

Exclusive Care Limited

# Exclusive Care Ltd

## Inspection report

G46, Business & Technology Centre  
Bessemer Drive  
Stevenage  
SG1 2DX

Tel: 01438310108

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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?

Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

Exclusive Care Limited is registered to provide personal care to people to people living in supported living settings, so that they can live in their own home as independently as possible.

People's experience of using this service:

Previous breaches of regulations were now being met. This meant people experienced a better quality of care that was safely delivered and managed. However, some work continued to be needed to ensure that people's records were fully person centred and completed. The registered manager had an action plan to address this area.

People were kept safe from harm because assessments identified the key risks to their health and well-being. Plans were in place to respond to people's needs. One person's relative said, "[Person] is as safe with the staff as they are with us, I can't fault the care at all."

Staff received the information that they needed to provide people with individualised care and support. Staff were aware of people's nutritional needs and supported these well.

People were supported by a sufficient number of staff who had been trained to keep people safe.

People's medicines were now safely managed and administered as the prescriber intended.

Consent was now obtained in line with legal requirements, although improvement was required around documenting decisions made. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The newly developed policies and systems supported this practice.

People were cared for in a dignified manner. People's confidential information was stored securely.

People were involved in the review and development of their care. People enjoyed a range of activities that met their individual interests.

Concerns and complaints were promptly responded to. People and relatives were confident to raise concerns when necessary.

People using the service and their relatives told us that the registered manager and other senior staff were approachable and could be contacted at any time.

Governance systems were now in place to monitor the quality of care provided. Leadership was now visible across the service, and staff, health professionals and relatives were all positive about the sustained

improvements.

Registering the Right Support has values which include choice, promotion of independence and inclusion. The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

Rating at last inspection: Inadequate. The inspection was carried out on 11,13, 18 and 23 July 2018 and the report was published on 21 August 2018. At this inspection the rating has improved.

Why we inspected: This comprehensive inspection was planned based upon the findings from our previous inspection. At that inspection we found six breaches of regulations, rated the service inadequate and placed the service in special measures. This was because staff were not aware and did not respond to people's changing needs, people were not safely supported by enough staff. Those staff employed did not know how to keep people safe from harm or abuse or how to manage and administer medicines safely. Staff were not receiving appropriate training or development or being supported by the management team through regular appraisal and supervision. Staff told us they did not feel supported. Language used to describe people's behaviours or personalities was not dignified and people's preferences were not always met. Care was not assessed or provided in a personalised manner. Staff did not always support people to follow their own hobbies and interests when they chose. Concerns and complaints were not always responded to. People, relatives and staff told us the service was not well led. Systems were not operated effectively to identify areas that required improvement or to maintain safety with the care provided. Notifications of significant events were not made as required. The provider did not ensure effective management was in place to both ensure people received a high level of quality care, and that staff were sufficiently supported and managed. Care records were not accurately maintained as required. The service did not have a registered manager or nominated individual in post.

Follow up: The service is no longer in special measures as they have achieved a rating of good. However, we will continue to monitor all information received about the service to understand any risks that may arise and to ensure the next inspection is scheduled accordingly.

## 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 'Safe.'

You can see out detailed findings in the 'Safe' section below.

### Is the service responsive?

Good ●

The service was 'Responsive'.

Details are in our 'Responsive' findings below.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Details can be found in the well led findings below.

# Exclusive Care Ltd

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection team:

This inspection was carried out by two inspectors.

#### Service and service type:

Exclusive Care Limited provides personal care to people living in four supported living settings so that they can live in their own home as independently as possible. It provides support to people of all ages living with a range of needs including, learning disabilities or autistic spectrum disorder, mental health conditions, sensory impairments and physical disabilities. At the time of this inspection the service provided personal care to twelve people. During the inspection, one supported living setting was transferred by the local authority to another provider. This meant Exclusive Care Limited provided personal care to nine people living across three supported living schemes.

People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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.

#### Notice of inspection

We gave the service two working days' notice of the inspection because the service provides care to people in supported living settings and we wanted to make sure that the registered manager was available on the day of the inspection site visit. We also gave notice of our visit so that the registered manager could seek agreement from people using the service to us visiting them in their supported living settings.

This inspection was carried out between 06 February, 28 February and 28 March 2018. We visited the office and one supported living scheme on 06 February 2018. We sought the views of professionals on 28 February 2018 and gave feedback to the provider. On 28 March we sought assurances from the provider following concerns raised about the transfer of support packages to another provider.

What we did:

Before the inspection we looked at information we held about the service. This information included:

- Statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law.
- We reviewed information submitted to us in the provider information return [PIR]. The PIR 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 used all this information and the previous inspection report to plan our inspection.
- We reviewed the action plan the provider sent to us following our last inspection. This action plan addressed the issues identified at the last inspection, and following a meeting held with the provider and local authority on 16 August 2018 where further actions were set.
- We reviewed the service improvement plan with the provider regularly since the prior inspection. This enabled us to monitor that the required improvements would be made.

During the visit to the office we spoke with the registered manager, provider and two staff members. When we visited one of the supported schemes we spoke with a further staff member and two people who used the service. However other people were not able to verbally communicate with us, therefore, we spent time observing how staff interacted with people to understand the experience of people who could not talk with us. Following the inspection we spoke with three people's relatives and two health professionals.

On 28 March 2019, we received information of concern that suggested when people's care was transferred this was not completed in a planned or sensitive manner. We sought assurances from the provider on 28 March 2018 and 01 April 2018 and spoke with one person's relative. We found that Exclusive Care Limited had acted accordingly when planning and discharging people from their care at the local authorities request to another provider.

We reviewed records relating to the care and support for three people. We also reviewed records relating to the management of the service, such as staff training, maintenance of the premises and equipment and how the registered person monitored the quality of the service.

# Is the service safe?

## Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes, keeping people safe from harm and abuse.

- At our last inspection in July 2018 we found staff were not confident in reporting their concerns where a person was at risk of harm or abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found this had improved.
- Staff had received further training and now understood safeguarding, what to look for and how to report concerns. The registered manager had reviewed the approach to keeping people safe and regularly discussed this with people at meetings and supervision. One person's relative said, "We as parents are not getting any younger, and we are happy that [Person] is settled and very safe, that really gives us peace of mind."
- Staff were confident to raise concerns and knew how to whistle-blow if required. One staff member said, "There was an incident recently with [Person] but it was picked up and reported to [registered manager] who reported it to the local authority. We then talked about how we can support [Person] and learn from the incident. It didn't happen with us, but we can still learn."
- We saw from records that staff had reported their concerns for any areas they were concerned with and the registered manager had reviewed these, taking appropriate action where needed.
- The manager was aware of their responsibility to report safeguarding concerns to the relevant external agencies.

Learning lessons when things go wrong

- At our previous inspection in July 2018 lessons were not learned where there had been incidents or near misses. At this inspection improvements had been made.
- Staff told us they frequently discussed with their team leader or registered manager when things went wrong. Staff were able to tell us how they had reviewed their practice based upon incidents, such as people being agitated or restless. They were able to demonstrate where these incidents had reduced as a result of their changed approach.
- The provider and registered manager regularly reviewed any incidents or accidents.
- Following our previous inspection, the provider and registered manager shared the action plan arising from the previous inspection. They had sought relatives feedback regarding the care provided and reviewed the action plan to ensure areas of learning from this were embedded.

Assessing risk, safety monitoring and management

- At our last inspection in July 2018 we found risks to people's safety and welfare were not routinely assessed or managed. This had led to unsafe care being provided. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection this had improved and there was no longer a breach of regulation.
- Risk assessments had been reviewed by care staff and health professionals and were now in place to

monitor people's identified risks.

- The management of areas such as people's nutritional needs, risk of choking and physical care needs had improved significantly. Where people previously were thought to live with anxiety or at risk of choking, risk assessments and care plans were in place.
- Appropriate referrals to health professionals were made when required and equipment needed was in place or treatment plans were followed. Since the last inspection all people using the service had been reviewed by the registered manager in partnership with their social worker and relative.
- Staff had received training in specific areas such as autism, prevention of choking and fire safety and were knowledgeable about how to safely meet people's needs. One relative said, "[Person] is diabetic, they make sure they have their check-ups, injections every morning and talk to the nurses if anything changes. We were worried before, but now we are seeing how things work, it is certainly more organised and feels much safer."
- We found that people now experienced good outcomes from appropriate assessment and staff care and support. For example, one person at the previous inspection was not encouraged to eat a balanced diet. We found significant work had been undertaken by the new management team and staff and this person's weight and overall health had significantly improved.

#### Using medicines safely

- At our last inspection in July 2018 we found people's medicines were not consistently managed in accordance with the prescriber's instructions. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection this had improved and was no longer a breach of regulation.
- People were supported to take their medicines by staff who had been trained and their competency was regularly reviewed.
- Processes were in place to identify and report any errors or mistakes that occurred.
- People had guidelines in place for staff to safely support them with 'when required' medicines.
- Medicine records were now accurately maintained and completed when medicines were administered.
- Regular checks and audits of medicines and temperatures were completed and documented.

#### Staffing and recruitment

- At our previous inspection in July 2018 we found there were insufficient staff to provide people timely and consistent care. This led to people receiving care from staff they did not always know, and resulting in people experiencing poor outcomes. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. At this inspection we found this had improved.
- The registered manager had reviewed their staffing levels and where they were unable to meet the needs of two people, had referred them to a different provider. This resulted in eliminating agency staff, and allowed for staffing to be planned to provide experienced and consistent staff to provide personal care to people.
- Staff, relatives and health professionals now told us there were enough staff to support people in a timely manner. One person's relative said, "Staff appear much more settled. Part time staff have stepped up to full time. They have worked hard to recruit the right staff, and it has helped people in the end and they genuinely care. [Registered manager] has put a lot of effort into the staff, they certainly are a lot more confident about the work they are doing."
- Staff employed to support people were recruited following robust employment checks. These included references from their previous employer and criminal record checks. This helped to ensure people were suitable to work with people.
- Although staffing levels were consistent and meeting the hours that were required, some staff had worked excessively long shifts to support people. The registered manager told us they were aware of this issue and with further pending recruitment this practice of excessive overtime would stop shortly after the inspection.



We were informed subsequent to the inspection that the service was fully staffed.

#### Preventing and controlling infection

- People lived in a clean, hygienic environment that staff supported them to keep clean.
- Staff adopted good practice when delivering personal care.
- Staff told us there was enough personal protective equipment such as gloves and aprons to use.
- Regular checks and audits were made of the cleanliness of people's homes and also that's staff were observed to follow good practise.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and feedback confirmed this.

Staff skills, knowledge and experience.

- At our last inspection in July 2018 we found staff did not receive appropriate training, development or support. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection this had improved and was no longer a breach of regulation.
- Since the last inspection, the provider and newly appointed registered manager had reviewed the training program provided and made significant changes. Training was no longer solely provided by one staff member, but sourced from appropriate external organisations. Since the last inspection, staff had refreshed all key areas of training and had undertaken training in some areas specific to their role, such as autism.
- Staff spoken were positive about the changes to training and told us they felt supported by the newly appointed registered manager. One staff member told us they were being supported with managerial and supervisory training and felt a lot more confident in their role. A second staff member said, "Things are much different now. [Registered manager] and [provider] are on the phone when we need them. The training is so much better and we are beginning to think about how we can tailor that to our residents. I feel so much better supported."
- People's relatives echoed the positive changes that staff told us. One relative said, "Training is good, with [Person] they really know about [their] condition and how to care for them. I have no worries about their capability to look after [Person] at all."
- Training had been provided in key areas such as dysphagia, nutrition and autism. However, plans to bring in champion roles around key areas were being developed, alongside training for staff around sexuality awareness to support people in a more person-centred way.
- New staff members completed a structured induction which included training in adult safeguarding, fire awareness and topics specific to people's individual needs. This led to a recognised care certificate that all staff had either completed again, or were in the process of completing.

Supporting people to eat and drink enough with choice in a balanced diet.

- At our last inspection in July 2018 we found staff did not always encourage people to eat a healthy and balanced diet. Specific dietary needs, such as diabetes were not always catered for and managed. This was an area that required improvement. We found at this inspection the provider had made the required improvements.
- People were now supported to have enough to eat and drink that was healthy and nutritious. Staff supported people to plan and where possible prepare their meals, and encouraged people to try new things. One person's relative told us "[Person] now eats smoothies, they make it together. [Person] wouldn't eat fruit for love nor money, but now they put it into the blender themselves. Staff help them know what is going into it. It's little steps that are the biggest change."
- Preferences around what people liked to eat were recorded and reviewed. People were given choice about

what they ate.

- Allergies were prominently recorded in people's care records and staff were aware of these and people's other dietary requirements.
- People's weights were regularly reviewed and a nutritional assessment completed. Where this suggested people may be at risk of weight loss appropriate actions were taken and referrals sent to health professionals. Staff also supported people who were overweight and we saw staff positively supporting one person to lose weight and be more active.

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

- People's needs were assessed and regularly reviewed. People's needs had been fully reassessed by the registered manager, relatives and relevant health professional. Staff could tell us about people's individual needs and wishes and used alternative communication methods or technology to aid them in understanding people's needs.
- The provider supported staff to deliver care and support in line with best practice guidance. They had reviewed their approach to providing care to people since the previous inspection and had developed and improved practice following the appointment of an experienced registered manager.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessment. Staff members could tell us about people's individual characteristics and knew how to best support them.

Ensuring consent to care and treatment in line with law and guidance.

- People were now supported to have choice and control over their lives and staff supported them in the least restrictive way possible. Staff were clearly aware of the importance of obtaining people's consent and offering choice, and also of the legal requirements when people are unable to consent.
- People's relatives told us staff always sought people's or their relatives consent. One person's relative said, "They want [Person] to decide what they want to do so always ask and give options. If there are the bigger decisions then we all talk it through and decide with [Person] what is best." Where we observed staff supporting people we saw they offered people choice, listened to their view and respected their decisions.
- 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. Overall assessments of capacity had been made, however we found in one record we looked at that an MCA had not been completed for managing a person's medicines. The registered manager told us they were aware of this and were in the process of reviewing all MCA at that time.
- 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). The provider had made appropriate applications and had systems in place to renew and meet any recommendations of authorised applications. Staff were however not all aware of where the Court of Protection may make decisions on behalf of people. This was important as we found one person had a decision being assessed at the time. However, staff were aware of the restrictions placed on the person and that it had been made in their best interest whilst the matter was reviewed.

Staff working with other agencies to provide consistent, effective, timely care.

- People had access to healthcare services when they needed it. We saw examples where people regularly saw their GP, dentists, nurses, hospital consultants and mental health professionals. Staff referred people for healthcare assessments the moment they became aware of a change in their well-being.
- Staff knew about people's health needs and knew how to support them.
- One healthcare professional commented, "Staff will quickly call when someone is unwell and we find they

are responsive to the treatment suggested and keep us up to date with any issues or improvements. Overall, I think they refer when needed and follow our guidance well."

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- Staff spoke about people conveying a sense of passion and pride, and demonstrating a good understanding of how to support people.
- People were seen to be treated in a compassionate manner by staff who were clearly caring and respectful towards them. People were seen to be at ease with the staff members supporting them and relatives told us a meaningful rapport had developed between them. One person's relative said, "[Person] can't communicate well, you have to know them first and then you can understand what [Person] wants. Staff have taken the time to get to know them personally and they can communicate well and [Person] gets just what they want."
- Where previously staff knowledge of people meant they were unable to respond when they became or upset we found this had improved. Staff were quick to intervene when people were upset, and when telling us about incidents, did so with a genuine level of concern for the person. One relative said, "The staff are great, they know [Person] so well and only ever treat them with the upmost kindness, respect and sensitivity."
- Further work was required to ensure people's care records fully reflective of people's preferences, choices and aspirations. However, the registered manager was aware of this and staff were aware and used them in their day to day interactions with people.

Respecting and promoting people's privacy, dignity and independence.

- People were treated with dignity and respect and that their privacy was supported by staff members. Language used in care records and incident forms no longer used inappropriate terms to describe the incident that had occurred. Staff told us how discussions in supervisions and team meetings focused on issues of equality and diversity. Staff told us of a particular example that they felt a person required support with to come to terms with their feelings. The registered manager had responded to this by providing additional training and resource for staff to begin to support this area and meet this person's needs.
- People received support to be as independent as they could in all areas of their life. Staff were aware of the importance of people making their own choices and caring for themselves. One staff member said, "[Person] can mostly shower themselves, we might put the shower on and wash the hard to reach places but they do the rest. I think as staff we have to enable people in all areas of their care, not do for them where they can make that choice themselves."
- People were supported to manage their own daily lives using an electronic calendar. This gave access to their relatives and friends to see what they were doing through the week. However, this also meant people were required to invite the person to events, which they would refuse if it wasn't convenient. This gave people a greater sense of independence and control over their daily life. The registered manager was developing the use of technology to support people's independence. They told us another person was

considered to be able to be left at home independently. To achieve this safely, they were preparing to install equipment that would monitor the person whilst they were alone, enjoying their privacy, but also allow staff to respond quickly if there was an emergency.

- Information which was confidential was kept securely and only accessed by those with authority to do so.

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

- People were regularly encouraged to share their views about their care, and where appropriate this was with their families.
- Staff and the registered manager have completed 'key worker' reviews which identified what things the person would like to achieve. When we spoke with people's relatives about these areas, they told us staff supported people over and above what they expected. One relative said, "I work very closely with the team. The staff support and help each other when they need to and keep me up to date. Anything that [Person] could ever want or need is given. I am totally confident when I am not with [Person] that staff provide the care in the way they want."
- Staffing support hours were regularly reviewed which ensured people have choice and control over their day to support their independence. This was in relation to both care hours but also one to one hours to support their personal choices, interests etc.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Personalised care, accessible information; choices, preferences and relationships

- Staff supported the people they cared for well. Staff told us about people's likes, dislikes and preferences and used this information as the basis for the care and supported they provided to people. For example, a relative told us how staff had got to know one person well, understood their likes and preferences and supported them to access the community. This we were told was a significant recent achievement. They further said, "We had a whole year where [Person] didn't go out of the house. Eventually [staff] have finally cracked it. It was a lot of hard work, took time to know [Person] and they showed a lot of patience. Staff have done really well by [Person] so I say with certainty that the care is personalised."
- People were encouraged and supported to make their own choices to have as much control and independence as possible. This included shaping how their care and support was provided to ensure it was individual to them and their wishes.
- People were provided with a range of activities, both supported on a one to one basis, but also socially with other people from the house or wider social groups. Staff spent time to understand people's interests. People's days varied from going to local day centre's and local education centre's, to shopping, wildlife parks, outdoor pursuits and several holidays, one being abroad recently.
- Staff ensured that people were not isolated and had the opportunity to be part of the wider community in the home and outside. In addition to weekend disco's and meeting with people's relatives, staff encouraged people to develop and maintain friendships. One person's relative told us, "They [People] are out all the time. They do all sorts of things and make friends. [Staff member] spoke with the manager of the local restaurant, which now allows [different person] to sit in the restaurant with their friend but eat another restaurants food. It is important as [staff member] recognised this was an important thing for both of them, and went out of their way to make it happen every week."

Improving care quality in response to complaints or concerns

- People and their relatives told us they were now confident they could raise a complaint or concern with staff or the registered manager and it would be dealt with. One person's relative said, "I like [registered manager], they are very good. With this manager we can raise an issue and I know it will be dealt with properly and openly, not the old flannel we used to get. I have found all the staff and managers since the changes to be very honest when I talk with them."
- Copies of the complaints procedure were made available to people and visitors and the provider monitored any concerns raised through weekly meetings. Those complaints that had been raised had been dealt with in line with the providers policy.
- People and relatives were provided with regular meetings where they could raise their concerns or suggestions. Minutes recorded that relatives were able to challenge the registered manager and make suggestions that were noted and actioned. One person's relative said, "There are meetings now, the managers tell us how things are going, the state of everything, it is lovely to be with all the other parents and

feel like we are part of things."

#### End of life care and support

- No person at the time of the inspection was receiving end of life care.
- Policies were in place in the event someone required end of life care, and links to healthcare professionals were established.



# 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.

Requires Improvement. Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- At our last inspection in July 2018 we found people's care records were not maintained, and quality assurance processes did not keep people safe, or seek to improve the quality of care provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found this had improved.
- People's care records, although vastly improved since the last inspection in July 2018 continued to require further development. Although key assessments and reviews of people's care had been completed, people's care records were not individualised or personalised. They did not provide a full picture of the persons preferences, wishes, aspirations or how to provide care on an individual basis. Care records reviewed captured the assistance required, however this was task focused.
- Care records were not available in an accessible format to enable people to engage further with their care reviews.
- The registered manager told us they were aware of the need to continually update some of the care records and accepted some of these required further development including mental capacity assessments. They were keen to ensure that staff were developed to be able to complete these records and therefore this had taken slightly longer than they anticipated. Those we reviewed which had been completed gave an accurate picture of the person's needs.
- Duty of candour was promoted by all working within Exclusive Care Ltd. The registered manager had supported staff to better understand recording of incidents and developed an open and honest approach if something went wrong. Notifiable incidents were now being made within a reasonable time frame. Managers and staff being clear about their roles.
- The registered manager completed their registration with CQC in February 2019. They had worked with the newly appointed nominated individual and company director to change the structure and culture of the organisation. Staff now understood their roles and responsibilities and staff were held to account for their performance where required.
- Since the previous inspection, the provider, registered manager, staff and other stakeholders had developed a new values and behaviours framework. This set out how staff were expected to work at all levels and the behaviours expected. Company values such as 'Working together to be the best we can be,' underpinned this framework. The underlying principal was that all staff worked in an empathic, caring transparent approach with people at the centre of the work carried out. We were able to see this developing within the company and the principals being applied.
- Quality assurance processes were now in place and used to identify where improvements were required. Regular quality monitoring was carried out by the registered manager and checked by the provider. Weekly

meetings were then held with the management team who reviewed the information. These meetings reviewed areas such as incidents, complaints, safeguarding, and progress against the improvement plan. Actions arising from these management meetings set the agendas for team meeting discussions and supervisions.

- The registered manager however, clearly led by example, and was acutely aware of each person's needs. They were able to accurately describe people's care, preferences and knew what was important for each person we discussed. This meant the lack of recording in these areas did not adversely affect the care provided to people.

Engaging and involving people using the service, the public and staff

- People, relatives and staff told us the registered manager was approachable and supportive. One relative said, "Care was never a problem, the issues were always with the old management regime. Now that has changed everything is much better. [Registered manager] has worked really hard to make sure we all have faith in management and can believe things are getting better."

- Staff told us the culture of staff had changed during the previous six months. Staff were positive about the management changes and felt these had benefitted staff and people. One staff member said, "Managers are now holding disciplinarys which is fantastic, staff are really stepping up. I feel more confident in the managers and company. Now I am happier, feel supported and kept informed and more secure."

- The registered manager sought people's views, opinions and feedback about the service. They evidenced this through compliments received. Surveys had been developed, but had yet to be sent to people, relatives, staff and professionals for their views.

- Prior to the inspection the local authority transferred three support packages to another provider. We saw that the registered manager and provider had informed people's relatives of the transfer and kept them up to date with developments, and met with them on several occasions. The provider intended to transfer the support packages with minimal interference or disruption, however we found although Exclusive Care Ltd acted appropriately, planning from the incoming provider and local authority led to disruption on the day of the transfer. However, the provider had worked with all stakeholders prior to the transfer to engage and involve people and relatives with the changes occurring.

Continuous learning and improving care

- At our previous inspection we found the service was registered at a different address. This was a breach of regulation 15 Registration of the Care Quality Commission Regulations 2009. At this inspection the provider had correctly registered the service, however had not ensured information held by Companies House aligned with the CQC registration certificate. This was amended during the inspection, however was not identified by the provider as required action.

- The previous management team had not supported or communicated with people in an open and transparent way. People's relatives were not aware of developments or improvements needed in the service, and felt they were placated by the previous registered manager. The current management team had worked positively over the previous six months to improve this.

- The registered manager developed an extensive action plan in response to the CQC inspection. They also incorporated into this findings from the local authority review and their own observations from audits. This was shared with staff and relatives and other professionals and reviewed to show where progress was made. One relative commented, "Managers regularly communicate, we have just done a parent's meeting and talked about where things are at with the developments. I think we are very well informed of the workings of the company now." This had recognised the areas that we had identified as requiring improvement, such as the personalisation of care records and ongoing action to ensure records are clear and relevant to the person.

- The registered manager had been in post for one day prior to our last inspection. The changes they have

made have had time to embed but as yet we are unable to demonstrate these are sustainable improvements. Since that time the registered manager has continually reviewed and learned where care can be constantly improved.

- Staff told us they felt the registered manager encouraged them to reflect on their practice through meetings and supervisions. Staff said the manner in which the service was operated prior to the CQC inspection enabled them to reflect on times when the care was not well managed and where staff and people were not supported. One staff member said, "Last time I spoke to you [CQC] I didn't want to work here, I wasn't happy at all. But since [registered manager] and [nominated individual] have taken over things are much better. We can make mistakes and learn from them, I have got better and more confident in my job because they help me understand. Now I come to work because I love what I do."