Choice Support

Samuel Close (1,2,3)

Inspection report

1-3 Samuel Close
Woolwich
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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
Samuel Close (1,2,3) is a residential service of three adjoined houses accommodating up to 16 adults in total, who require personal care. Each house, or unit has separate adapted facilities. People living there have a range of needs including learning disabilities, physical disabilities and/or autism. At the time of the inspection 13 people were using the service.

People's experience of using this service and what we found
We found considerable improvements had been made at the service since the last inspection and the issues we had found then had been acted on. However, the oversight and support from the provider needed some improvement to ensure they remained aware of changes and that improvements continued. In a small number of areas work was still in progress partly due to the effect of the pandemic and because positive changes to the culture of the service needed more time to become a consistent routine for all staff.

We have made a recommendation that the provider seek guidance around the setting of safe staffing levels.

Families told us they felt their loved ones were safe. Staff understood their roles in safeguarding people from harm. Risks to people had been assessed and staff knew how to manage these risks safely. There was a process to identify learning from accidents, incidents and safeguarding concerns.

There were safe recruitment practices that followed legal requirements. Medicines were safely administered and managed. The service had policies and procedures to respond effectively to Covid-19. Staff mostly followed appropriate infection control practices to prevent or minimise the spread of infection.

Staff received training and support to meet people's needs. People's nutritional needs were assessed and met. Staff liaised with health professionals to meet people's health needs. Work had been done to improve the décor of the building.

Relatives said staff treated people with care and kindness. Training had been provided to staff on how to improve the way they communicated with people. Staff treated people with dignity, respected their privacy and encouraged their independence. Assistive technology had been considered to enhance people's independence in their daily living skills. People were now more involved in aspects of their daily care.

People had personalised plans for their care. These were up to date and reflected their needs. They were involved in a range of personalised activities that met their needs. People's needs in respect of their protected characteristics, such as their ethnicity or disability were assessed and supported.

There were systems to monitor the quality and safety of the service. Staff worked in partnership with relatives, health and social care professionals and voluntary organisations.

Staff asked for people's consent before they provided care or support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, 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 providing support to people with a learning disability and/or autistic people. The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:
The setting of the service as a large residential home was in the process of being addressed, through the decision by the provider to register each unit separately with its own registered manager. This process had been started at the time of the inspection.

Work had been undertaken to improve the model of care to increase people's choice, control and independence. Further work was planned in this area.

Right care:
Overall care was person-centred and promoted people's dignity, privacy and human rights. People were being encouraged to be as involved in their care and independent as possible. Work had been done to improve staff communication and interaction with people.

There were limitations to the building which had a clinical design and was not best suited to increasing people's independence. This was under consideration in liaison with the local authority and health professionals.

Right culture:
Considerable improvements were evidenced to the ethos, values, attitudes and behaviours of staff. It was observed that the culture was more open and inclusive. This was in the process of being embedded at 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 December 2019) and there were multiple breaches of regulation. 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.

However, we have found evidence that the provider needs to make some further improvement. Please see the Safe and Well-led sections of this full report. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected
We carried out an unannounced comprehensive inspection of this service on 19 and 20 November 2019. Breaches of legal requirements were found and we took enforcement action serving two warning notices. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

This was a planned inspection based on the previous rating.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Samuel Close (1,2,3) on our website at www.cqc.org.uk.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

Requires Improvement

The service was not always 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?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Samuel Close (1,2,3)

Detailed findings

Background to this 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 Care Act 2014.

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

Inspection team
The inspection was carried out by two inspectors, a Head of Inspection and an Expert by Experience, who made phone calls to relatives following the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Samuel Close (1,2,3) 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.

The service had two managers 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. A third staff member was also applying to register as a registered manager. One of the registered managers was the lead manager and also acted as a service manager.

This inspection was unannounced.

What we did before the inspection
We checked the information we had about the service including notifications they had sent us. A notification is information about incidents or events that providers are required to inform us about. We asked the local authority commissioning and safeguarding teams for any information they had about the service

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection
People were not always able to express their views about the care they received, so we observed the care provided in the communal areas. We also tracked people's care to better understand their experiences and to see that it matched with their care records. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked around the service to check the environment.

We spoke with both the registered managers and the team leader who was applying to become registered manager at the time of the inspection. We reviewed a range of records on site. This included medicines records, care plans and risk assessments. We sought consent to contact relatives and an Expert by Experience spoke with five relatives of people living at the service by phone. We spoke by phone with six members of staff including day and night staff.

After the inspection
We requested information to be sent to us for review including audits, staff training records and equipment checks. We contacted a heath professional who has regular contact with the service to understand their views about the service.

Requires Improvement

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 remained the same.

This meant some aspects of the service were not always safe.

Staffing and recruitment

● We were not assured there were always enough staff to meet people's needs. We had some mixed feedback about staffing levels. Relatives and most staff told us they thought there were adequate numbers of staff. Two staff members told us they thought there were not always enough staff at night as there were only four staff spread across the three units. They explained, this meant there were times when people had to wait for a second staff member to become available, for example to reposition safely.

● In two units we observed there to be enough staff to meet people's needs throughout the day. However, in the third unit, where there were people with complex health needs, we observed staff were not always on hand to reassure one person who was experiencing some discomfort at times because they were busy supporting other people.

We recommend the provider review staffing levels at the service and seek best practice guidance on appropriate dependency tools to assess and determine and review safe staffing levels.

● There were appropriate recruitment policy and procedures in place to ensure pre-employment checks were satisfactorily completed for all staff before they began working at the home.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider's infection prevention and control policy was up to date.

● We were somewhat assured that the provider was using personal protective equipment (PPE) effectively and safely.

We have also signposted the provider to resources to develop their approach.

Assessing risk, safety monitoring and management
At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● At the last inspection we found concerns about the assessment and management of risks related to epilepsy and skin integrity. At this inspection we found there were epilepsy protocols in place that guided staff on how to manage risks. Staff had received training on skin care and pressure ulcer prevention since the last inspection. Staff used risk monitoring tools to help identify and reduce risks in respect of skin integrity.
● Risks in relation to choking were managed using guidance from health professionals. Where people needed specialised support to reposition or mobilise, there were detailed risk assessments with guidance for staff and advice from health professionals.
● There was detailed guidance for staff to follow where people showed behaviour that needed a response or distressed behaviours. Staff received regular training on the use of person-centred proactive approach specific to responding to such behaviours.
● At this inspection we found staff understood their roles in emergencies and in reducing environmental risks. Staff knew what to do in the event of a fire and undertook regular fire drills, checks on fire equipment and health and safety checks. Fire safety and legionella risk assessments were completed and appropriate action taken to address any issues found.
● Risks in relation to the environment and equipment were managed through regular staff checks and external contractors who were responsible for servicing aspects such as gas, electrical, fire and lifting equipment.

Using medicines safely
At our last inspection the provider had failed to robustly assess the risks relating to medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● There were safe systems in place to order, store, administer, dispose of and monitor medicines. Staff responsible for supporting people with their medicines had completed medicines training and their competencies had been assessed to ensure they had the knowledge and skills to provide safe support. Any medicines errors were investigated and acted on appropriately.
● Risks in relation to medicines were identified and guidance was in place for staff to reduce possible risks. For example, where people were at risk of choking on their medicines, this had been identified and liquid medicines requested.
● Records showed that people received their medicines as prescribed by health professionals. The number of medicines in stock matched with the number of medicines recorded and we found no gaps in the medicine administration records (MARs).
● Where people were prescribed 'as required' medicines (PRN) such as pain-relief or laxatives, there were

now PRN protocols in place for staff to guide them on when they could administer these medicines and the dose to administer. There was no evidence that people's behaviour was being managed through regular use of PRN medicines.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

● People were protected from the risk of harm, restraint or abuse. Relatives said they thought their family members were safe at the service. One relative remarked, "It's definitely safe."

● At the last inspection we had found improvement was needed to ensure staff understood their responsibilities under the Care Act 2014 and vulnerable adult safeguarding procedures to report any concerns about abuse. At this inspection we found staff knew how to identify abuse and understood their roles clearly. They told us they would not hesitate to report their concerns. They were aware of the provider's whistleblowing policies and where they could report to outside of the service if needed.

● The registered managers were aware of their responsibilities to raise safeguarding alerts and had done so appropriately. They had taken part cooperatively in local authority safeguarding investigations and raised an alert appropriately since the last inspection.

● The service had a system to identify and share learning across the home. Information from accidents, incidents and other events was considered by the registered managers and the provider. Where they identified any learning or the need for additional action to keep people safe, this information was shared with staff through staff meetings. Accidents and incidents were referred to local authorities and the CQC, where appropriate, and advice was sought from health care professionals when needed.

Good

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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider had failed to robustly monitor the DoLS authorisations to ensure they complied with any legally specific conditions. This was a breach of regulation 13 (Safeguarding Service Users from Abuse or Improper Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Where people had DoLS authorisations in place we found there was now a system to ensure they were renewed in a timely way, where required. Any conditions placed upon people's DoLS authorisations were also monitored and met. This meant people were only deprived of their liberty in line with legal requirements.
- Staff sought consent from people verbally, or through the use of signs or gestures when supporting them. For example, in relation to their how they wished to spend their time, or the order they chose to do things.

Staff listened to, observed and acknowledged people's views and respected their decisions.
● Mental capacity assessments for separate decisions about people's health care and support needs were completed, for example in relation to Covid-19 testing. Where people lacked capacity to make decisions for themselves, relatives, where appropriate, and where relevant, health professionals were consulted to decide in their best interests to support them in the least restrictive way possible.

Adapting service, design, decoration to meet people's needs
● At our last inspection we found improvement was needed to provide a suitably welcoming environment that met people's needs.
● The service had been established a number of years ago, before our 'Right support, right care, right culture' guidance was produced. We observed that the fabric of the building was tired and design of the building was somewhat institutional. Additionally, the hallways were narrow and the bedrooms were small for some people with complex needs who had specialised seating, lifting equipment and wheel chairs. The registered manager told us these issues had been identified and were under discussion with the local authority to understand how people's needs could continue to be met.
● We found improvements had been made to provide a more welcoming environment. People had been involved in choosing how they redecorated their rooms and new furniture had been ordered. Communal areas were brighter and more welcoming. We were told that people had also been involved in decorating parts of the service. People's art work was displayed, as were photographs of a variety of activities they had taken part in. A sensory room had been created on one unit which people were enjoying during the inspection.
● There were signs to improve people's orientation in the kitchen so they could assist in the preparation of their meals.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Assessments were carried out in line with guidance and the law. Staff told us people's needs were assessed before they were admitted to the service. These assessments were carried out with people, their families and health and social care professionals. They included all aspects of people's needs, including their protected characteristics. For example, consideration was given to the need for any equipment to aid people's mobility or safety.
● Most people had lived at the service for several years. We were aware that, following the last inspection, people's needs were being reviewed by the local authority to ensure they continued to be met.

Staff support: induction, training, skills and experience
●Staff were supported with training opportunities to develop skills, competency and experience to meet people needs. Relatives confirmed staff had the knowledge and skills to support their loved ones. Staff told us they received enough training to meet people's needs. One staff member commented, "We get more training now and the right kind of training. We talk about training in staff meetings to make sure we understand it."
● Staff completed training the provider considered essential, including training about people's specific health needs such as epilepsy and skin integrity. They had also completed training on infection prevention, Covid -19 and the use of PPE. Other areas of staff training had been identified to support people's complex needs and health professional support sought to provide necessary training.
● Staff told us they received regular supervision and support to enable them to carry out their roles. One staff member commented, "Supervision is helpful. Our manager helps you understand where you can improve and supports you when you need it."
● Staff new to health and social care completed an induction and undertook The Care Certificate (The Care Certificate is the training standard set for staff new to working in health and social care).

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

● People's nutritional needs were assessed and supported. Where people needed modified diets to reduce the risk of choking, we observed that staff were aware of these needs and followed guidance from health professionals to ensure they received the correct diet and were safely positioned.

● Staff knew people well and understood their preferences, dislikes, allergies, and any cultural dietary needs. Work had been carried out with staff around healthy eating and how to help people choose and enjoy healthy meals and a varied diet.

● We observed the meal time experience and saw that people were involved in preparing their food and in choosing what they ate as far as possible. Equipment had been purchased to help support people to be more independent in these areas.

● People's weight and fluid and food intake were monitored to ensure their needs were met.

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

● The service worked in partnership with health and social care professionals to ensure people received effective care and support. People were supported to access health care when needed. We saw from people's health care plans that staff worked proactively to involve and refer to health professionals when needed. A health professional said, "Staff have tried to ensure the people they care for have received treatment, care and support that was safe and personal. They kept families up to date with the information I passed on to them. They followed up on any recommendations from other specialists and the hospital."

● People were supported to maintain their health. Records showed they saw the doctor, dentist or optician when needed. Health care plans identified people's health needs with guidance for staff on how to support them with their health care.

● People had hospital passports to provide emergency staff with important information about them.

Good

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 good. At this inspection this key question has remained the same.

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

- People were treated with care and consideration. Where people were unable to express themselves verbally, staff understood the signs they made. They were aware of their likes and dislikes, and signs of enjoyment or unhappiness. Most interactions we observed were positive and staff engaged with people throughout the day.
- However, on one unit where most people were unable to express themselves verbally, we observed some periods of non-engagement between staff and people doing activities. We discussed this with the registered managers. They showed us the work they had been progressing on communication through observations, training and supervision, to ensure more consistent positive engagement with people.
- Relatives commented that they thought staff were kind and caring. A comment in a survey read, "The staff are kind and caring and leave nothing to chance."
- People's diverse needs were identified as part of their care plans. Staff showed an understanding of equality and diversity, and the need to support people's individual needs with regard to their protected characteristics.

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

- People were supported to make decisions about their care. For example, we observed staff communicated with one person about whether they wished to go out and their wishes were respected. Another person wished to spend some time alone in their room and this was also respected.
- We saw people were more actively involved and included in aspects of their daily lives than previously. For example, staff involved people in areas such as assisting to prepare their meals or managing their washing. Staff also listened to people's verbal and nonverbal cues and offered them choices.
- People and their families were involved in making decisions about their care. Relatives told us they were kept informed about any changes. One relative commented, "We're kept in touch; the staff are very good. If [my family member] is sick or there are any changes they let us know. The staff attitude is excellent, we couldn't want better." The service used a key worker system and key workers held regular sessions with people to try to develop meaningful relationships.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and privacy. For example, staff respected that one person liked to spend time alone in some activities. Staff knocked on doors before they entered and described how they protected

people's dignity when they gave personal care. Relatives said they thought staff were respectful.
● People were encouraged to do things for themselves. Care plans detailed what aspects of their care they could manage themselves and where they needed support.

Good

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 now improved to good.

This meant people's needs were met through good organisation and delivery.

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

At the last inspection we had found that accurate and up to date care records were not always effectively maintained. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People had individual support plans that detailed their health care and support needs. They included guidelines for staff on how to best support them as well as their preferences and likes and dislikes. The plans identified people's strengths and what they were able to do, as well as what they needed support with.
- In accordance with our guidance Right support, right care right culture, the service used positive behaviour support principles (PBS) to support people in the least restrictive way. PBS is a way of focusing on people's strengths to minimise triggers for distressed behaviour. Further training was planned for staff to continue to build and refresh their skills.
- There was no evidence of any use of restraint; where people had restrictions in place to help reduce the risk of injury there were guidelines about their use, which prioritised the use of the least restrictive intervention. There were also arrangements to monitor and review the use of any restrictions.
- Where people had very complex health needs, support had been sought from health professionals and additional training requested to better support these different needs.
- Support plans were reflective of people's needs and mostly up to date and accurate. We found one care plan where additional specialist equipment was in use but the care plan had not been updated to reflect this. This was updated during the inspection.

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.

- People had detailed communication plans which guided staff on how to support verbal and nonverbal communication.

● Information, including people's support plans, unit meetings and hospital passports, was available in accessible formats which met their needs.
● Staff received specific training in people's communication needs, such as Makaton which enabled them to communicate effectively. Makaton uses recognised signs and symbols to communicate. Where people had a sensory impairment, staff supported them to use their other senses to support communication and choice. Staff were able to understand people's non-verbal signals to inform them of their mood state or wishes.
● Staff were being supported by the registered managers to develop their interactions and communication skills with people to be more meaningful.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities to stimulate them and encourage interaction.
● Overall people were supported to enjoy stimulation and social interaction from activities which were outlined in their support plans. They had personalised activity planners to help them plan their routines. We observed people engaged in a range of different individual activities including baking and art work across the units throughout the day.
● The registered manager explained that, due to the pandemic, activities in the community were currently more restricted. At the time of the inspection it was possible to go out for some exercise or to the shops, but other activities were closed. We observed people were encouraged to go out and get some exercise and fresh air.
● The service had an activity coordinator who worked across the service. Activities provided by visiting activity coordinators were on hold because of the pandemic.

Improving care quality in response to complaints or concerns
●The home had a complaints policy and procedure which was available in different formats. The registered managers monitored any complaints to identify learning. For example, where a health professional had raised a complaint about staff attitude towards them, this had been managed and learning identified.
● Relatives told us they had not needed to make any recent complaints as staff were responsive in dealing with any issues they raised. One relative commented, "When I raised it, they took it on board and changed it."

End of life care and support
● People's end of life care needs were considered and planned for as part of their support plan, although these varied in the level of detail. The registered managers were in the process of updating people's end of life plans with their families to ensure they were up to date, and reflective of people's wishes.
● Nobody at the service was receiving end of life care at the time of the inspection. Staff told us they would work with the person, their families and health professionals to ensure their needs were met at the end of their lives.

Requires Improvement

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 remained the same.

This meant the service management and leadership was inconsistent.

Continuous learning and improving care: Working in partnership with others
At our last inspection the provider had failed to operate an effective quality monitoring system and failed to operate systems to promote person-centred, high-quality care and support. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, there remained room for some improvement.

- At this inspection we found improvements had been made at the service and the areas of concern we had identified at the last inspection had been acted on. However, some improvement was needed to ensure there was a recognised system to decide safe staffing levels using people's dependency levels and needs to be assured there were always sufficient numbers of staff to meet people's needs at all times.
- Improvement was needed to ensure the support and oversight from the provider was fully effective and changes embedded. At the time of the inspection weekly calls were held with the registered managers and action plan updates were shared. However, the provider had not made regular checks or visits to monitor aspects of the quality and safety of the service and check progress with improvements, or to verify how the service was managing change alongside the pandemic. One quality monitoring visit had been made by the provider's quality monitoring team in October 2020 .However, the report was an overview rather than a detailed audit of aspects of progress. There had been no observations of how the new registered managers were working or embedding changes in their units.
- We found that there had been no regular external clinical lead support to the home in line with the Enhanced Help to Care Homes government guidance 2020. This shortfall had not been identified by the provider. We discussed these issues with the provider who told us that visits had been difficult due to the pandemic but that they were hoping to restart these soon. They agreed to follow up on the clinical support to the home.
- There was a clear, organised schedule of audits by the registered managers to monitor the quality and safety of the service. Risks were effectively monitored. Action was taken where issues were identified across a range of areas. The service manager had developed a comprehensive action plan to implement the improvements they had identified. Learning was identified from accidents, incidents and audits and discussed with staff at staff meetings.
- A considerable number of changes had been implemented to improve the quality of care and culture of the service. The registered managers were in the process of working to embed these with staff.

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

● There had been positive changes made to the culture at the service since the last inspection. The lead registered manager, who was also the service manager, demonstrated a strong commitment to improving care. This work was continuing at the time of the inspection and the culture of the service was more open and inclusive. A staff member remarked, "There have been a lot of changes; we give better care and recognise people's feelings. [The service manager] has a listening ear, she puts things in order." The service manager was open and honest about the challenges they had faced in trying to make changes during the pandemic. Further time was needed to ensure the improved culture was embedded and consistently helping to drive good outcomes for people.

● The service manager had worked with Skills for Care on a culture for care initiative which involved staff, to help the service move away from task focused work to a more personalised form of care and support. (Skills for Care is the organisation tasked with developing skills and standards in health and social care). Staff spoke positively about this work and the changes and improvements they recognised it had made. One staff member said, "[The service manager] has improved things 110% here. She is proactive for the residents and has really improved the care. Each person is important and needs their own care. [The service manager] will work with you, to show you how to do things better and is hands on and will do anything."

● Supervision and direct observations had also been used to help develop staff responsibility for their roles and improvements in a supportive way. All the staff spoke of how they had grown in confidence with the management team and the changes they had made. One staff member commented, "Supervision really helps you understand your job. You learn here, you can improve." You get listened to now as well and your ideas talked about. Before we used to struggle. Nobody listened."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: 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 managers understood their roles, the requirement to notify CQC of significant events and their responsibilities under the duty of candour. There were plans in progress to register each unit separately with the CQC, with a registered manager for each unit, to provide a more personalised and responsive service which was more in keeping with Right support, right care, right culture.

● Staff told us improvements had been made to the way the service was organised and structured. One staff member said, "It is more organised now, more supportive, we know what we are doing." Staff understood their roles and responsibilities through detailed handovers and shift planning. Records which had been disorganised at the last inspection were organised and accessible.

● Staff commented on how team work had improved significantly and how this benefited people's care. "Before it was staff then management. Now we are a team, we share ideas, everyone is happy."

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

● The service manager had initiated a number of improvements with staff to develop a more inclusive and person-centred culture, involving people more in decisions about their care.

● Advice on assistive technology in relation to supporting people to be more independent and in terms of activities was being sought but had been delayed due to the pandemic.

● People's views about the service were now sought through regular meetings and key worker sessions where they were supported to identify goals and choices, and participate in their care.

● Relatives told us they were kept updated by the service and their views had been sought through questionnaires. Feedback from a survey carried out in June 2020 had been positive, with no areas suggested

for improvement.

● Staff told us the management team had involved them in making the improvements we identified. They said their ideas were listened to. One staff member commented, "We are asked to bring ideas to meetings and the managers listen. There is a real team spirit. The service has really changed to be a good home."

● The service had worked proactively to engage a range of health professionals to support people's care and staff training needs.