and understood how to provide safe care. People told us, "A lot of things changed here since January 2023. This is the first week with no agency [staff] which is better" and "I am happy with my care."

Right Culture:

Since the last inspection a new manager had joined Little Oyster Residential Home. The manager had continued working with the wider management team to embed the quality monitoring and audit processes. The new care system gave the management team better oversight of the care and support provided, handover records were utilised in this system to give staff clear information about people's care and support. These quality monitoring processes were embedded and were continuously reviewed to ensure they gave a good oversight of the service.

The management team met with staff daily to share information and ensure staff had the most up to date information. Other meetings were held regularly, including a clinical risk meeting. Staff told us the management were supportive and approachable.

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 7 August 2023) and there were breaches of regulation. This was a focused inspection of safe and well-led. Effective, caring and responsive were also rated requires improvement at a previous inspection (published 24 March 2023) and there were 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. However, there were some areas for improvement.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last 2 inspections.

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 have made a recommendation about the management of some medicines.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 ●

Little Oyster Residential 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 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 3 inspectors.

Service and service type

Little Oyster Residential Home 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. Little Oyster Residential Home 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.

A manager had applied to become a registered manager, we started the inspection of the service on 21

September 2023, they became registered with CQC on 25 September 2023.

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, which included monthly reports that the provider had sent CQC as part of their conditions of registration. We sought feedback from the local authority and other professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) since the last inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who use the service about their experience of the care provided. We spoke with 14 members of staff including the registered manager, general manager, deputy managers, team leaders, head of care, support workers and ancillary staff. We observed staff interactions with people and observed care and support in communal areas. We reviewed a range of records, including 8 people's care records, everyone's medicine records and risk assessments. A variety of records relating to the management of the service were reviewed including staff files, audits, action plans and meeting notes.



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; Learning lessons when things go wrong

At the last inspection the provider had failed to protect people from risks related to health needs. Some conditions had not been assessed effectively. Accidents and incidents had not always been reviewed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made improvements and were no longer in breach of regulation 12. However, further improvement was required.

- Fire safety risks had not always been well managed. Weekly fire call point tests had not included the flats and bungalows, where a person lived. This put this person at risk of harm. We reported this to the registered manager and they arranged for the maintenance team to undertake these fire checks.
- The provider had ensured other building related checks were in place and up to date.
- At this inspection, people's risks had been identified and assessed and were managed safely. Risk assessments within people's care plans provided detailed information and guidance which staff followed. Where people were identified as at risk in a particular area, their care plan included the objectives, outcomes and any interventions that were required. For example, a risk assessment for catheter care included information about the person's type of catheter, safe ways of working, how to maintain catheter hygiene and what to do if the catheter was blocked or not functioning as it should be.
- Choking risks were adequately managed, staff followed the IDDSI (International Dysphagia Diet Standardisation Initiative) guidance from the Speech and Language Therapists (SaLT) on each person's dietary needs. Staff had signed to confirm they had read and understood the individual plans. We observed staff supporting people safely with their food and drinks.
- The provider had systems in place to record and monitor incidents and accidents. Investigation records were maintained and included sections for lessons learned. The management team kept a lessons learned log and shared lessons learned through regular staff meetings and supervisions. Accidents and incidents were analysed to identify and act on any trends or patterns.
- Records evidenced that where there had been accidents or incidents timely action had been taken to address these.

Using medicines safely

At the last inspection the provider had failed to ensure medicines were managed safely. This was a

continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made improvements and were no longer in breach of regulation 12. However, further improvement was required.

- Medicines were stored safely and securely. However, national guidance was not always being followed when disposing of certain medicines.
- 'As and when required' (PRN) medicines had detailed protocols in place to support staff to understand how and when to use these medicines safely. However, there was no process in place to record why PRN medicines were being used or if these had been effective. These records can help to ensure medicines are working as intended and can inform prescribers when reviewing PRN medicines. We did not identify any impact on people in relation to this. We raised this with the management team. After the inspection, they put the process in place.
- People received their medicines safely and as prescribed. There were robust checks and audits that were being completed by the service that ensured that people were getting their medicines as prescribed, and concerns were being identified and addressed in a timely manner.
- Medicines care plans and risk assessments were detailed and person-centred. They provided good information to support staff to understand people's care needs and linked to care planning for specific conditions such as epilepsy or asthma which would include additional relevant information about managing any specific conditions.
- The service was working closely alongside partners to successfully implement a new electronic medicines administration record (e-MAR). Staff had worked hard to identify and had successfully addressed issues during the first month this was put into place. By working closely with the pharmacy and system provider they had ensured there was no impact on people's care and that the following month's supply did not have the same problems.

We recommend registered persons should ensure there is a clear process to record why PRN medicines are used and if they've been effective and recommend the provider considers national good practice guidance when disposing of medicines that are no longer required.

Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider had failed to protect people from abuse and improper treatment. This was continued breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made improvements and were no longer in breach of regulation 13.

- People were protected from the risk of abuse. Safeguarding concerns had been reported to the local authority and the management team and staff cooperated with investigations. The registered manager had a comprehensive safeguarding log which included an index and tracker to monitor progress and closure.
- Staff were knowledgeable about safeguarding and knew how to report signs of abuse and to whom. Staff were confident actions would be taken if they were to report something.
- The provider had safeguarding policies in place and staff told us they had training in safeguarding. People told us they felt safe. We observed posters and information for people and staff on display which provided information about reporting concerns.

Staffing and recruitment

- There continued to be enough staff deployed to meet people's needs. The service used a dependency tool, which helped the manager to calculate the number of staff needed. Rotas showed that planned shifts were filled.
- Staff had been recruited safely. Records were maintained to show that checks had been made on employment history, references and with the Disclosure and Barring Service (DBS). DBS checks provide information about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- The use of regular agency staff had not been required as a large number of people had moved out of the service. This meant there were enough staff to fill gaps in the rota created by planned leave or sickness.

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

There were no restrictions to visitors. We observed visitors coming and going freely during the inspection.

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

At the last inspection in January 2023, people's assessments had not been reviewed and updated when their needs changed. This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

At this inspection, the provider had made improvements and were no longer in breach of regulation 9.

- At this inspection, there had been no new people who had moved to the service since the last inspection. Most people with a learning disability had moved from the service.
- Assessments included information about the care and support people needed with their nail care and oral care. Oral Health Care for Adults in Care Homes best practice had been implemented. People's oral health care needs were routinely assessed. Care plans provided information in relation to people's needs in this area.
- People were reassessed as their needs changed to ensure the care they received met their needs.
- The provider used nationally recognised assessment tools to identify and review people's needs such as Malnutrition Universal Screening Tools (MUST) and pressure sore risk assessment screening tools (Waterlow) to calculate people's pressure risk.

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

At the last inspection in January 2023, the provider had failed to provide care and treatment to meet people's assessed needs. This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection, the provider had made improvements and were no longer in breach of regulation 9.

- At this inspection, people were supported to access healthcare. Records showed people had been supported with medical appointments, dentist appointments and chiropody. Changes in people's health had been identified and reported to healthcare professionals in a timely manner.
- At this inspection people who were constipated were supported better to manage and relieve their symptoms in a timely manner. There was better oversight of bowel monitoring to ensure people were free

from constipation.

- The service monitored people's fluid intake to ensure they drank enough to stay healthy. Records evidenced that most people had drunk enough to stay healthy and well. Where people had not drunk enough, action had been taken to encourage fluids.
- People's weight had been monitored and recorded to ensure they were receiving appropriate nutrition. People received their meal supplements as prescribed.

Staff support: induction, training, skills and experience

- Staff had received training relevant to meeting people's assessed needs such as epilepsy, diabetes, catheter care, learning disability, mental health and motor neurone disease. The provider used a mixture of eLearning and face to face learning. Most staff had completed face to face moving and handling training which enabled them to use equipment. A staff member said, "We are doing more face-to-face training, this is so much better than eLearning."
- The management team had identified training for some staff that was overdue. Actions were being taken to address this. Training dates had been booked. A staff member said, "I have got 2 training courses coming up."
- Staff received effective support and supervision for them to carry out their roles. Staff told us that members of the management team carried out observations of practice as part of supervision. A staff member said, "I had a supervision a couple of months ago and I am due one now, supervisions are really helpful." Staff were supported to undertake qualifications in relation to their roles. Staff told us they felt well supported by the management team.
- New staff were supported to undertake the Care Certificate if they had not already completed this or a relevant health and social care qualification. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People mainly gave us good reviews about the food. A person told us, "Food is better. I do get meal at 12:15 now which is better" and "We do get quite a lot of vegetables; it would be nice to have fresh food done from scratch."
- Mealtimes were relaxed and people were supported to have meals that met their needs. We observed people receiving support that met their needs at mealtimes; this included cutting food up to the right size, support to eat and support to ensure people were able to eat independently by ensuring equipment such as plate guards were in place.
- Communal kitchen areas were clean and well stocked. All opened food was labelled and in date. Communal kitchens displayed a menu board which showed the options of food available. We observed that additional options were available to people on request. We observed 4 different meals being served at lunchtime along with 4 different desserts.

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

- Maintenance tasks were observed to be completed in a timely manner. A redecoration programme was still in place and some rooms were already complete. Contractors were replacing flooring to bathrooms and some bedrooms.
- The maintenance team were undertaking repairs and replacing cracked or broken tiles in bathrooms and ensembles around the service.

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.

- The service continued to work within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People had decision specific capacity assessments for example, for the use of restrictive practices such as bed rails and wheelchair restraining straps. Best interest decisions were made where people lacked the capacity to make their own decisions. These were supported by family members and professionals.

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

At the last inspection in January 2023 people were not consistently receiving good care. People were not always treated with dignity and respect. This was an area for improvement.

- At this inspection, people were treated with dignity and respect. A person told us, "The carers are good." Another person told inspectors that they thought the staff were good and spent time with them, taking them out when the person wanted, they felt listened to. They detailed this had been helpful when they had felt low in mood.
- We observed staff discreetly check with people to see if they wanted assistance with continence care during the inspection, this included checks on catheter bags as well as support to go to the toilet.
- We observed good interactions between staff and people, which showed that staff knew people well, knew how to communicate with them. Staff used respectful language when communicating with people and when talking about the people they supported. Staff called people by their preferred names. Staff helped people communicate with the inspection team when required.

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

- We observed staff supporting people to be involved and making decisions about their care and support. Staff listened to what people wanted. For example, staff responded when people asked for support to go to a different room or to their bedroom to rest on their beds.
- People had been asked to express their views and wishes in regular 'resident meetings'. These had been planned on a monthly basis for the year. A meeting held on 23 August 2023 showed that 13 people had been involved in discussions regarding changing the food menu as summer was coming to an end. Another meeting was held on 25 August 2023 with 13 people to discuss activities at the service.

Respecting and promoting people's privacy, dignity and independence

- People were able to spend time with their relatives in their own bedroom as well as communal areas. We observed staff knocking on doors before entering people's bedrooms and checking with them it was ok to enter. This included when people's doors were open.
- Staff told us they ensured people's curtains and doors were closed when they supported people with their personal care. Staff said they protected people's dignity by covering people up with towels when supporting people to wash and dress.
- People were supported to be as independent as possible. For example, people were encouraged to carry

out personal care tasks themselves on areas of their bodies that they could reach and were encouraged to feed themselves if they felt well and able enough.

- People's personal records were stored securely in the office. People's personal records were also stored on computers and applications on smart phones, these were protected by passwords. Computers used by the provider and staff were password protected to keep people's confidential information secure.

Applications on mobile phones were password protected, so that only staff who had been authorised to access the information could do so.

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.

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

At the last inspection in January 2023, care and support plans were not always person centred and were inconsistent. The failure to design care and treatment to ensure people's preferences and needs are met was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At this inspection, the provider had made improvements and were no longer in breach of regulation 9.

- At this inspection, the provider had systems and processes in place to ensure that care plans were developed in a timely manner to ensure staff had clear information in order to meet people's needs.
- Care plans were in place to detail how to provide care and support. Care plans were detailed to evidence people's care and support needs. Staff told us they had been involved with reviewing care plans along with the management team. Staff said the care plans were now detailed and had helpful information to enable them to complete their roles.
- Care records evidenced that people had been supported to wash, bath and shower frequently. A person said, "I have a shower every other day." Another person told us, "I have a shower when I want, I am booked for a shower tomorrow."
- At this inspection nail care and oral care had been embedded into peoples' routine care and support.

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's communication needs were known and understood by staff. People's support plans included details which helped new and unfamiliar staff learn about how people expressed their needs.
- Information continued to be shared with people and where relevant, it was available to people in formats which met their communication needs. There were some visual aids around the service, for example informing people about complaints, staying safe from abuse, COVID-19 safety, social distancing guidance and menus.

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

- The provider had an activities coordinator in place and some activities were taking place during the inspection. A bingo activity took place on one day, this was facilitated by care staff whilst the activities staff supported a person with a medical appointment in the community. The activities coordinator tried to ensure that they planned different activities with people based on their feedback.
- The activities coordinator spent time liaising with people living in their rooms to let them know what activities were on offer and encouraged them to join. They tried to spend time with people who preferred to stay in their rooms and who chose not to join in with group activities. A person said, "I am still not interested in activities, I like to watch TV and go out for a cigarette."
- We observed some people going out into the community with staff and with family members. A person told us, "I have been out of the home on drives, which I chose and they offered to take me to a local talk on local history. I do crosswords, use the internet, email, speak with family and friends."

Improving care quality in response to complaints or concerns

At the last inspection in January 2023, the provider had not followed their complaints processes as 1 complaint had not been detected, responded to or actioned. This was an area for improvement.

- At this inspection, records showed complaints received had been responded to and resolved satisfactorily. The complaints policy was on display.
- People told us they would complain to the staff or the registered manager if they were unhappy about their care. A person said, "I will speak to [general manager] or [registered manager] if I needed to or any of the other staff."

End of life care and support

- Most people living at the service had been asked their wishes, thoughts and preferences in relation to their end of life wishes should they become unwell or have a serious/unplanned medical event. Some people had chosen not to speak about it.
- Some people had consented to DNACPR (do not attempt cardiopulmonary resuscitation) with their GP or consultants.

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 requires improvement. At this inspection the rating has remained requires improvement. This meant although the service management and leadership was consistent. 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

At the last inspection the provider had failed to maintain accurate and complete records and operate a robust quality assurance process to continually understand the quality of the service and ensure any shortfalls were addressed in relation to people's care. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made improvements and were no longer in breach of regulation 17. However, further improvement was required.

- The audit programme included regular audits undertaken by members of the management team. Shortfalls highlighted during audits were transferred to an ongoing action plan. The action plan identified the staff accountable for the actions and the timeline for completion. The action plan was updated regularly as actions were taken and issues resolved. Some audits required reviewing and amending as they were not robust enough to identify the issues captured in the inspection. For example, the management team had completed fire safety audits in August 2023 but had not picked up that fire alarm call points in the flats and bungalows had not been checked at all in 5 months.
- Since our last inspection there had been improvements in documenting people's nutrition and fluid intake. However, records were still inconsistent, for example, meal records did not always detail what the person had eaten. For example, some meal records evidenced 'had breakfast, ate all of their food.'
- There were some inconsistencies with records, A person's care plan showed they required 4 hourly repositioning at night. Their repositioning records evidenced that sometimes they had not been repositioned for sometimes up to 6 hours, there was no impact identified for this person as their skin remained intact. Another person's records showed they had been repositioned according to their care needs. Records remained an area for improvement.
- Services providing health and social care to people are required to inform the CQC of important events that happen in the service. This is so we can check that appropriate action has been taken. The management team had correctly submitted notifications to CQC.

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

- The management structure had been enhanced since our last inspection, a registered manager had been employed who worked alongside the experienced care manager. Together they provided support, mentoring and guidance to the team. Each area of the service had a team leader in place. There was active mentoring in place for the deputy manager and team leaders and an increase in face-to-face training to foster improved teamwork.
- People we spoke to told us they liked living in the service and were happy there. A person told us, "You will be pleasantly surprised, they have been working hard to make lots of improvements."
- Staff told us they liked working in the service and the new manager was supportive and approachable. Staff told us the new systems being implemented were good. A staff member told us, "I think there has been improvement, everyone has worked so hard."

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 Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing support, truthful information and an apology when things go wrong. The provider understood their responsibilities.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The provider had displayed a copy of their rating in the service and on their website. A person told us that the report had not been shared with them and they had found out about the previous rating and report from researching this online and reading news articles.

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

- The management team had weekly clinical risk meetings with the head of care, deputies and team leaders. This was an opportunity to discuss outstanding actions from previous meetings as well as new issues in relation to a variety of clinical areas, such as wounds, infections and medicines. Information was gathered daily from each area of the service, which was used to inform the agenda for the clinical risk meetings. Daily staff meetings with all heads of departments aimed to ensure staff were kept up to date with any changes.
- Since the last inspection, important messages were communicated to staff effectively to ensure people's care was safe. Staff utilised the electronic record for handovers within their care planning system and used communication books as well as the daily meetings to communicate changes.
- The provider had systems in place to ensure people were able to give feedback about the service and their support. Since the last inspection, 3 people had provided feedback in surveys. A person had written, 'The care I received/receive is excellent. I am happy to be here.'
- The resident of the day system was still in place. This was an opportunity for staff to spend time with the person who was 'resident of the day' to review their support plan and ensure their needs were still being met. A staff member told us that the resident of the day system was more embedded and people were aware of when their day was. They shared an example of a person talking with them about their upcoming day and what they planned to do, such as arranging a visit to meet with their friend that had moved to another care home.
- The provider also had a system in place to ensure staff were able to give feedback about working at the service and the support they received to carry out their roles.

Working in partnership with others

- The service worked in partnership with people, their relatives and health and social care professionals.

The service had worked with health and social care professionals to assist a number of people to move on to new placements.

- The management team were working with a small team of external consultants to develop a new strategy for the service.
- The management team had maintained contact with local authority commissioners, quality assurance teams and staff as well as health care professionals such as GP's, district nurses and consultants. Relationships with these organisations had improved.