

Innova House Health Care Limited

Woodlands - Innova House

CLD

Inspection report

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Ratings

Overall rating for this service	Good ●
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?	Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 15 and 21 January 2019. Woodlands – Innova House CLD is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service supports people who have a learning disability.

Woodlands – Innova House CLD accommodates up to nine people living in five separate houses on one site. During our inspection there were seven people living on the site. This is the service's second inspection under its current registration. The service was rated as 'Requires Improvement' after the last inspection. This rating has now improved to 'Good'.

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.

A registered manager was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection on 13 and 21 March 2018 and 11 May 2018 we identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to; person centred care, the need for consent, safe care and treatment, safeguarding service users from abuse and improper treatment and good governance. After this inspection we asked the provider to send us an action plan to inform us how they would make the necessary improvements to ensure they complied with the fundamental standards.

At this inspection we checked to see whether improvements in these five areas had been made and found they had.

People received support that met their assessed needs. People were now protected from the risk of avoidable harm and abuse and staff understood how to act on any concerns. People now received safe care and support from staff and could live their lives without unnecessary restrictions. There were sufficient numbers of staff in place and they understood how to provide people with safe, person centred care and support. People's medicines were now managed safely and effectively and each person's home was free from the risk of the spread of infection. The provider had made changes to the way accidents and incidents were investigated. This included clearer processes for investigation and support for staff to learn from mistakes.

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 support this practice. Staff were well trained and received regular supervision to enable them to carry out their roles effectively. People received care and support in line with their assessed needs and in accordance with current legislation and best practice guidelines. We found overall, people were supported effectively with their meals and leading a healthy, nutritional lifestyle. People had access to support from external health and social care agencies. The home environment was well maintained and adapted to support people with a learning and/or physical disability.

We observed people, staff and management all interacting well with each other. There was a calm, friendly and warm approach by staff when supporting people. People's views were requested and acted on and staff communicated effectively with people. Staff treated people with respect and dignity. There were no restrictions on people's friends or relatives visiting them. People's records were handled appropriately and in line with data protection legislation.

People's care and support needs were now planned and acted in line with their personal preferences, likes and dislikes. People's support records contained information about them which was used by staff to help them lead their lives in their preferred way. People could take part in their preferred activities. People, and where applicable their relatives, could discuss their support needs. Accessible information was provided to help people make an informed choice. Complaints were handled and responded to in line with the provider's complaints policy. Efforts had been made to support people with how they wished to be cared for at the end of their life.

Improvements had been made in all areas of quality assurance. Responsibilities for carrying out audits were delegated to help enable staff to develop their roles and gain further experience. Staff told us they liked where they worked and found the working environment had improved since the last inspection. People, relatives and staff liked the registered manager and felt they had made a positive impact. People, relatives and staff were encouraged to give their views about how the home could be improved and developed.

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.

The risks to people's safety were reduced because they were protected from avoidable harm, had their support needs regularly reviewed and there were enough staff to support them. People's medicines were managed safely. Staff understood how to reduce the risk of the spread of infection. Accidents and incidents were regularly reviewed, assessed and investigated.

Is the service effective?

Good ●

The service was effective.

People received the support needed to reduce the risks to their health. Staff were well trained, supported and understood how to support people with their nutritional health. People had access to support from external health and social care agencies. The environment had been developed and adapted to support people with a learning disability. Decisions were made with or for people in line with appropriate legislation.

Is the service caring?

Good ●

The service was caring.

People were supported by kind, caring compassionate staff who treated them with dignity and respect. People's views were regularly asked for and acted on. Staff communicated effectively with people. There were no restrictions on people's friends or relatives visiting them. People's records were handled appropriately and in line with the General Data Protection Regulation.

Is the service responsive?

Good ●

The service was responsive.

People were cared for in line with their personal preferences. People had access to a wide range of activities. Staff communicated effectively with people. Information was provided for people in a way they could understand. Processes

were in place to respond to complaints appropriately. Efforts had been made to support people with making decisions about their end of life care.

Is the service well-led?

The service was well led.

The service was now managed effectively with robust quality assurance processes in place. These processes identified areas for improvement and development and swift action was taken where needed. Staff felt valued and enjoyed their role. People, relatives and staff were encouraged to give their views about how the home could be improved and developed.

Good ●

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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 checked 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 comprehensive inspection took place on 15 and 21 January 2019 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

We reviewed other information we held about the home, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted county council commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

During the inspection, we spoke with three people who used the service and two relatives and asked them for their views on the quality of the service provided. We also spoke with four members of the support staff, the specialist provision lead, the registered manager and a member of staff who was currently training to become the manager.

We looked at all or parts of the records relating to four people who used the service as well as staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for support staff, staff duty rotas, meeting

minutes and arrangements for managing complaints.

After the inspection we asked the provider to send us some additional records, such as policies and procedures, which they did within the required timeframe.

Is the service safe?

Our findings

During our previous inspection in 2018 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to several key elements of care and support that placed people's safety at risk. This placed people at risk of experiencing avoidable harm and receiving inappropriate and unsafe care. After the inspection the provider sent us an action plan which explained how they planned to address these concerns.

At this inspection we saw improvements had been made. Measures were now in place that ensured all people were protected from avoidable harm. When people had been involved in incidents that could place their or other's safety at risk, swift action was taken to address this. This included, increasing the frequency with which people's behaviour was monitored and checked, the regular reviewing of care records and risk assessments to ensure they were still applicable to people's needs and ensuring people were always supported by competent and skilled staff. Records showed after each incident, a review took place with the member of staff involved and a member of the management team to assess what had occurred and what could be done to reduce the risk of recurrence. Analysis was conducted which monitored these incidents to help the registered manager and others identify any trends to support them with deciding what action to take. Records showed since the last inspection the number of incidents had reduced which showed the measures that were in place were effective.

We found the assessments of the risks to people's health and safety were now comprehensive, reflected people's needs and were regularly reviewed. In all the support records we found people's ability to undertake several tasks and activities had been assessed and where support was needed, detailed support plans were in place to guide staff. For example, when people needed staff to accompany them outside of their home, staff did so. When people needed support with their medicines, safe methods were in place to protect them. All assessments ensured that people's freedom was not unnecessarily restricted. People had personal emergency evacuation plans in place that assessed the support people needed with leaving their home quickly and safely. These plans included guidance for staff on how to communicate the urgency of the matter to people. All equipment used to support people was checked and formed part of regular quality assurance monitoring. These improved processes reduced the risk to people's health and safety.

People's medicines were now managed effectively. One person we spoke with could tell us the medicines they were taking and what they were for. This showed staff had ensured people were informed about the medicines. Where able, people were encouraged to take an active part in managing their medicines. Risk assessments were in place and guidance for staff to follow to ensure people remained safe.

We saw procedures for the administration of 'as needed' medicines had improved. There were now clear guidelines in place to support staff with trying alternative, non-medicinal methods to managing people's behaviours. We saw when these medicines were used, a review was carried out to ensure staff had followed protocol effectively. People's medicine administration records were well completed and recorded when they had taken or refused to take their medicines. Photographs were included in records to reduce the risk of misadministration and people's allergies and preferred way of taking their medicines were also included.

Medicines were stored in locked cabinets inside locked cupboards to ensure they could not be accessed. These measures meant the risks associated with people's medicines were now reduced.

People and relatives told us they or their family members were safe at the home. One person said, "I feel safe here. I have my two assistants helping me." A relative told us that if their family member felt unhappy, they could tell staff or them and then something would be done about it.

The risk of people experiencing neglect, abuse or discrimination was reduced because processes were now in place to protect them. A safeguarding policy for staff was in place. The staff we spoke with could describe the signs of different types of abuse and the action they would take in response to any concerns about possible abuse. The staff felt that the registered manager would act on any concerns they raised.

Records showed the registered manager and the provider worked together to ensure when an incident occurred it was appropriately investigated and measures put in place to reduce the on-going risk to people. From the records we looked at, we also found the relevant authorities, such as the local authority safeguarding team and the CQC were now notified of all relevant incidents. This showed people were supported by staff who understood how to protect them from avoidable harm and keep them safe.

During our previous inspection in 2018 we identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were at risk of inappropriate or unsafe physical intervention. Guidance was not in place to ensure that when physical interventions were used they were done so safely, in line with people's assessed needs and in the least restrictive way possible. After the inspection the provider sent us an action plan which explained how they planned to address these concerns.

We found there had been a systematic review of how physical intervention was used at the home. This review resulted in support plans and risk assessments being re-written to ensure that the procedures in place kept people safe without placing unnecessary and unlawful restrictions on their liberty. We noted previously used methods such as 'assisted walking' were no longer used and there were now wide-ranging alternative methods used to manage these behaviours. Staff spoken with were knowledgeable and welcomed the new approach. We observed one staff member manage a potentially challenging situation with ease and the person responded to them positively. The specialist provision lead told us the number of incidents where restraint had been needed had significantly reduced since our last inspection and records viewed confirmed this. This meant people were now protected from the inappropriate or unsafe use of physical intervention.

A relative told us they were happy with the staff numbers that were in place to support their family member. Our observations throughout the inspection supported this. We noted each person had been assigned staff to support them throughout the day, this included in their home or out in the community. Where people required more than one staff; for example, when taking part in an activity, staff were always available for them.

Robust recruitment processes were in place to protect from unsuitable staff. Before staff started working at the service, a check had been carried out through the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. We also saw that proof of identity and appropriate references had been sought prior to staff commencing work. This meant that the provider had taken appropriate steps to ensure people were protected from staff who may not be safe to support them.

Each person was supported to keep their home clean and tidy. We saw that staff adhered to infection prevention and control procedures such as using disposable aprons and gloves, when needed. We saw these were readily available and used by staff. We identified no infection control risks during the inspection.

Is the service effective?

Our findings

During our previous inspection in 2018 we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because restrictive practices were used to keep a person safe but their capacity to understand the decision had not been assessed. Additionally, it was not always clear in people's support records, which decisions made about their support needs had been either made with them, or if they did not understand, for them. This meant the principles of the Mental Capacity Act 2005 were not always appropriately applied when decisions were made for people. After the inspection the provider sent us an action plan which explained how they planned to address these concerns.

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).

During this inspection, we checked to see whether the service was now working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found they were.

We observed staff talking with people, asking for their views and responding accordingly. Where people lacked the ability to consent to decisions about their care, their support records contained assessments to ensure decisions that were made adhered to the principles of the MCA. This included when the use of physical intervention was needed. Assessments had been completed in a wide number of areas of care and support. Best interest documentation was in place when a particular decision had been made for people. This documentation is important, as the views of the people who have contributed to the decision, normally the person's relative or appointee, are recorded, to ensure that as wide a range of views are considered before a final decision is made. This ensured people's rights were respected.

The registered manager made DoLS applications where necessary and authorisations were stored in each person's support records along with a support plan in relation to DoLS. Where conditions were recorded on the DoLS that had been granted, we found action had been taken to implement them. This meant no unnecessary restrictions were placed on people and their rights were protected.

During our previous inspection in 2018 we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we were not assured that staff understood people's individual support needs and this meant people did not always receive support from staff in their preferred way. This included; staff not being appropriately trained. 'Hospital traffic light'

documents, used to inform other health care professionals of people's personal health and support needs, were not always fully completed or reflective of people's personal needs. People's health needs had not always been appropriately assessed, and when they had been, reference to them was missing on important personalised documentation such as; records labelled, 'This is me'. We also found one person was not effectively supported with their nutritional health and this had led to excessive eating of unhealthy food.

After the inspection the provider sent us an action plan which explained how they planned to address these concerns. During this inspection we checked to see whether improvements had been made and we found they had.

People told us they were now happier with the way staff supported them. A relative agreed and said, "[My family member's] behaviour is up and down. When they have new staff, they push the boundaries. Once [my family member] gets to know staff then they're brilliant."

Staff had now received the training they needed to support people. All staff had been retrained in the safe use of physical intervention, with more refresher training to take place soon. The specialist provision lead, a new role introduced following our last inspection, offered guidance for staff on how to support people safely and effectively when they presented behaviours that could challenge themselves or others. This, alongside the additional training, had seen a reduction in the use of physical intervention.

We found staff training in other areas was up to date and staff received regular supervision of their role. Staff were encouraged to develop their skills and could complete professionally recognised qualifications such as diplomas in adult social care. Staff told us they felt confident in their role and were supported by the management team. This meant people were now supported by well trained, skilled and experienced staff.

We saw improvements had been made to the 'hospital traffic light' documentation. These were now comprehensively completed. They included detailed information about people's health needs, risks to their safety, how to communicate effectively with people and people's personal preferences, likes and dislikes. This meant when people accessed other healthcare agencies, they would receive consistent and effective health care. People were supported to maintain their health and had access to external health and social care agencies. Records showed there was regular involvement of these agencies. People had access to a range of external health professionals which staff had contacted when changes to their health had occurred. For example, records showed people visited their GP, dentist and more specialist healthcare professionals such as dieticians.

The registered manager had now ensured that people's on-going physical, mental health and social care needs were assessed and provided in line with current legislation and best practice guidelines. Recognised assessment tools were used to assess people's needs in areas such as nutrition. Where people had specific health conditions that required the support of staff to help to manage them effectively, specific guidance was in place to support staff. This included improvements in the guidance for staff to support people with epilepsy. The registered manager had also ensured that the protected characteristics of the Equality Act 2010, such as age, disability, religion or belief, sex, and sexual orientation were implemented when support plans were formed.

We found some improvements had been made to the way people's nutritional health was managed; however, we did note one person required further support. People's support records contained clear guidance for staff to follow to support people with following a healthy lifestyle and diet. People were involved with making choices about the food they wanted to eat and were encouraged to make healthy choices wherever possible. Where needed, dieticians had been involved with supporting people and staff

when people's nutritional health was at risk; either from poor food choices, or excessive weight gain or loss. A relative we spoke with confirmed that their family member had seen a dietician and they had been kept informed of the progress their family member was making.

However, we did note that one person who did not fully understand the risks about making poor food choices did not always receive the support they needed from staff. We noted when the person's key worker worked with the person, they could support them with making healthier food choices. We saw regular meetings had been held with the person and a lot of work had been completed in explaining the need to eat and drink healthily. However, we noted when the key worker was not working with the person, some staff had permitted the person to go back to an unhealthy diet. This included a two-week period of high fat foods such as pizzas, chips and a variety of takeaways. We raised this with the trainee manager. They told us that normally the work done with this person resulted in a wide ranging healthy diet. However, they acknowledged that more needed to be done to ensure that when their key worker was not present staff understood the need to continue to support the person appropriately. The person's food diaries did show that this two-week period was not the norm for the person, but the trainee manager agreed to monitor this more closely.

The service was split into five separate houses. In each house people either lived alone or with others. No more than two people lived in each house. Each house was well-maintained and fully equipped with modern furnishings to provide people with a comfortable setting to live. Bathrooms, kitchens and communal areas were fully accessible, with each house having their own private gardens. When items became damaged or broken, these were fixed quickly. People were encouraged to take pride in their homes and wherever possible, they carried out daily living tasks independently of staff. This meant people lived in an environment that was safe, met their needs and was well equipped and presented.

Is the service caring?

Our findings

People and relatives praised the approach of staff. One person told us they found staff to be "kind" and also gave us a positive reaction when we asked them if staff treated them with dignity and respect. Relatives also spoke positively about the staff. One relative told us they found the staff to be encouraging and helped their family member to try new things.

Staff told us they enjoyed supporting people. One staff member praised the team of staff that were now in place and said, "All the staff have the wellbeing of people at heart." Our observations supported this. We found staff treated people well, with respect and dignity and listened to what they had to say. Staff worked with a smile on their face. It was clear they had formed positive relationships with people and the people they supported reacted well to them.

We observed friendly banter between people and staff. Staff were patient in their approach, communicated effectively with people and encouraged them to express their views. We saw one person played their music very loud when they became agitated. We observed a staff member communicate effectively with this person to encourage them to turn their music down, which the person did. Staff were in the process of developing social stories to help communicate with this person about the implications of playing music too loud. Social stories are used as a tool to help individuals on the autism spectrum better understand the nuances of interpersonal communication so that they could interact in an effective and appropriate manner. Other methods of communication were also used such pictorial exchange communication systems (PECS). PECS, allow people with little or no communication abilities to communicate using pictures. People using PECS are taught to approach another person and give them a picture of a desired item in exchange for that item. These methods ensured all people were supported to communicate their views and wishes.

People were involved with making decisions about their care and support needs. We saw regular meetings were held with their key workers. A variety of documentation was in place to help ensure that people understood what was being discussed. This included the use of pictures, photos, signs and symbols. Where decisions had been made with people, we saw actions were recorded and staff held to account for their completion. This meant people could be assured that their views were respected and acted on.

Staff respected people's right to privacy. When people asked to be alone, or it was clear from their behaviour that they wanted staff to leave them alone, staff always respected this. We were told there were no unnecessary restrictions on people's family and friends visiting them.

People had the opportunity to have an independent person to speak on their behalf to support them with making decisions if they wished them to. Information was available for people about how they could access and receive support from an independent advocate to make decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. At the time of the inspection, one person was receiving support from an advocate.

When people first came to live at the home, their cultural background and religious beliefs were discussed with them and/or their relatives. Records showed people had expressed a wish to take part in celebrating Christian religious festivals such as Christmas and Easter, but none had any current wishes to practice their chosen religion. However, one person had told staff they wished to attend a church 'singing group' and staff had supported them with this. We also noted one person had expressed a wish to explore their sexuality and wished to be supported to find a partner. Staff had taken time to explain to them how to do this whilst maintaining their safety. This meant people were empowered to lead their lives in their chosen way.

People's support records were stored safely, ensuring the information within them was treated confidentially. Records were locked away from communal areas to prohibit unauthorised people from accessing them. The registered manager was aware of the requirements to manage people's records in accordance with the General Data Protection Regulation

Is the service responsive?

Our findings

During our previous inspection in 2018 we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had been informed they were unable to read people's support plans until they had passed their six-month probation to ensure people's confidentiality was protected. This meant staff knowledge of people's support needs was variable and resulted in people not always receiving their care and support in line with their preferences and assessed needs. People's activities were limited, with people spending many hours confined to their home.

After the inspection the provider sent us an action plan and explained how they would make the required improvements. During this inspection we checked to see whether these improvements had been made and we found they had.

Before people started to use the service, an assessment was carried out to ensure people could receive the support they needed. We viewed records which showed the admissions process involved a transition process where people could come and see where they would be living, and if relevant, meet the person they would be living with. Initial support plans were put in place to enable staff to support people when they first started. Then, more detailed support plans and risk assessments were formed, designed to include personal information such as; people's preferred food and drink, the support needed with medicines and personal care and the types of activities people liked to take part in.

Since our last inspection we found staff were more aware of people's needs and could explain to us how they supported each person. Staff could view people's records when needed and were expected to have a detailed understanding of people's needs, especially how to support them when presenting behaviours that challenge. A staff member said as result of this, "Everyone is settled at the service, it's calm most of the time and when it isn't staff know how to help people." We noted support plans were now regularly reviewed to ensure they reflected people's current needs. Plans were amended when people's needs changed. Where people had complex support needs, the plans now contained sufficient guidance for staff to follow. For example, this included, ensuring a person who had a specific condition related to excessive food consumption, was supported appropriately and in line with their assessed needs. Staff spoke confidently and knowledgeably about how they supported this person.

Positive behaviour support plans were in place. These plans contained a range of strategies which not only focused on the behaviours that may challenge, but also included ways to ensure each person had access to things that were important to them. These plans were regularly reviewed to ensure they met people's changing needs and preferences.

People and relatives told us they or their family enjoyed their activities. One person said, "I like to go for a McDonalds. This morning I bought the Angling Times." The person could tell us about their interests and how staff supported them. They had a wide variety of interests including; a local fishery, 80's music and Newcastle United. Another person told us they had recently had WIFI installed at their home so they could play computer games. They also told us they liked going to their local shop, going for walk, playing 'shops'

with money; arts and crafts. This person's records showed they were often supported with these activities.

A review of the activities that people could access had been carried out. A diary of activities was kept and reviewed to assess whether the activity had had a positive impact on the person or not. Activities where people showed heightened signs of anxiety were assessed to see whether the person would benefit from a change of approach, such as more staff, or different time of day. People could access a wide variety of external activities including attendance at locally run events for people with a learning disability. People now led active and meaningful lives

People's independence was always encouraged. We saw examples where people were supported to do things for themselves. This included daily living tasks such as cleaning their own bedrooms, tidying up after themselves in communal areas and making their own drinks.

The registered manager was aware of the Accessible Information Standard (AIS), which ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way, that they can understand. We saw some easy read information was available for people who had communication needs. The registered manager told us they were in the process of reviewing how people's support plans and other documentation were presented to ensure continued compliance with the AIS.

People had been provided with a complaints process in an accessible format which enabled them to raise concerns if they wished to. A relative told us they had not needed to make a formal complaint but any issues they had raised had been dealt with quickly. The registered manager was aware of their responsibilities to ensure that when a formal complaint was made, it was investigated and acted on in good time, with a response sent to the complainant. Records showed formal complaints had been responded to in line with provider's complaints policy.

Efforts had made to assist people with making decisions about how they would like staff to support them when they neared the end of their life.

Is the service well-led?

Our findings

During our previous inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we had determined that the systems in place for the registered manager and the registered provider to monitor and improve the quality of the service were not always comprehensive or effective. There were regular changes to the management team which meant staff received inconsistent guidance. Learning from accidents and incidents was ineffective. This placed people at risk.

After the inspection the provider forwarded us an action plan which described how they would make the required improvements. We checked to see whether improvements had been made, and as reflected throughout the report, improvements have been made in all areas.

The service now had a stable management team in place. A new manager was in place and they had worked with the current registered manager over several months to ensure a smooth transition. The registered manager, who was also the operations manager for the provider, was providing a comprehensive induction. This was to enable the new manager to have a detailed understanding of all people's needs before they assume full responsibility for the service. They confirmed they would be completing their registration with the CQC prior to formally commencing their role.

An overhaul of all quality assurance processes had taken place. With the support of the newly appointed service provision lead, there were now effective quality assurance processes in place that helped to assess, identify and monitor the risks to people's safety and things that could affect the safe and effective running of the service. This had seen improvements in staff training, care planning and assessment and the investigation of accidents and incidents. Now, when an incident has occurred, there was a clear review process which involved the staff member and if appropriate the person affected. Learning from mistakes was now embraced and staff were encouraged to be open and honest about incidents to aid their development and future practice. These measures had resulted in a safer environment for people to lead meaningful lives.

Relatives told us they felt involved with their family member's care and received regular updates when needed. One relative told us when their family member was receiving support from a dietician they were kept informed of their progress. The registered manager told us they wanted an open, honest and transparent service moving forward; with people, relatives and staff feeling able to speak up if they had any concerns about how the service was provided. An easy read survey had been developed to assist people living at the home to express their views. This was in its infancy and only three responses had yet been received. However, this meant efforts had been made to support people with expressing their views about the continued development and improvement of the service.

A staff member told us they felt the service had improved since our last inspection. They also said, "Things are really good now, much improved, we all get on so well, the people, staff and management. We get great support from the management." Another staff member said, "We have a manager who supports us, their door is always open and we can discuss anything with them which is nice." We noted staff responses to a

recent survey were largely positive with staff having confidence in areas such as; personal achievement, learning and development, equality diversity and human rights and feeling respected. This meant staff felt valued and were supported to carry out their roles effectively.

The staff felt comfortable raising any issues of concern and were familiar with the service's whistleblowing procedure. Whistle blowing is a term used to describe the reporting of concerns about the care being provided by a person who works at the service. The staff felt confident to raise concerns and were assured these would be dealt with.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed at the home and on the provider's website.