

Country Retirement & Nursing Homes Ltd

Decoy Farm

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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Decoy Farm is a nursing home providing personal and nursing care to up to 10 people with a learning disability, autistic people, mental and/or physical healthcare support needs. At the time of the inspection, there were nine people living at the service. The service was split into four buildings, two of which were self-contained accommodation.

Decoy Farm is located in the village of Browston. Outside there was nothing to indicate it was a registered care home which helped to promote the concept of community living. The service benefits from a large shared garden, as well as a farm with animals and an area where people can grow their own produce.

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

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.

Right Support

Staffing levels had at times fallen short, due to last minute staff sickness. Management had however attempted to find cover which included the use of agency staff. There was a system in place whereby staff could call upon senior managers and on-call for advice. However, a more robust contingency plan is needed for these occasions to ensure people are always supported safely and there is a suitable skill mix of staff.

Staff had received training to support the people they were caring for. Further training was needed for newer staff, so they understood the most effective approach to use when supporting people, and to ensure consistent approaches were used by all staff. Staff were provided with support in the form of continual supervision, appraisal and recognition of good practice. Staff understood the need to promote people's safety from experiencing potential abuse and harm.

People received their oral medicines safely. We could not be assured that people were receiving their topical medicines, such as creams, as there were gaps in records. People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Where people were at risk of weight gain or loss, more robust monitoring of people's dietary intake was required.

People were mainly 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 support this practice. The provider was affiliated with the Restraint Reduction Network which aims to reduce reliance on restrictive practices.

Care records contained person centred detail and people had been involved in creating their care plans. Some further work was required to ensure all detail was accurate, and that the language used by some staff in written form was appropriate.

Right Care

Risks to people had been identified and detailed support plans were in place. Daily meetings had been implemented so any new risks could be discussed promptly. The core staff team knew people well and had established positive relationships with them. However, some newer staff required further training to ensure that interactions with people were consistent and effective to mitigate potential risk. Additional training was also planned to ensure staff were confident using observation tools and completing incident documentation.

People were taking part in more activities of their choosing, including in the community, and with family or friends.

Right Culture

More robust monitoring and auditing systems were required to ensure all aspects of people's care needs and their quality of life were being measured effectively.

The registered manager had a clear vision for the direction of the service which demonstrated a desire for people to achieve the best outcomes possible. The service worked well in partnership with other health and social care organisations, which helped to improve the wellbeing of people that used the service.

The manager promoted a positive and person-centred culture within the service and led by example. Staff were feeling more supported and valued. The registered manager was working with relatives to improve communication and to gather their feedback about the service provided. The management team and staff shared a commitment to continuously learning and worked in partnership with other professionals to achieve good outcomes for people.

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 September 2021) and there were breaches of regulation. We imposed conditions on the provider's registration.

At this inspection we found that improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

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

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

The overall rating for the service has remained requires improvement. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Decoy

Farm on our website at www.cqc.org.uk.

Follow up

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 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 ●

Decoy Farm

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

Three inspectors carried out this inspection, one of whom specialised in medicines. An Expert by Experience carried out calls to relatives to gain their feedback about the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Decoy Farm 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. Decoy Farm is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We reviewed care plans and associated records for four people. We reviewed multiple medicines records. We spoke with the registered manager, deputy manager, clinical lead, service director and one support worker. We spoke with one person who used the service, and observed staff delivering care to two people.

After the inspection the expert by experience spoke with four relatives. We spoke to one person who lived at the service, one senior support worker, and two support workers. We also received feedback from a best interest assessor, social worker, quality assurance officer, quality improvement nurse, two learning disability nurses, a consultant psychiatrist, and an adult support co-ordinator in the learning disability team.



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. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe, and there was an increased risk that people could be harmed.

At our last inspection we found risks relating to the safe administration of people's medicines were not in place, and guidance was not consistently available or being followed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although further improvements were needed, enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Using medicines safely

- People received their oral medicines as prescribed. People living at the service received regular reviews of their medicines by prescribers in line with national guidance.
- Staff had received training on medicine management and been assessed as competent to give people their medicines.
- Medicines were stored securely, and the service had considered the risks around people's medicines.
- We noted gaps in records for the application of people's topical medicines such as creams and emollients and it was sometimes unclear which topical medicines were currently in use.
- There was written guidance available to help staff give medicines prescribed on a when required basis (PRN), however, we noted for one person, guidance showed a differing dose regime for a medicine prescribed PRN than indicated by its prescription.
- For another person, who was receiving their medicines concealed in food or drink (covertly), the medicines that were specified to be given in this way were not stated along with guidance for staff to refer to on their respective means of preparation.
- The clinical lead took prompt action to amend the relevant documentation, and there was no impact on people.

At our last inspection we found that risks relating to the health and welfare of people, and the safety of the care environment were not fully assessed and managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although further improvements were needed, enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- Detailed guidance was in place to help staff provide care and support safely. This included risks associated with choking, and health conditions including epilepsy.

- New systems to monitor risk, such as daily flash meetings, had been introduced, so any incidents or concerns could be discussed promptly.
- Positive behavioural support plans were in place which specified actions staff should take to de-escalate situations where people may be at risk of harm to themselves and others. Further work was however needed to ensure people received a consistent approach from staff to minimise potential risk.
- Staff received training and support to use assessment tools which monitored people's behaviours and responses to situations. Further training had been planned for the use of ABC charts (an observation tool used to analyse what happened before, during and after a behaviour). This will support the service to identify patterns in behaviours and the effectiveness of staff interventions.
- Individual fire risks were recorded in the relevant sections of people's care records. All staff had been involved in a fire drill in the last 6 months, which were practised on a regular basis, including at night. Some records did not specify the time it took to evacuate, but the service director told us they would ensure this was logged going forward.
- Fire equipment was serviced to ensure it was effective in the event of a fire. Systems were in place to help prevent the risks of legionella bacteria developing in water systems.

At our last inspection the provider did not have systems in place to ensure competent and skilled staff were deployed to meet people's care and treatment needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although further improvements were needed, enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staffing and recruitment

- Staffing levels were calculated based on agreed funding from commissioners. Some people required 1:1 staffing, others had 2:1 staffing.
- The provider had a successful recruitment drive this year. However, we found there had been some occasions when staffing levels dropped below what was required. Staff told us that generally staffing levels had improved. However, they also raised concerns. One staff member said, "This happens a few times a month at the moment. I think it is because of holidays and sickness." Another said, "Staffing is better, but I can recall two occasions when [person] has not received their 2:1 staffing, and just has one staff member with them which is not safe."
- The service director and registered manager told us additional staffing had been sought but due to last minute sickness they were unable to find cover.
- The provider was implementing a contingency plan for staffing arrangements in the event that staffing numbers dropped to unsafe levels. This will also include consideration of staff skill mix, and potential risks posed to staff and people.
- Staff were recruited safely, and appropriate Disclosure and Barring Service (DBS) checks and other relevant recruitment checks were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- Records showed that staff received regular supervision sessions to discuss their training and performance, and staff confirmed this.

At our last inspection we found that Infection, prevention and control measures were not fully in place to prevent the risk of the spread of infection. 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.

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.
- The provider was facilitating visits for people living in the home in accordance with current guidance. Visits outside of the home, to see family or take part in activities, were facilitated well.

Systems and processes to safeguard people from the risk of abuse

- Information provided to us by the local authority informed us of one current alleged safeguarding incident awaiting investigation.
- Staff received safeguarding training and were able to tell us how to report concerns, and what situations might constitute a safeguarding concern.
- The management team reported any safeguarding concerns to the local authority and notified the Care Quality Commission (CQC) of these.

Learning lessons when things go wrong

- Incidents were recorded and included where restrictive interventions had been used. The management team reviewed these incidents and shared any learning with the staff team to review measures and reduce the likelihood of the incident reoccurring.
- Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff.
- The registered manager had implemented, 'lessons learned' posters which were displayed on a monthly basis and served as a reminder for staff about areas for improvement and what they had learned from the previous month.

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 in 2019 we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection we found that staff were not receiving the necessary training to ensure they were skilled and competent in their role. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although further improvements were needed, enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Training sessions and opportunities for staff to improve their knowledge and skills had improved. One staff member said, "Training is much better now, and more opportunity to learn."
- New staff completed an induction when they began working at the service. This included working alongside experienced colleagues to get to know people and how they preferred to be supported. The registered manager had implemented probationary checks to provide support and enable objectives to be put in place when required.
- Further training was needed for newer staff, so they understood the most effective approach to use, and to ensure consistent approaches were used by all staff when supporting people. The deputy manager had already identified this as a training need.
- Further training needs had been identified. For example, the registered manager was planning personal behaviour support training which develops skills in writing up incidents and completing monitoring forms. The registered manager told us, "I feel it will really benefit Decoy Farm to analyse behaviours and management interventions."

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

At our last inspection we found concerns relating to people's nutritional intake and associated documentation. This was a breach of Regulation 14 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although further improvements were needed, enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- Care plans in relation to people's nutritional needs were not always accurate and required updating. This

was rectified once we brought it to the attention of the registered manager.

- Records relating to people's dietary intake and weight management needed to be more robustly monitored.
- Where people required a healthy diet to lose weight it was not always clear in people's records if staff had offered healthy options, or if people had refused this. We could therefore not be fully assured that a healthy and balanced diet was always being offered and served.
- One person's weights were not consistently recorded. Where they had refused to be weighed, this was not always documented.
- Staff told us their colleagues were not always using a consistent approach when supporting people with food preparation, which for some people, presented a period of high anxiety.
- Some people needed to have their food and drinks thickened to help them swallow and staff made sure this was always done.

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.

- DoLS referrals had been made to reduce the risks of unlawful deprivation of liberty. There was a log in place, so it was clear when each authorisation was due to be renewed.
- Some DoLS had recommendations and conditions. Some of these were only partially met. For example, in reference to one person's activity, and another around the use of a specific tool for recording of behaviours. However, plans were already in place to improve this.
- MCA assessments were in place for decisions such as daily activity, finances, use of the internet, and COVID testing.

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

- The service had received support from external professionals to advise on the most effective way to support people. One social care professional told us, "There have been some challenges recently [when a person was in crisis], but they [Decoy Farm] are willing and keen to work with [us] openly and do seem to take on board our input so I am happy". Another professional told us, "[Person] has not needed as much medication, they haven't been restrained or detained. I'm very happy."
- People's needs were regularly assessed to ensure the care they received met their changing needs. A health care professional told us, "The nursing staff are proactive in seeking support and advice when needed."
- The core staff team knew the people they supported well and were able to tell us about people's specific

needs and how these could be met. Newer staff required further training to ensure their approach was consistent and effective.

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

- The service had referred people to specialist services and professionals to ensure their care and treatment was effective. One social care professional told us, "[Registered manager] has advocated for the safety of the staff team, residents and individuals to ensure all support was available through a particularly challenging time".
- Relatives told us they felt confident any health issues were dealt with promptly. One relative said, "The home is very good if they have concerns about my loved one's health, they will contact the GP and let me know." Another told us, "They act very quickly if health events dictate."
- People received annual health checks in line with guidance.

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

- Since our last inspection we found in the main house a new kitchen had been installed, as well as new flooring and sofas.
- People had access to private space or communal areas, and there was a large shared garden. There were extensive gardens with animals including pigs, ducks, chickens, and guinea pigs. There were also planting beds where we saw people had grown their own produce.
- Improvements were on-going and included plans for a sensory room, and installation of a passenger lift in the main house. One relative said, "You can see the positive impact the new manager has on the home. The grounds were allowed to become a mess. Now it is an amazing feeling when I drive in, the home looks clean, tidy, and cared for."

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 in 2019 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

- Staff talked about the people they cared for compassionately and they were motivated to provide good quality care. For example, they had raised concerns regarding staffing levels and other areas of people's care they felt could be improved, for example, the variety of foods available.
- Relatives were consistent in their feedback that staff treated people with kindness and respected their privacy. We observed kind interactions and saw some staff had developed a good rapport with people they supported.
- One person told us some staff are better than others in how they supported them, and that sometimes they felt staff could aggravate the situation and, "Nag" them. The deputy manager was present at the time the comment was made and told us in response that they had already identified that some newer staff required further training on the approach they used with individual people.
- Staff were completing LGBT (lesbian, gay, bisexual, and transgender) training, along with equality and diversity training. This supports staff to be knowledgeable about people's rights and be able to recognise, respect and value differences in people.

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

- Relatives told us they had been involved in making decisions about their family members care, and attended review meetings with social workers, commissioners and relevant staff from the service.
- People had the support of advocates or other representatives to aid them in their decision-making process, when required.
- Resident meetings were held, and for those people who preferred not to attend, feedback forms had been introduced to ensure their views were obtained.
- One person had organised events at the home and had suggested improvements which could benefit the service. The registered manager told us they valued people's input and recognised people's skills.

Respecting and promoting people's privacy, dignity and independence

- Information was recorded in people's care plans about their abilities alongside the support they required. One relative told us, "My [relative] would let the staff do everything for them but they are not allowed to get away with it, if my [relative] can do something for themselves, they are supported to do so." Another said, "The staff know my [relative] very well and encourage them to be as independent as they can."
- People's privacy and dignity was promoted and respected by staff. People could personalise their room and keep their personal belongings safe. Staff understood their responsibilities to respect people's right to privacy and confidentiality.

Is the service responsive?

Our findings

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

At our last inspection in 2019 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; 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

At our last inspection we found that people were not undertaking activities which were meaningful to them. Care records contained gaps and people's end of life care wishes were not documented. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although further improvements were needed, enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's care plans contained information about their sensory, mental health and physical needs. This included a summary profile with essential information about risks to people that staff would need to know to reduce the likelihood of someone having a bad day and how best to support them.
- The language used by some staff in written form was not always appropriate, but the management team had already identified this as an area for improvement.
- Staff held reviews with people, and these were an opportunity to discuss any concerns the person had or goals they wanted to achieve.
- Staff providing care told us that they were kept up to date with any changes to a persons' needs and preferences. The registered manager had implemented daily meetings during the week to discuss peoples care, and any relevant changes in people's needs or risks.
- People were going out more frequently and taking part in activities which they chose. Records showed people took part in activities in the community, and some had been on holiday with staff.
- For one person, their activities needed to be linked more closely with their sensory needs, but plans were in place to improve this. A staff member told us, "I was allocated to do some work with [person] like making their bathroom a more sensory experience, but I'm not always allocated to work with [person] which is a shame, we had made plans and picked the paint colours."

End of life care and support

- There was nobody receiving end of life care at the time of the inspection.
- People and/or their families had been approached about end of life care plans and these had been completed where appropriate for the people involved.

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.

- The service had a variety of methods to assist in communication with people. These included picture references, easy read documents and objects of reference.
- Care plans referred to how people communicated, including when they were experiencing pain.

Improving care quality in response to complaints or concerns

- There was a log of complaints in place. This showed there had been six complaints in the last 12 months, and the actions taken to address the concerns were noted.
- Most relatives told us they felt listened to when they raised concerns with the registered manager. One relative said, "I can phone or email if I have a concern and if it cannot be resolved straight away, the manager always come back to me with a response soonest." Another said, "I know how to raise a concern and it is always dealt with quickly."
- Where some relatives raised concerns or queries on a more frequent basis, regular calls with them were scheduled.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to requires improvement. The systems and processes in place did not always ensure that shortfalls were identified promptly.

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

At our last inspection the provider's governance systems had not been effective in identifying where improvement was required. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some further improvements were needed, the provider was no longer in breach of regulation 17.

- Some improvements were still needed to ensure robust systems were in place to mitigate risk in relation to staffing levels and skill mix, people's dietary intake, and medicines documentation.
- Standardised audits were in place and checks of the service were completed at different managerial levels, but these had not always identified shortfalls. More focused auditing was required to ensure all aspects of people's care needs and their quality of life were being measured effectively. The service director told us that audits were being amended to align more accurately with a learning disability service type.
- New systems which had been implemented by the registered manager needed further time to embed so their effectiveness could be assessed fully. Changes were being made to the culture within the staff team, and staff told us this was improving.
- The service had a new registered manager who had been in post since January 2022. They had implemented new systems and processes and improved communication between staff, people and family members. Feedback about the registered manager was consistently positive.

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

- The registered manager was promoting a culture of person-centred care. They had ideas to further improve the lives of people living at Decoy farm, by involving people and promoting their skills. People were more involved in planning events at Decoy Farm, for example, one person organised a sports day.
- People were becoming more involved in the running of the service, and their views were listened to. Equally, staff told us they felt happy in the way the service was run and felt improvements were being made.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of duty of candour, that is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- The registered manager reviewed information relating to accidents or incidents that had occurred in the service so lessons could be learned.

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

- The registered manager had implemented new ideas which made staff feel valued. This included an employee of the month scheme where staff and residents voted, thank you cards for staff, management making and serving staff breakfast, and lunch clubs. On International Women's Day, female staff received flowers and chocolates. The registered manager told us, "We try and do things that help to value staff as well as involve residents to really try and create an inclusive community".
- Staff we spoke with were all positive about the new registered manager. One staff member said, "[Registered manager] has changed things quickly across the board. Improvements are happening fast, and I feel valued." Another said, I really like [registered manager] it's getting better here, and the manager always says they have an open door, they welcome feedback."
- Relatives we spoke with felt communication had improved. One relative said, "The new manager encourages feedback and I find email works best. I receive a reply very quickly" Another told us, "The new manager is happy to listen to my input and respond positively. Communication is good, efficient and effective."
- Meetings were held for both staff and people who lived in the service. Meetings were an opportunity to discuss any issues, to provide people with updates about the service and to plan for future events such as parties.

Continuous learning and improving care

- Since our previous inspection, the provider had implemented various training sessions to enhance staff skills and knowledge. The training was tailored according to staff roles. One staff member said, "The training is definitely better now, and they [management] chase us if its overdue."
- Physical intervention and conflict management training was delivered by three trained trainers in-house. This was an accredited course affiliated to the Restraint Reduction Network. There were seven trainers across the organisation who delivered training to staff. The ethos of the course is to reduce physical restrictions, where people may present behaviours which put themselves and others at risk.
- The registered manager issued monthly bulletins for registered staff which included relevant topics such as reducing medicines initiatives, and new publications from Government in relation to learning disability and autism. Links to relevant Nursing and Midwifery Council (NMC) updates were included.

Working in partnership with others

- People's records showed the service worked well with health and social care professionals.
- External professionals told us that they felt confident the registered manager was making positive changes in the service. One social care professional told us, "You can see that [registered manager] cares about the staff team and the [people]. This was demonstrated through the [registered manager's] language, demonstration of work ethic, support to the team, and how they engage in the multi-disciplinary process".