

Safeharbour West Midlands Limited

Safeharbour (260 Hagley Road)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

This inspection took place on 14 and 15 November 2018 and was unannounced. At our last inspection in March 2018, the service was rated as 'inadequate' and the following concerns were raised:

The provider had failed to ensure that staff consistently obtained people's consent before any care or treatment was provided. This resulted in a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found improvements had been made.

The provider had failed to ensure relevant health and safety concerns were included in people's care and treatment plans and that medical attention was consistently sought when people were unwell. This resulted in a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found improvements had been made.

The provider had failed to ensure service users were protected from abuse and improper treatment in accordance with this regulation. This resulted in a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found improvements had been made.

Systems and processes were not in place to effectively assess, monitor and mitigate the risks relating to the health, safety and welfare of people living at the home. This resulted in a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found improvements had been made but more work was required to ensure the systems and processes in place were embedded and sustainable.

Following the last inspection, we asked the provider to complete an action plan to show what actions they would take and by when, in order to improve the ratings of the key questions of Safe and Well Led, from inadequate to at least good. We also asked them to provide us with monthly reports outlining the actions taken and progress made against concerns raised. At this inspection, we found improvements had been made and systems and processes were in place to continue to monitor the delivery of care and support at the service.

Safeharbour 260 is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Safeharbour 260 accommodates up to six people in one adapted building. At the time of the inspection, four people were living at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any

citizen.

There was a new manager in post who was in the process of making an application to become registered manager of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. However, there remain some areas where improvements made need to be further embedded to evidence sustained improvement.

People were supported by a group of staff who had been trained to recognise signs of abuse and who understood their responsibilities to report on and act on any concerns. Staff were aware of the risks to people and were kept up to date in changes in people's care needs. Recruitment processes were in place to ensure staff were safely recruited.

Systems were in place to ensure people received their medicines as prescribed. Staff had received training in how to administer medicines and had their competencies assessed.

Cleaning schedules were in place and aprons and gloves were available to staff to prevent the spread of infection.

Information regarding accidents, incidents, health and safeguarding concerns was collected and analysed on a regular basis to identify trends or lessons to be learnt. Action was taken using this information to improve service delivery and ensure people received safe and effective care and support.

Staff knew people well and had received an induction and training which provided them with the skills to support people safely and effectively. Staff felt supported in their role and were kept up to date with changes in people's care needs. People were supported to choose what they had to eat and drink and make healthy choices where appropriate in order to maintain a balanced diet.

Staff were aware of people's healthcare needs and how to support them to maintain good health. People had access to a variety of healthcare professionals and referrals were made quickly when health needs changes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff routinely obtained people's consent and offered them choices throughout their day.

Staff were described as kind and caring and treated people with dignity and respect. Staff supported people to express their views and be actively involved in making decisions about their care and support.

People were involved in the planning and development of their care. There were a variety of activities people were encouraged to participate in that were of particular interest to them, both in and outside the home. Staff were improving their knowledge of people's preferences when it came to their interests and

were working towards sourcing new areas of activity people for people to participate in.

There was a system in place to report, record and respond to complaints. People were confident that if they did raise concerns, they would be listened to.

Staff had worked hard to respond to the concerns raised during the last inspection and had implemented a number of systems and processes to enable them to meet people's needs. A wide variety of audits were in place which provided the manager and members of staff with oversight of the service. Where audits identified areas of concern, or trends in reporting, actions were taken.

Staff were confident that the changes being introduced to the service were making a positive difference in service delivery. Staff felt supported and listened to and proud of the service. Relatives were complimentary of the service, the hard work put in by staff and the difference this had made to their loved one's lives.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by a group of staff who had been safely recruited and were aware of their responsibilities to keep people safe from harm. Staff were aware of the risks to people and how to manage those risks. People were supported to take their medicines as prescribed. Systems were in place to ensure if things went wrong, lessons were learnt.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received an induction and training that prepared them for their role. People were supported to eat and drink enough to maintain a balanced diet. Staff were aware of people's healthcare needs and how to support them maintain good health. Staff routinely obtained people's consent prior to supporting them.

Is the service caring?

Good ●

The service was caring.

People were supported by a group of staff who were described as kind and caring and treated them with dignity and respect. Staff consistently supported people to make their own decisions about their care, providing them with choice and control in their lives.

Is the service responsive?

Good ●

The service was responsive.

Staff knew people well and were responsive to their needs. People were supported to take part in a variety of activities that were of particular interest to them and this was an area of work that was constantly being developed. People were confident that if they did raise a complaint it would be responded to appropriately.

Is the service well-led?

The service was not consistently well led.

A manager was in post but they were not currently registered with the Commission. A number of improvements had been made to ensure the manager had an oversight of the service. However, there remain some areas where improvements made need to be further embedded to evidence sustained improvement.

Staff felt listened to and actively involved in the running and development of the service. Staff were aware of their roles and responsibilities, were on board with the vision for the service and recognised the need for continuous improvement.

Requires Improvement 

Safeharbour (260 Hagley Road)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 15 November and was unannounced. The inspection was conducted by one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service, this included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commission services to gather their feedback.

We spoke with two relatives on the day of the inspection and two other relatives over the phone following the inspection. We spoke in passing to three of the four people living at the service. We spoke with the provider following the inspection. During the inspection we spoke with the manager, administrator, assistant administrator, team leader, housekeeper, five members of care staff.

We looked at care and medication records of four people. We also looked at a variety of audits and quality assurance systems in place, staff training records, surveys, complaints, accidents and incidents recordings, safeguarding reporting, two staff files and policies and procedures.

Is the service safe?

Our findings

At the last inspection on 07 and 08 March 2018, we rated this key question as 'inadequate'. This was because we identified a breach of Regulation 13, as the provider had failed to implement systems and processes to keep people safe from avoidable harm and abuse. At this inspection we found there had been improvement in the reporting and acting on concerns and the provider was now meeting this regulation.

Staff were aware of their responsibilities to protect people from harm and knew what action to take if someone had suffered an injury or if they had concerns they were at risk of abuse. We saw where safeguarding concerns arose, they were responded to, acted on and reported to the appropriate authorities. We observed that people were comfortable in the company of all staff in the home. Their body language towards staff displayed a level of trust. Relatives told us they were confident that their loved ones were safe living at the home. One relative said, "I feel confident that [person] is more safe now that lots of agency staff have left; that was a difficult time". Another relative told us, "[Person] is safe. They are completely different". They went on to tell us that the number of incidents their loved one had been involved in had reduced significantly over the past months and they accredited this to the efforts of staff to communicate with [person] and offer them choices regarding how they wished to spend their day. They told us, "We have seen [person's] behaviours drop from 130 in January to 30 last month and they are still reducing". We looked at this person's care record and saw what relatives told us was reflected in the recordings. Staff told us the differences in the people's behaviour were attributed to them being provided choices. One member of staff said, "We give [person] a choice and they can tell us [what they want to do]; their vocabulary has improved and there is such a change in them".

We saw that people were supported by a stable group of staff who knew them well. Staff were aware of the risks to the people they supported and how to respond to those risks in order to keep people safe from harm. We noted, one person had a condition that caused them to ingest non-food items. This meant the person had to be monitored closely and items had to be kept locked away in order to reduce the risk of harm. Staff were able to describe how this risk was managed in order to keep the person safe from harm and we saw evidence of this.

We saw where changes had occurred in people's health or care needs and new risks to them had been identified, staff were aware of these and had been provided the appropriate guidance and support to manage this. Staff were aware of the triggers that people may display to demonstrate they were anxious or agitated. They knew what strategies to put in place to help people through these moments and what worked well. For example, a member of staff told us, "When [person] gets anxious we say to them, 'squeeze your hands and count one to ten' and we count with them and that does work".

People were supported by sufficient numbers of suitably skilled staff. Robust recruitment systems were in place and the appropriate Disclosure and Barring Checks [DBS] and references were sought prior to people commencing in their role.

Systems were in place to ensure people received their medicines as prescribed. Staff had received training in

how to administer medicines and their competencies were assessed. We looked at three Medication Administration records [MAR] and saw that what was reported as being administered, tallied with stock levels seen. Following a recent medicine error, daily audits of boxed medicines had been introduced in order to identify any potential medicine errors quickly. Protocols were in place providing staff with information regarding the circumstances in which to administer 'as required' medicines'. Systems were in place to ensure when people were in the community, their medicines were booked out so that staff could administer them as required.

Systems were in place to protect people from the spread of infection. Staff had access to aprons and gloves and were seen to use these, in appropriate circumstances, throughout the day. People were supported to take responsibility for some of the cleaning of their rooms. There was a dedicated cleaning rota in place and the home appeared clean and odour free.

The provider told us in their provider information return [PIR] that they had plans for monthly management meetings to take place in order to analyse information gathered in respect of, for example, accidents and incidents. We saw analysis of accidents, incidents, health issues and safeguarding concerns took place to identify any trends or lessons to be learnt. For example, it was identified that a particular pattern of behaviour was developing with one person resulting in them refusing to go out. A number of strategies were being trialled to encourage the person to access the community, including identifying particular activities to offer to them, knowing what they would prefer to choose one activity rather than another. It was noted that these strategies were making a difference and a member of staff told us, "We are teaching staff the best way to motivate and encourage [person]".

Is the service effective?

Our findings

At the last inspection on 07 and 08 March 2018, we rated this key question as 'requires improvement'. This was because we identified a breach of Regulation 12, as the provider had failed to ensure people's healthcare needs were routinely met and we saw people's access to healthcare services was inconsistent. At this inspection we found there had been improvement and people's healthcare needs were routinely and consistently met.

At the last inspection, we also identified a breach of Regulation 11, as we could not be confident people were consistently supported to make choices regarding their daily living. At this inspection we found there had been significant improvements and people were routinely offered choices, which were respected, throughout their day.

Since our last inspection, there had been no new admissions to the service. However, we saw that people's care files held information regarding their care and treatment. We saw each person had a number of different files which were thorough and captured their social and health care needs, their histories, likes and dislikes and short and long-term goals. We saw that people and their relatives had been involved in putting this information together.

People were supported by staff who had been provided with an induction that prepared them for their role. We saw an induction and support was put in place to provide new staff with the training and support they needed. A new member of staff told us, "I attended a taster day for new staff; it gave me an idea of how people are and it was nice and got a debrief afterwards. On the induction I was actually able to observe what was happening. I wasn't previously used to supporting people with learning disabilities, I can't give the seniors enough credit; if you need help with a person they will give you that support". Staff told us they felt well trained and there was a training matrix in place which enabled management to monitor staff training and ensure it was up to date and in line with current guidance.

People were supported to maintain a healthy diet and choose what they wanted to eat and drink. A relative told us, "Weight management was previously a bug bear and I'd asked for a dietician to visit regarding [person's] weight and it didn't happen. When [manager's name] came along they picked up on this immediately and got some advice. [Person] is offered choices, but they are healthy choices". We checked the person's care records and noted that a referral had been made to the dietician, advice sought and their care plan updated. Staff spoken with were also aware of these changes which were being implemented to help the person lose weight and maintain a healthy diet.

Effective communication systems were in place to ensure staff were kept up to date with the latest information regarding the people they supported. We observed a staff handover, which provided staff with the information they needed to support people appropriately. One member of staff said, "Communication is better now and we know the [manager's] door is always open. This approach now is a lot better".

We saw that people were supported to maintain good health. Each person had their own health passport,

providing information not only about their healthcare needs but communication needs.

For example, we saw that one person had recently been diagnosed with a particular health condition. We noted that the appropriate advice and support had been obtained for the person following the diagnosis, including meetings and regular contact with other healthcare professionals who were also involved in the person's care. In response to the recent diagnosis there had been a review of the person's medication and staff had received additional training with regard to particular medication that would need to be administered in certain circumstances. Staff spoken with were fully aware of the change in the person's needs and what actions they should take if the person became unwell. A member of staff told us, "There's a policy in place which I read yesterday and I had training recently to administer the medication".

People's rooms were personalised to reflect their personalities and work was underway to make improvements to the communal areas in the home, including a sensory room. The kitchen had recently been refurbished and each cupboard had pictorial labels on it to help people identify the contents when preparing their own food and drink.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked and found that the service was working within the principles of the MCA, any restrictions on people's liberty had been authorised and any conditions on such authorisations were being met. The provider told us in their Provider Information Return [PIR] that best interests meetings would be held for people who do not have the capacity to make decisions for themselves and we saw this was taking place.

We observed staff routinely obtained people's consent prior to supporting them and offered them choices throughout their day with regard to every part of their daily routine. Staff communicated effectively with people to ensure they had a voice when it came to making decisions about how they spent their day.

Is the service caring?

Our findings

At the last inspection on 07 and 08 March 2018, we rated this key question as 'requires improvement'. This was because communication systems in place were not effective in supporting people to express their views and be actively involved in making decisions about their care. At this inspection we found there had been improvement in the way staff communicated with people to enable them to be involved in making decisions about their care.

We observed a number of caring interactions between all staff and people living at the service. Staff spoke warmly and enthusiastically about the people they supported. One member of staff said, "I like to see them [people living at the service] smile and having fun". They told us the biggest change that had happened since the last inspection was that people now had a choice as to how they spent their day. Staff provided us with many examples of how they provided people with choices and the differences this made to people. We observed that people had warm, positive relationships with the staff who supported them. As staff entered a room, they acknowledged and engaged [in the most appropriate manner] with all the people sitting there and took an interest in them. It was clear that people felt comfortable in the presence of staff and enjoyed these interactions.

Relatives spoke very positively about staff, about how hard they had worked to 'turn the home around' but also of their caring nature. For example, a relative described how a member of staff had been present when their loved one had suffered a seizure and how they had responded to this. They told us, "Last time [person] had a seizure [staff name] was so lovely with them. They maintained such a compassionate approach, it was like another mother was there beside them the way they supported [person]. Staff really are exceptional".

The provider told us in their Provider Information Return [PIR] that communication care plans were in place to ensure people were supported to make choices in respect daily activities and we found this to be the case. At this inspection, we saw marked differences in the way people were supported to make choices as to how they spent their day. Previously there was little evidence to demonstrate that people were offered choices during their day. A member of staff said, "To think what we were like before; it shocks me. Everyone is working really well". All staff spoke of the change in culture and how this benefitted people. People were routinely supported to make decisions throughout their day and offered choices. We could see that people were listened to, respected and their views acted upon. One of the ways people's choices were promoted was to purchase each person their own smart listening device which enabled them to ask it questions and play music they enjoyed. Staff spoke positively about this and told us the effect this had on people being able to choose to listen to music that they enjoyed. A member of staff told us, "I didn't know that [person] liked the Spice Girls. They just said 'Alexa, play, the Spice Girls' and suddenly were listening to a song they enjoyed".

People were supported to maintain their independence where possible. This included taking responsibility for keeping their room clean and preparing some meals.

Relatives told us staff treated their loved ones with dignity and respect and we observed this. The manager

told us, "If [person] says, 'not today', say to an activity, then staff will respect that". Staff were able to describe how they maintained people's dignity when supporting them with their personal care, as well as helping them maintain some level of independence. For example, a member of staff told us, "When I am supporting [person] I will ask them first if they want a wash or a shower and get everything ready for them. I'll then shut the door and give them some privacy but will make sure I can hear them".

Information was on display on how to access advocacy services and the manager had an understanding of when advocacy services would be required and how to access them. Each person had their own key worker who had signed their own 'key worker contract' which set out their role including, 'I will be the positive person in [person's] life' and 'being an advocate on the person's behalf when their voice needs to be heard'.

Staff were mindful of what was important to people and how to recognise if circumstances or events had made them sad. A member of staff described how one person had become anxious and how they had responded to this. They told us, "I will say, 'squeeze your hands [person] and we will count to ten' and that works".

Is the service responsive?

Our findings

At the last inspection on 07 and 08 March 2018, we rated this key question as 'requires improvement'. This was because people's choices were not consistently respected when it came to taking part in activities that they enjoyed. At this inspection we found there had been improvement in this area and people were supported to choose a variety of activities that were of interest to them and these choices were respected.

We saw that people and their loved ones were involved in the development of their care plans to ensure they received care that was responsive to their needs. Relatives told us they felt fully involved in their loved one's care and were in regular contact with both staff and the manager. One relative said, "We had been meeting formally on a monthly basis, but as progress has been so good we don't need to see them formally every month. We are very satisfied with things now".

People received care that was responsive to their needs. For example, we saw where concerns had been raised regarding one person's safety when in the community, efforts were made to manage this risk whilst the manager made a successful application to Local Authority Commissioners for additional funding, to ensure additional staff where available to support the person when they took part in activities outside the home.

People were supported by staff who knew them well. For example, one person did not like loud noises and all staff spoke quietly in the presence of this person in order not to upset them. Each person had their own care files providing details regarding their health and social needs, what was important to them, family connections, long and short-term goals. What staff told us about people was reflected in their care records. Efforts had been made to obtain additional information about people, to inform staffs views and look at people from another angle. This helped staff see people in a different light and opened up their minds to potential activities or areas of interest each person may be interested in.

We saw that each person had their own daily activity planner. For some people it had set activities for certain days and for others it was more fluid. There was no doubt that people were offered a choice of activities that were of interest to them and we saw evidence of this. The administrator told us, "Since we bought this in [the activity planner], I really believe it's empowered people to make their own choices". For example, a member of staff told us, "Previously we had to follow structured activities, now we give people the option to pick what they want to do which is a good thing" adding "The guys [people living at the service] are much more relaxed when they are given choices". We saw that one person had recently had their first key worker meeting which included looking at the outcomes of activities they had been involved in and what other activities they could take part in that they may enjoy. It had been recognised that the person enjoyed music and contact had been made with an organisation for them to attend a music group. Staff reported that this had been a successful activity and when we observed staff talk to the person about the activity, they became excited and said they wanted to go again and how much they enjoyed playing the drums.

Relatives told us they were welcomed into the home and confirmed efforts were made to help people

maintain their relationships with family members.

We saw that people were routinely offered choices regarding how they spent their day. No two days were the same and people were given choices on what they would like to do. The atmosphere was relaxed and informal, less structured, which appeared to suit the needs of the people living at the home. Staff spoke enthusiastically about being able to offer people choices of activities people enjoyed taking part in. We saw as staff gained more knowledge about people's preferences, they learnt more about them and then looked at other activities they may take an interest in. We saw one person had been supported to visit Liverpool for several days and take in the Beatles experience. Staff told us how much the person had got from this experience and told us from the person's body language, how much they enjoyed the activities they had chosen. The person's relative told us, "[Care worker's name] couldn't wait to tell us about it". They went on to describe a number of activities their loved one was involved in and described their response to this as 'gleeful' adding, "[Person] is joyful" and exclaimed what a positive statement this was.

We saw a number of examples where effort was being made to find activities that people enjoyed taking part in, for example one person was supported to work at an allotment and this was something they clearly enjoyed. Staff were mindful that for some people, carrying out the same activities each week could have a detrimental effect in that it became the norm and not everyone then wanted to engage in those activities. The manager told us, "The activities have to be meaningful. It's all well and good going to Cadbury World one day and Alton towers the next but what is the person getting out of this?" Staff spoken with shared this vision and spoke of different activities people were being encouraged to try. One member of staff described how people previously had been taken for a walk 'just down the road'. They told us, "We are looking at where people are going, I'm saying to staff, go to the park, let them experience the sky, the trees, the birds, let their senses take it all in".

There was a system in place to record complaints. People's feedback was regularly sought to ensure that they were happy with the care they received. Relatives told us that if they did have any concerns, they were confident that they would be listened to and dealt with appropriately.

This service is for younger adults and does not provide end of their life care. However, the provider told us in their Provider Information Return [PIR] that plans were in place to complete personalised end of life care plans along with people using the service and their family members, carers and advocates. As reviews were being booked, plans were in place to ensure this subject was on the agenda to clarify the end of life wishes for people.

Is the service well-led?

Our findings

At the last inspection on 07 and 08 March 2018, we rated this key question as 'inadequate'. This was because we identified a breach of Regulation 17, as the provider did not have full oversight of the service and there were a lack of systems and processes in place to effectively monitor and improve the quality and safety of people living at the service. At this inspection we found there had been improvements in this area and systems and processes were in place which provided effective oversight of the service. However, there remained some areas for further development whilst embedding and sustaining the improvements made so far. This key question, therefore is rated as 'requires improvement'.

Following the departure of the previous manager, a number of staff had pulled together to address the concerns raised during the last inspection. The service was without a manager for a number of months and during this period we saw the administrator, an enhanced support worker, team leaders and managers of the providers other two services worked together as a team to bring about improvement in the delivery of care. The support worker told us, "I've ended up wearing 'many hats' and between us we have tried to run the house and made sure everyone had what they needed, like doctors' appointments and medication reviews and then worked together to make sure everything was ok". The administrator, who had a comprehensive role in creating new processes and procedures said, "We've come a long way". They told us they worked alongside their colleagues and each took responsibility for different areas that required urgent attention. "I'd rather oversee that we are compliant and doing things right and I can analyse information on accidents and incidents". During this time we saw that progress was made to bring about improvement and stability to the service. The appointment of the new manager (who confirmed they would be making an application to become registered manager of the service) and recent promotion of two staff to become team leaders, would provide the service with a period of stability whilst bedding in new systems and processes.

We discussed with the manager them taking over some of the responsibilities of the support worker and the administrator [in terms of collecting and analysing information]. The manager confirmed a meeting was booked for the following week to discuss this and move forward, working towards embedding and sustaining the improvements that had been put in place.

Relatives spoke positively about the changes that had been introduced at the service since the last inspection and we received the following comments, "It was pretty dire and we didn't know it was. We were kept in the dark. We didn't know our rights, but we do now and it's all coming to fruition", "The atmosphere and attitude is different. With [manager's name] you can feel like you can talk to them and they will listen more" and "Now we have gone through the whole process it's like a totally different place. It has been turned around and we are happy for [person] to stay there".

Staff also spoke positively about the improvements in the service. One member of staff said, "Since [manager's name] came along, they've took on board things and the home has come on leaps and bounds". The manager had complimented the administrator and other members of the staff group for their hard work. They told us, "[Administrator's name] has been an amazing asset to Safeharbour and to me. I wouldn't

have been able to get into my role without their support".

We saw there was a recognition that to invest in not only new, but existing staff, would reap rewards. The administrator told us, "We nurture them [staff]". A member of staff said, "I feel supported. If I'm stuck and I don't understand something there is always someone I can ask".

Staff spoke passionately about the service and the positive impact the changes they had introduced had on the people living at the service. One member of staff told us, "I'm a lot happier now we are where we are. We are all pulling together, new staff are in and this has had a positive impact; you can see the potential of new staff and they want to stay here". Staff were clear of their roles and responsibilities and how collectively, they could work to ensure improvements continued and people living at the service were supported to live meaningful lives.

Staff were actively involved in the development of the service. One member of staff said, "They [management] are finding solutions and listening to us and we are being heard; staff are being listened to and it's been brilliant. People's voices are heard and they now have a choice. Everything is relaxed". All staff spoken with told us that paperwork had improved since the last inspection and the people living at the service were 'much happier'. Staff acknowledged that work still needed to be done, but one member of staff said, "Staff morale is better, staff are happier and things run smoothly, it was previously chaotic and non-one knew what was going on". We observed the atmosphere in the service to be calm and organised. Staff felt supported and listened to. They told us they received regular supervision and could ask for additional meetings if required. One member of staff told us, "I do now feel more supported, staff notice when you're not yourself and ask how they can support you". We saw staff meetings took place providing staff the opportunity to contribute to the running of the home. For example, at a recent staff meeting, a member of staff raised a concern regarding the rota system and asked if consideration could be made to change it which would benefit all people living at Safeharbour. We saw this had been taken onboard and following that meeting changes had been made to the rota, which staff spoke positively about. Staff were aware of the organisation's whistleblowing policy and told us they were confident that if they did raise concerns, they would be listened to.

Relatives told us they now felt listened to and their voices were heard. One relative described how they had previously asked to meet with staff in order to share information about their loved one. They told us these requests had previously fallen on deaf ears, but following the recent changes, arrangements made been made for this to take place. They told us, "We asked if we could come in a share information with staff about [person] what they were like when they were growing up. [Provider's name] arranged two meetings to make sure everyone in the home attended". Staff spoken with talked positively about these meetings and what they had learnt about the person through their parents. One member of staff said, "We did this with [person's] parents, looked at how they grew up and I learnt a lot".

Relatives acknowledged the hard work staff had put into turning the home around and we received the following comments, "They [all staff] have made a lot of changes, definitely a lot of improvements. They have been working very hard since the last registered manager left. [Manager's name] is doing a good job. I feel the staff team are much happier and stable now", "Biggest change has been in management. They have gone from being defensive to being open and accepting of feedback" and "I'm really proud of the way they [all staff] have responded [to the concerns raised in the last CQC report]. The staff who have been promoted to team leader have done a fabulous job. We're genuinely impressed with the service".

The provider told us in their Provider Information Return that a new quality assurance system was in place as a way to audit provision with an ongoing service improvement plan and we found this to be the case. We saw there were a variety of audits in place to provide not only the manager, but all staff with oversight of the

service. A system had been introduced which meant each member of staff was responsible for regular audits such as, care plans, medication, infection control. Staff spoke positively about this new role and how it had opened their eyes to the importance of having a variety of audits in place to ensure people were being cared for safely and effectively. One member of staff said, "Being involved in audits has made me aware of things and I didn't realise where things were". The manager had overall oversight of the audits in place and these were analysed on a weekly basis for any trends or lessons to be learnt. Any actions identified were then fed into an action plan which identified areas for improvement, timescales for action and who was responsible for implementing the change. The manager told us, "If we can get one improvement each month, we are going in the right direction".

The manager spoke positively about their relationship with the local authority. They told us, "We've got the relationship right with the Local Authority. [Commissioning officers name] works closely with us". The provider had also arranged for an external company to conduct quality audits of the service in order to provide a 'fresh pair of eyes', monitor progress and identify any other potential areas for improvement.

The provider had notified us about events that they were required to by law and had on display the previous Care Quality Commission rating of the service.