

Living Ambitions Limited

Living Ambitions Limited - Essex

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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Living Ambitions Limited - Essex is a supported living service providing personal care to approximately 64 people in 23 addresses. Support is primarily provided to people with learning disabilities and autistic people. People live in individual flats and shared houses.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

Although some people were supported by staff to pursue their interests, not everyone was enabled to achieve their individual aspirations and goals. The registered manager was working effectively to improve this and ensure people received consistently personalised support.

There was a new registered manager since our last inspection who had made changes in the service to ensure people received safer care.

Staff supported people to have the maximum possible choice, control and independence and have control over their own lives. People had the support they needed to make decisions following best practice in decision-making.

People accessed specialist health and social care support in the community. Staff supported people to play an active role in maintaining their own health and wellbeing.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right Care

Staff spoke respectfully about people and treated them with compassion. Staff respected people's privacy and dignity. They understood and responded to people's individual needs.

The service had improved how it worked with other agencies to protect people from the risk of abuse. There were improved systems to ensure effective investigations took place and actions were taken, where

required. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

There had been a turnover of staff as the registered manager was focusing on building a stronger and more caring staff team. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

People's care and support plans reflected their range of needs and this promoted their wellbeing. There was an ongoing programme to improve care plans to ensure they gave guidance to staff about how to continually enhance people's lives. People and those important to them, were involved in planning their care.

Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture

The registered manager had restructured the management team. As part of the changes, local managers were more visible. This helped reduce the risks of closed cultures. The management team were passionate about creating a culture where people's wishes, needs and rights were at the heart of the service.

The leadership of the service had worked hard to create a learning culture where the whole organisation had a role in improving the support people received. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The registered manager had introduced improved checks on safety and the quality of care. There were new systems to ensure the registered manager and provider had better oversight of the service.

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 30 April 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture and to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Living Ambitions Limited - Essex

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.

Inspection team

Five inspectors carried out the inspection. An expert by experience made calls to the people who used the service and their families for feedback on 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

The service had a manager registered with the Care Quality Commission. 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.

This service provides care and support to people living in their own homes, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Notice of inspection

This inspection was announced. We gave a short period of notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this. We also needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 16 May 2022 and ended on 7 June 2022. We visited the office location on 18 May 2022. Inspectors visited people in their homes in the week following the office visit.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We visited eight addresses and met with 18 people who used the service to get their feedback about the care provided. Where people were unable to talk with us, we used observation to help us understand their experience of using the service. We also met with 16 care staff and senior care staff who supported them.

We had phone contact with four family members and three people for feedback about the service. We emailed all care staff and had replies from 11 staff.

During the office visit we met with the registered manager, regional quality manager and other office staff.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who had contact with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found systems and processes to identify, investigate, immediately upon becoming aware of, any allegation or evidence of abuse were not always managed effectively. This was a breach of Regulation 13 HSCA RA Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- When we last inspected, we were concerned actions were not taken in response to concerns. As part of the overall improvements, the registered manager had introduced new systems to ensure safeguardings were managed effectively. They had worked well with external agencies to keep people safe.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff had spoken out when they were unhappy with the way some members of staff treated people. They had raised concerns, which had resulted in changes in the staff team and increased management presence.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection, we had concerns risks to people's health and safety were not always up to date. Accidents and incidents were not always robustly investigated, to ensure the service could do all that is reasonably practicable to mitigate any such risks. This was a breach of Regulation 12 HSCA RA Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider's processes for investigating incidents had improved. Local managers, who knew people and staff well, now carried out investigations. The registered manager retained good oversight, and new systems helped ensure action was taken promptly, as required.
- Risk assessments and care plans had been revised since our last inspection and provided staff with advice to keep people safe. A person who needed to use a hoist had a recently updated risk assessment, requiring two members of staff to complete the task.
- The registered manager told us there were plans to make the risk assessments and care plans more personalised and less repetitive. Although there was room for improving these documents, staff we spoke to knew how to support people safely, in line with their needs.

- There was a culture of promoting people's freedom. People were involved in managing risks to themselves and in taking decisions about how to keep safe. Care plans highlighted how staff could help people stay safe through sharing information about risks, for example when supporting people to make choices about relationships.
- The service managed incidents affecting people's safety effectively. Staff recognised incidents and reported them appropriately. Managers shared lessons learned. For example, after concerns were raised about the texture of food, staff were given detailed guidance about how to keep people safe, in line with instructions from external professionals.

Staffing and recruitment

- At our last inspection there were concerns about high use of agency staff and staff turnover. The service was affected by staffing issues being experienced across the care sector. However, staffing was better organised and potential risk from staffing shortages was managed effectively.
- Feedback about staffing had improved. A relative told us, "There are plenty of staff to support my family member, even when they go out there are two staff members." A person told us they felt the number and quality of staffing had improved. They said, "Rotas are so much better now. All the carers are really good here now. I don't ring the bell much but if I do, they come running down as they think I have fallen over."
- Where possible managers booked known agency staff, to provide people with more consistent care. Office staff also carried out care to ensure people were supported by staff who knew them.
- The numbers and skills of staff matched the needs of people using the service. The registered manager told us they were focusing on ensuring new staff were matched effectively so they worked well with local teams.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. The registered manager had prioritised improving induction for agency staff, so they had the knowledge to keep people safe.

Using medicines safely

- At our last inspection we found people received safe support when taking their medicines. At this inspection we found people continued to be supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- Reviews of medicine administration took place as required. A person told us, "I have got a doctor's review coming up. The doctor wants to talk to me about my tablets. I am very good at taking my tablets which the staff give me."
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. A relative told us, "Some of the medicine is for as and when needed, it helps [Person] to be less agitated. The regular staff, especially, can see the signs of [Person] becoming distressed and so administer it in good time."
- We observed staff knew how to distract a person with their favourite activity when they became anxious. Staff told us they had reduced use of medicine when a person became distressed and only used it under clear conditions outlined in their care plan. They asked for advice from health professionals to make sure any medicines were used at the right time, as part of an overall plan.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- Staff were aware people were living in their own homes and could make decisions during the COVID-19 pandemic. There was a positive focus on informing people about risk, while enabling them to make their own decisions.

- The service supported people living at home in line with current guidance around COVID-19. A relative told us, "Staff kept in touch with me by phone regularly during the pandemic, we didn't do video calls but that's because I am not technical, but it was offered."

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At the last inspection, care was not always effective due to poor management and staffing. At this inspection we found the care people received was in line with their assessed needs.
- The registered manager was aware of the guidance, Right support, right care, right culture and understood care was provided in people's own homes. Some of the care arrangements were historical and changes were happening in a gradual way. Where possible, immediate improvements were put in place. For example, staff had supported people to make their environment less institutionalised by archiving unnecessary paperwork.
- Care plans had improved since the last inspection and reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- At our previous inspection the registered manager was not able to show staff training was up to date. At this inspection the registered manager gave us this information and there were effective new systems to monitor staff training and skills.
- People were supported by staff who had received relevant training and guidance to develop their skills. Family members we spoke with felt that staff had the necessary skills and training. A relative told us, "The regular two staff members certainly have the skills for the job and I haven't seen any evidence that agency staff don't."
- As well as improved systems, the quality of training was also improving. The registered manager had reviewed the additional training needed to meet people's individual needs. This information was being used to roll out specific training to ensure staff working with people could meet their needs.
- Staff told us they wanted more practical training. The registered manager told us most of the training had been online due to the COVID-19 pandemic, but they were now arranging more face-to-face sessions. They had set up effective arrangements while this training was being rolled out to ensure staff had the necessary skills.
- For instance, there was online training to help staff support people when they got distressed. Practical training was being provided but, in the meantime, a specialist internal advisor was available to visit staff if they needed additional guidance.
- Our observations and feedback from relatives found staff had the skills to support people when they became distressed. A relative told us, "Our family member is non-verbal and can get very frustrated, the staff know them well and know how to calm them, which is very impressive."
- The feedback we received from some staff confirmed they required additional support during this

unsettled period. A local manager told us, "One or two staff are struggling with the change. We have to be more visible and provide regular supervision and team chats."

- As well as improvements to training and guidance, the registered manager described systems to promote best practice. Staff used a new page on their internal website to post pictures of activities. The registered manager told us, "It helps promote good practice, even a picture of a person drying a teacup shows other staff how people can be more independent."

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

- People received support to eat and drink in line with their needs and preferences. People were involved in choosing their meals. Staff told us how some people were having curry and others beef and gravy on the day of our visit. A person told us, "Sometimes I have cereal for breakfast but today I had crumpets. Other days I might have a full English."
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. Staff discussed the risk of a person choking on a poppadum. They followed guidance in the person's care plan and told us, "We will offer small pieces of naan bread, so they won't miss out as they like curry."

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

- Staff supported people to attend health care professionals to support their wellbeing and help them to live healthy lives. People, family and established staff were able to tell us in detail about health appointments. We found gaps in some people's records about these appointments which had taken place, however this was being addressed and was already improving.
- People played an active role in maintaining their own health and wellbeing. People could tell us about appointments. A person said, "Staff got me a speech and language therapist. They are sorting me out. Slowly we are getting there." The member of staff described the instructions given after this appointment which matched the guidance in the person's care plan.
- Where appropriate, people's representatives were updated about the person's health. A relative told us, "If [Person] is unwell they will always let me know and following any health appointments they will phone telling me the result."

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 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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was 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.

- Where a person lacked capacity, a meeting had been held to ensure decisions were made in their best interest. This included discussions around whether the person could safely leave the house on their own.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. Care plans listed in which specific areas of support decisions had been made for a person. This was in line with best practice as it advised staff that a person had capacity to make decisions in other areas.
- Care plans highlighted the role staff had in advising people to make decisions. A person's care plan stated, "If I wish to do something that involves taking risks, I want staff to explain the risks to me so that I am aware and so that I can choose which risks I am happy to take."

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- At our last inspection we had concerns some staff spoke and wrote about people with a lack of respect. At this inspection we found staff to be respectful when speaking about people. New guidance gave staff advice on how to speak to people respectfully.
- Feedback from relatives and people was positive about how caring staff were. In particular, the permanent staff who had got to know people over time. A relative told us, "Staff know my family member as a person and know how they react to things. So, staff are well placed to get the best from and for [Person]."
- We observed people were relaxed with the staff who supported them. People chose to sit with staff companionably in kitchens having a cup of tea. We observed people approaching staff to sort problems out.
- The registered manager was driving changes to ensure people were treated in a more caring way and their quality of life improved. During a team meeting there had been a discussion on how to make a dining room a "happier place" which included moving furniture, so a person felt less restricted.

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

- Staff understood they were providing support in people's own homes. When we visited a member of staff checked people were happy with us looking around the home and garden.
- People were not tied to a care provider when living in their own home. A person had chosen to receive some of their care and support from another provider.
- Staff had supported two people who shared a house to make decisions in line with best practice. Extensive planning ensured house meetings were arranged around the people's needs and when there were minimal distractions. Staff had considered in detail how to communicate choices and decisions. The meetings were practical and focused on people's wellbeing, for example, how to make money go further due to the increase in the cost of living.
- Staff supported people to express their views using their preferred method of communication. Staff described the different signs a person used to make decisions about their care. For instance, they told us when a person led staff by the hand to the kitchen it meant they were hungry. A relative told us, "The permanent staff know [Person] so well that they can understand what they are communicating even without language."
- We found numerous examples of people directing their care and making choices flexibly each day. Relatives told us although a person did not communicate using words and staff ensured their wishes were at the centre of the service. A relative said, "Their key-worker organises the place to the benefit of our family member and with their welfare in mind all the time."

Respecting and promoting people's privacy, dignity and independence

- At our last inspection, we found it wasn't always possible to identify if people had been offered advocacy support. At this inspection we found the registered manager was able to outline instances where advocacy had been requested.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics. People were supported and respected when expressing chosen preferences and relationship choices.
- We observed staff encouraging people to take part in cooking and housework. A person who was not fully mobile peeled vegetables at the kitchen table. Care plans gave clear advice on enabling people to become more independent. A person's care plan advised which stage of getting dressed they could do without staff support.
- Staff knew when people needed their space and privacy and respected this. A person told me, "Staff treat me with dignity - they help me transfer, they help with my legs and back and I do the rest."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- Not all people were encouraged to be active and develop new interests, in line with their needs and preferences. There were not always clear pathways to future goals and aspirations, including developing new skills, in people's support plans.
- A relative told us, "In the past my family member enjoyed so many activities, however so little is done now, and you can't say it's all because of the pandemic. We would like the activities to be reviewed and feel the company should take some ownership on what they can and will offer."
- When we spoke with people and reviewed records, some people seemed to spend a lot of time in their bedrooms. People told us, "I mainly stay in my room watching TV and DVDs, especially football, I also like listening to music and looking at my music magazines" and "I don't do any activities, in the past I enjoyed a disco but that has been closed since the pandemic."
- Some people had received support at the same address for years and their routines had become limited or entrenched. A member of staff told us they had set various objectives over the years for a person, but these had fizzled out. A person's care plan had a new form where staff had recorded an objective to achieve a new activity in March 2022. The person had completed the activity once, but the form had not been completed and there was no information on the next steps.
- Two people told us they used to enjoy food shopping but that had been replaced by on-line shopping. Although staff did ask what they wanted, they did not feel as involved. A person said, "We used to do the shopping but now we just help with the list." Relatives told us the high turnover of staff affected how much people went out.
- Access to activities outside of home had been exacerbated by the COVID-19 pandemic, though at the time of the inspection there had not been a lockdown for some time. Whilst some people had started to go out again, staff told us people had lost their confidence and time was needed to return to their previous level of activity.
- The new culture being promoted across the organisation was encouraging people and staff to increase people's opportunities and goals. The registered manager told us ensuring people received a person-centred service was a key focus, having dealt with the safety priorities outlined in the last inspection. We could see in team meetings and care plans how committed managers were to promoting people's quality of life. However, improvements were still needed to ensure people across the service received a responsive and personalised service.
- Although there was some room for improvement, many people had full lives. A person wanted a job and so had been supported to go to college to develop their skills. People visited local leisure centres and some were still involved in shopping. A person told us, "Last week I went out shopping twice, mainly food shopping, but I did buy a music magazine."

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

- At the last inspection, we found care plans did not always reflect people's current needs. Care plans had been revised since our last inspection. This ongoing process was key to ensuring people received person-centred support. We found a number of examples where senior staff had instructed staff to follow care plans to ensure people received support which met their assessed needs and preferences. This highlighted the commitment to improving the care people received.
- In some instances, decisions about care arrangements had been made many years ago and care was not always arranged in a personalised manner. At one address, staff sleeping arrangements impacted on the people, as a lounge became a temporary bedroom overnight. At other addresses there was no rationale about why people were living together, and this had not been reviewed and alternative options provided. The registered manager discussed their plans to start slowly addressing these issues, although they recognised it would take time to implement any changes.
- People, or their representatives had been involved in planning care. A relative told us, "I was fully involved in inputting to the original care plan and now with any reviews."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had been taught Makaton (a language programme that uses symbols, signs and speech to enable people to communicate) and some still used it with people. There was a need to train new staff due to staff turnover. The registered manager was aware of this already and had made arrangements for a new training course.
- Staff communicated with people in a personalised manner. We observed staff using signs with a person to ensure they could make decisions about their care. A member of staff described how they supported a person to make decisions. "You can't give too many instructions, like 'go get this, this and this', because they will only pick up the last thing you said."

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. We found examples where people had complained informally to senior staff and their support had improved as a result.
- Contact was mainly with local managers and we received positive feedback about their response. Relatives told us, "If I have any concern and the carers can't sort it, I go to the local manager and it gets looked at. I haven't had any need to complain but I suppose I would go to the company," and "Any concerns we go to the team leader as we know they have our family member's welfare at heart."

End of life care and support

- The provider had carried out internal audits, which found there was a need to improve the planning of end of life care across the service. The registered manager described actions being taken to address this.
- We found no concerns about the end of life care individual people had received. External professionals had been involved in working with a person at end of life. They had provided staff with guidance and advice on new equipment and treatment. Relatives had been involved in revising the care plan as the person's needs changed.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found systems and processes in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity were not always effective. This was a breach of Regulation 17 HSCA RA Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There was a new registered manager and management structure since our last inspection. Previously, local managers had told us they did not have enough time or support to drive improvements. There was now a management team committed and engaged in driving improvements within each area.
- The registered manager had experience of driving improvements in other organisations and had brought with them a passion which had inspired the service. Due to their experience, they were introducing well thought-through systems. We had positive feedback about the changes they had introduced. A member of staff told us, "The registered manager is one of the best managers I have worked with. More approachable, more support. When we were at our lowest, they came and did a shift here."
- Systems were designed to promote good quality care. For example, staff had changed how they recorded the support they provided each day. There was an improved electronic system which gave the registered manager information about what was happening across the service.
- Roles were clear and everyone knew who was responsible for which actions. There was a new system which supported senior staff to follow up areas of concern, such as outstanding investigations. This helped ensure consistency and enabled the registered manager to focus on specific areas of concern.
- At the last inspection, we found audits took place, but concerns were not acted on. The registered manager told us the management team now held more responsibility. For example, area managers were now responsible for looking at people's daily records to ensure staff were supporting them in line with their needs and preferences. This was key to ensuring people remained active and driving improvements.
- Actions from audits were assessed according to priority and risk. The registered manager had prioritised improving the induction process for agency staff to ensure staffing changes did not result in people missing activities.
- We met with the regional quality manager and they described how they supported the registered manager to drive improvements. They got involved promptly with any local areas where standards were slipping. The

area manager described how they were working at one particular address to support senior and care staff. As a result, the provider was already dealing with specific concerns we had been told about before our inspection.

- The regional quality manager told us of the difference the new registered manager had made. They said, "There is a huge difference in quality. The registered manager keeps on top of everything and has good oversight. They are really approachable but set expectations."

At our last inspection we found the registered person had not always notified the Commission without delay of specified incidents which occurred whilst services are being provided in the carrying on of a regulated activity, or as a consequence of the carrying on of a regulated activity. This was a breach of Regulation 18 Registration Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Managers now used an electronic system which prompted them to complete tasks, including whether they had notified CQC. The improved system gave us confidence the registered manager was notifying us as required.
- Due to the drive for improvements, the number of notifications had increased. The notifications reflected an improved openness and outlined extensive investigations and joint working with the local authority.

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

- At our last inspection we found the culture was not always caring and did not always focus on the people receiving support. The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. A member of staff told us, "The registered manager has had the biggest impact, they really care about us and every person we support."
- The provider kept up-to-date with national policy to inform improvements to the service. The registered manager spoken passionately about the principles of Right support, right care, right culture, such as ensuring people had a real choice about where and who they lived with. The registered manager had an overarching plan to ensure any changes were sustainable and inclusive.
- Many people across the service received personalised care and achieved good outcomes. The registered manager was aware there were still areas for improvement, as outlined in the responsive section of this report, however they were taking effective action in this area.
- Although staff gave us mixed feedback, many spoke positively about the changes to people's quality of life. A member of staff told us, "Over the last few months, I have seen many improvements within the service I work in. Since these changes happened, I have noticed that the service users have become more happy in themselves and get a better variety of support with daily life and activities."

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

- Although most staff were engaged with the programme of improvements at the service, some staff told us they were not happy with the changes and how they were being managed. They also were also concerned by staff turnover.
- The registered manager told us there continued to be a turnover of staff as some staff decided they did not want to work within the new standards required across the service. There had also been a departure of staff following thorough investigations into concerns raised at our last inspection.
- Feedback from other staff was more positive, in particular newly recruited staff. One member of staff said,

"Until recently, there were some issues within the service that weren't being addressed. Since the staff change over and new team leaders, I feel the ongoing support to meet the needs of the service users is exceptional."

- There was a structured programme to support staff through the changes. The registered manager told us area managers spent more time in the local areas.
- The registered manager told us how they had made changes since their arrival to ensure people in the service were more engaged. For example, a person who received support helped with quality visits to people receiving a service. The questions used were in line with current best practice and promoted people's human rights. For example, the visitor checked whether people were involved in opening their post.

Working in partnership with others; Continuous learning and improving care; 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 had a passion for sharing learning across the management team and service. Team meetings were used to share good practice and encourage staff to speak up about their concerns.
- Engagement with the CQC and local authority had improved. During our inspection, managers and staff were supportive and open. Emails showing extensive communication with the local authority demonstrated the efforts being made to address the concerns found at our last inspection.
- The registered manager told us they were taking part in projects with the local authority. For example, the registered manager told us about a project with local partners called 'Ageing Well,' which would inform the care they provided to people as their needs increased with age. These reflected an outward approach and a desire to improve the lives of people at the service through learning from best practice.