

Jeesal Residential Care Services Limited

Treehaven Rants

Inspection report

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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

Treehaven Rants is a residential care home providing personal care and support to up to seven people with learning disabilities and or autistic people. At the time of our inspection there were six people using the service. The service consisted of one main house, divided into two areas referred to as "Rants" and "Boomer". Some people had ensuite bathroom facilities, and their own living spaces, other people shared communal areas of the service.

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

The dynamics of the service had greatly changed since our last inspection, with an overall reduction in the number of people living at the service. This had resulted in a positive impact for the standards of care being provided, with people receiving more meaningful care and activities. There was a different registered manager in post, and staff morale had improved. Staff told us they felt more supported and able to meet the demands of their roles.

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.

Right support: The standards of care provided, gave people choice and control over their own care and lifestyles. This was supported by consistent levels of staff available to meet people's assessed needs and risks to enable people to be active members of the local community. People lived in a clean and comfortable care environment. Whilst we identified some areas of improvement needed to the outside of the property, we were assured by the actions being taken by the registered manager in response to our feedback.

Right care: Care records reflected people and their relative's involvement in their development with their individual wishes and preferences being consistently reflected. People's dignity, privacy and human rights were being upheld. People were supported to have maximum choice and control of their lives, although a recommendation has been made to ensure key decisions are documented. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff training and competency checks ensured they had the necessary skills, knowledge and expertise to safely meet people's needs.

Right culture: There was consistent leadership of the service, due to there being an experienced registered manager in place. The registered manager led the service by example, giving the staff clear expectations of the standards they were to uphold. People were empowered to lead meaningful lives and be part of their local community. The continued to be improvements needed in relation to aspects of provider level

oversight of the service, and this was reflected in the ongoing breach of regulation identified.

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 inadequate (published 30 September 2021).

The service had breaches of regulation relating to provision of safe care and treatment, dignified and person-centred support, the condition and maintenance of the care environment, sourcing people's consent, protecting people from the risk of harm or abuse, the governance and oversight of the service. We took urgent enforcement action as an outcome of the last inspection. 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 significant improvements had been made, however the provider remained in breach of the regulations for governance and oversight of the service.

This service has been in Special Measures since 30 September 2021. During this inspection the provider demonstrated improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

The inspection was prompted due to current rating, and breaches of the regulation identified at the last inspection impacting on the safe running of the service, and risks relating to people's care. A decision was made for us to inspect and examine those risks.

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 COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Treehaven Rants on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our responsive findings below.

Requires Improvement ●

Treehaven Rants

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.

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

Day one consisted of two inspectors and one specialist medicine inspector. Day two consisted of two inspectors.

Service and service type

Treehaven Rants is a 'care home'. People in care homes receive accommodation and nursing and or personal care as a single package under one contractual agreement dependent on their registration with us. Treehaven Rants is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

Both days of inspection were unannounced.

What we did before the inspection

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. We sourced feedback from the local authority and reviewed information we held about the service on our systems, as part of the planning process.

During the inspection

We spoke with six members of care staff, including the registered manager across the course of our inspection. We reviewed a range of records, including three people's care and six people's medication records. We looked at 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. We attended the staff shift handover meeting and spoke with an activity volunteer on day one and spoke with a visiting social care professional on day two.

We provided written and verbal feedback at the end of each day of inspection. On the second day of inspection, feedback was given to the nominated individual and director of operations via video call. (The nominated individual is responsible for supervising the management of the service on behalf of the provider).

We spoke with five relatives by telephone to source their feedback on the care and support provided.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

At the last inspection, the provider was not ensuring people were protected from the risk of abuse. 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.

At this inspection sufficient improvement had been made, and the provider was no longer in breach of regulation 13

- Staff were familiar with safeguarding practices and procedures. However, we identified some examples of incidents which meet the threshold to be referred to the local authority safeguarding team and to CQC. Whilst these incidents had been appropriately dealt with to maintain people's safety, the provider needed to maintain oversight of the service to ensure where required notifications were made.
- Safeguarding was a standard agenda item on staff and provider level meeting agendas, to ensure incidents were regularly reviewed, and lessons learnt reflected and acted on.
- Staff were responsive to changes in people's mood or presentation, indicating where feeling unsafe or anxious. Staff demonstrated skill and insight into reading people's non-verbal signs to understand when they needed to intervene or offer support.
- People told us they were happy living at the service and felt the staff supported them to keep safe, with one person explaining about COVID-19 testing, and about building security. One relative told us, "The staff provide safe, individualized care."

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

At the last inspection, the provider was not ensuring people were protected from avoidable incidents and accidents which could result in harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made, and the provider was no longer in breach of regulation 12

- We identified some environmental risks, and these were addressed within days of the inspection. Window restrictors had been installed to reduce the risk of people falling from a height, which could result in injury.
- Levels of incidents and accidents within the service had reduced. From speaking with the registered

manager, and reviewing records, overall numbers of incidents had lowered at the service since they had reduced the number of people living there.

- There were clear systems in place for staff to record when accidents or incidents had happened, and this information was then reviewed by the registered manager and provider team.
- People's care records contained key risk information, which was regularly reviewed, to ensure staff were aware of changes in needs and how to correctly support people.
- Health and safety checks were in place to ensure issues or risks relating to equipment and water safety were identified and addressed in a timely way.
- The registered manager and staff team had reflected on previous incidents, accidents and safeguarding concerns, as well as feedback from the last inspection and from external stakeholders, to drive change and improvement at the service.
- The care environment was spacious, offering people the option to spend time outside or alone if they found this to be helpful.

Staffing and recruitment

At our last inspection, the provider had failed to ensure there were enough numbers of suitably qualified, competent, skilled and experienced staff on each shift. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made, and the provider was no longer in breach of regulation 18

- Staff were safely recruited. Pre-employment checks including the collection of references and Disclosure and Barring Service (DBS) checks were in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- Individual support plans were in place for staff where development needs had been identified. This supported staff to meet their full potential and feel confident in their working roles. Any concerns relating to staff performance were addressed.
- We spoke with a member of night staff who confirmed there was always a second member of staff who could be called upon during the night if additional support was required. There was also out of hours managerial support available.
- The service had received positive feedback from a student who had completed a recent work experience placement at the service. This thanked the staff team for support and learning opportunities provided.

Using medicines safely

At our last inspection, the provider had not ensured staff were appropriately trained and supported to give medicines as prescribed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made, and the provider was no longer in breach of regulation 12

- Medicines management was safe. Records showed people received their medicines as prescribed. If medicine errors occurred, these were addressed in line with the provider's own policies and procedures leading to learning and improvements.
- People received regular reviews of their medicines by prescribers in line with national guidance.

- Staff were trained, and their competencies regularly reviewed to ensure people had their medicines given safely.
- Information about how people preferred to have their medicines given to them was available for staff to follow. Body maps were available for external medicines such as creams and emollients.
- There was written guidance available to help staff give people when required medicines (PRN), however, we noted these documents would benefit from more regular reviews.
- Medicines were stored securely. We identified the need to implement fire risk assessments for people using paraffin-based external medicines and fire to protect them from harm. The registered manager was responsive and acted on our feedback.

Preventing and controlling infection

At our last inspection, the provider had not ensured staff were adhering to guidance about infection prevention and control. There were inadequate systems and processes in place to ensure enhanced cleaning was taking place to reduce the risk of cross infection. People and others were not protected fully from the risks of COVID-19. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made, and the provider was no longer in breach of regulation 12

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were seeing their relatives regularly, with visits happening at the service, as well as trips out to spend time in their family homes where appropriate.
- People were encouraged to wear masks for example when going shopping, to maintain their safety.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection, the provider had failed to ensure there were enough suitably trained, competent, and skilled staff on shift to meet people's assessed needs and risks. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made, and the provider was no longer in breach of regulation 18

- Staff consistently told us they received an induction, tailored to their own skills, and levels of care experience. They confirmed they could complete the care certificate, where new to working in care. This is a set of induction standards that care staff should be working to. People's relatives gave consistently positive feedback about the skills and expertise demonstrated by staff when caring for their loved ones. One relative said, "The staff are brilliant." Another relative said, "I can give nothing but praise about the staff."
- Staff demonstrated implementation of training into their practice, particularly in relation to the specialist support for people living with epilepsy and experiencing seizure activity. Two people's relatives told us the skills and response by staff had kept their loved ones safe and ensured timely medical intervention had been sourced. One relative said, "The staff saved [Name] life, I am really grateful."
- Staff received reminders to book onto training sessions if needing to complete refresher courses. Overall training compliance for the service was at 96% completion rate.

Adapting service, design, decoration to meet people's needs

At our last inspection, the provider had failed to ensure people lived in a safe, and well-maintained environment. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made, and the provider was no longer in breach of regulation 15

- Improvements to the condition and cleanliness of the care environment had been made since the last inspection. Soft furnishings and flooring had been replaced to ensure surfaces were cleanable. One relative gave positive feedback on the improvements being made to the condition of the service, whilst highlighting the need for ongoing works to be completed outside to ensure the garden continued to be accessible.

- Improvements to maintenance visits were in place to ensure repairs were completed in a timely way, to maintain a safer care environment.
- The kitchen was accessible with staff support, but key fob door locks had been installed to prevent people having unsupervised access to the kitchen, to maintain their safety.
- Where damage had occurred to the property, we sourced assurances on timescales for this to be addressed, and interim safety measures were in place.
- Ongoing work was being completed to the outside of the service to make needed changes to improve safety and accessibility. Between day one and two of the inspection, some improvements had been made by a gardening team.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection, the provider had not ensured people were being supported in line with the principles of the Mental Capacity Act 2005. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made, and the provider was no longer in breach of regulation 11

- Capacity assessments were decision specific, and supported people to be involved in the decision-making process.
- We observed people to be given choice and control over their day to day decisions, with support from staff where required.
- People were encouraged to be as independent as possible, to ensure they chose how they wished to spend their time and who with.
- People's care records contained details of who held legal responsibility for example of the management of their finances, health and welfare decisions. This ensured staff consulted with the person who held legal authority when making key decisions.
- The service held a DoLS log, to ensure staff submitted renewal paperwork on time, to uphold people's human rights. Least restrictive options were considered with all aspects of people's care and support.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat

and drink enough to maintain a balanced diet

- People were supported to maintain healthy lifestyles. People were encouraged to eat healthy, balanced diets, and where required, in line with guidelines for example in the management of health conditions such as diabetes.
- People had access to drinks, and we observed people to be regularly making their own drinks, with staff support where required. People were encouraged to participate in cooking and putting their plates in the dishwasher.
- People were weighed regularly, and guidance accessed from the GP or learning disability team if people needed support to lose weight or make changes to their diets.
- People were encouraged to maintain active lives, regularly walking around the local area, going swimming, sailing and accessing their local community to maintain health and wellbeing.

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

- Staff were familiar with people's likes, dislikes and personal interests, and tried to tailor activities and events to give people choices and equal opportunities to gain new experiences.
- The service had its own transport, to ensure people and the required number of staff could travel safely. People were also supported to develop skills and experiences through use of public transport.
- Inspection findings demonstrated that the staff worked in line with the provider's own policies and procedures, as well as their legal and regulatory responsibilities, including the Right support, right care, right culture principles.

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

- Staff worked closely with health and social care professionals to achieve positive care outcomes for people. We saw records of people accessing appointments and medical advice, including for sight and foot care.
- We spoke with a visiting social care professional who confirmed they were kept updated of any changes in needs, or incidents involving the person they were visiting. They gave positive feedback about the improvements being made to the service, and the quality of life the person had living at Treehaven Rants.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed 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; Respecting and promoting people's privacy, dignity and independence

At our last inspection, the provider had not ensured people's dignity and independence was being upheld. This is a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made, and the provider was no longer in breach of regulation 10

- We received consistently positive feedback from people's relatives about how caring the staff team were. One relative told us the staff and a volunteer visited their loved one while they were in hospital, and they reflected this was because they cared for their loved one and were part of a wider family." Another relative told us, "The service was like an extended family, everyone looking out for each other."
- The service was clean and free from malodour, which ensured people's comfort and dignity was upheld.
- People were encouraged to be independent and develop new skills. We observed people to be responsible for the completion of household tasks, including their own laundry, making their own sandwiches and drinks.
- People were supported to maintain high standards of personal hygiene and appearance to promote dignity and independence. Personal dress styles, preferences and individuality was encouraged to maintain their protected characteristics.
- Staff treated people with kindness and respect. When inspectors arrived, and before we entered people's bedrooms, staff ensured we were introduced to people, to involve people fully in the inspection process, and to make sure people felt safe having unfamiliar visitors in their home. One relative said, "I will be singing the staff praises forever, for the care they provide and the impact this has had on [Name] quality of life."
- We observed the use of pictorial information, and items of reference to enable people to make informed decisions and give their views, for example in relation to the planning of their day.
- Staff maintained people's privacy and dignity. Where required, staff supported people to have personal care tasks provided in the privacy of their own bedrooms and bathrooms. We observed staff to knock before entering people's bedrooms.

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

- People were regularly asked their views. Staff checked on people's welfare, and whether they had enjoyed

meals throughout our inspections, but we also saw through key worker meetings and resident meetings, people were asked to give feedback on the running of the service, plans for future activities to ensure they were involved in decision making.

- People were involved in the development and review of their care records to ensure these were tailored to their individual wishes and preferences. Records contained detailed breakdown of the support required across a 24-hour period, and incorporated people's strengths and goals.
- We observed people's suggestions to be acted upon, for example there had been a recent tea party in the garden where people from other services had been invited, because this was something requested by people living at the service.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed 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; 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

At our last inspection, the provider was not ensuring care and support provided to people was person-centred and in line with their individual needs. Support plans and risk assessments were not reviewed and updated in line with any changes. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made, and the provider was no longer in breach of regulation 9

- The care provided was person-centred. People contributed to the running of the service and daily planning to ensure their wishes and preferences were recognised.
- People's care records were detailed, with specific guidance for staff to ensure they supported people in line with their wishes and specialist medical needs. This information was particularly important for new members of staff to support people to communicate their needs and wishes.
- People's bedrooms were personalised in their decoration and content. People proudly showed us items of personal importance, such as photographs, posters and memorabilia.
- Communal areas of the service contained photographs of important friendships, people taking part in activities and celebrating events.
- People actively contributed to their local community and had developed valuable relationships and social networks with people living in the local area, including the local shop and nearby public house.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were familiar with people's assessed communication needs. We observed staff to be in-tune with people's body language and non-verbal forms of communication, to ensure their needs and wishes were identified and met.
- People's care records identified where people had sensory support needs, including details of the arrangements in place to keep these needs under regular medical review.

- Information on raising concerns or complaints was in pictorial and written format for people and their relatives to access, and this was displayed in communal areas of the service.
- People's care records contained specialist guidance where sourced, from Speech and Language Therapists to aid people's levels of understanding and involvement in making decisions relating to their care and support.

Improving care quality in response to complaints or concerns

- The service had not received any formal complaints; however, the registered manager and staff were aware of the provider's own policies and procedures in the event one was received.
- People's relatives consistently told us they would feel comfortable speaking with the registered manager, deputy managers or people's allocated key workers if they needed to raise any concerns or a complaint. Relatives also told us they were kept regularly updated, including of any accidents or incidents involving their loved one.
- We identified the service was supporting a person to make a complaint about an external stakeholder. Ongoing support from staff and the provider was empowering the person to work through the complaints process.
- Staff maintained regular contact with people's relatives and were able to address any concerns in a timely way before they got to the stages of a complaint.
- We saw examples of positive feedback received as an outcome of the care provided, but also celebratory events such as a recent jubilee party.

End of life care and support

- No one was in receipt of end of life care at the time of this inspection. The service had good working relationships with the GP and community healthcare teams, to support end of life care planning if this was required in the future.
- Where people had experienced loss and bereavement, this was detailed in their care records and personal history information, to ensure staff were aware for example of certain times of the year or events where a person may need additional support.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection, the provider had failed to implement a robust system of quality assurance or to identify and address the shortfalls in the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made, but the provider remained in breach of regulation 17

- Whilst incidents and accidents were dealt with appropriately by staff, we identified examples of incidents which met the threshold to be referred to the local authority safeguarding team and to CQC. The processes in place for the management of incidents were for the recording forms to be reviewed by the registered manager and by the provider team in line with their own policies.
- Inspection findings in relation to notifiable incidents did not demonstrate the provider had reflected and learnt from the last inspection, which resulted in them being fined due to poor reporting and continued to demonstrate poor understanding by the provider of their legal and regulatory responsibilities.
- This continued breach of regulation for good governance, demonstrated a continued lack of provider level oversight of the service. There were areas of the care environment, particularly outside which the provider needed to monitor more closely, to ensure for example access to the garden remained safe and well maintained. This was reinforced by feedback from relatives.
- The provider's own checks and auditing systems had not identified issues found during this inspection. This highlighted further areas of improvement with provider level oversight to be required to maintain the safe running of the service.

The provider continued to have poor governance and oversight arrangements in place to maintain standards of safety at the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's relatives gave consistent praise and positive feedback about the standards of care in place since the registered manager had come into post, and their trust in the leadership of the service.
- Staff were clear of the important roles they had in ensuring people led meaningful lives. One person's relative said, "The people living at the service are leading wonderful lives, staff keep people buoyant, and

have been fantastic during the pandemic." Another relative said, "[Name] has a better social life than I do, always out enjoying sailing, swimming, shopping, I am really pleased they get to have these opportunities."

- Since coming into post, and bringing experience of working in quality assurance, the registered manager was driving up standards of audits and quality; particularly relating to medicines management and the condition of the care environment.
- Staff were receiving regular supervision, and their work was being monitored to ensure their individual training, development and performance needs was kept under review.
- Standards of audits and quality checks were mainly identifying any issues and addressing these in a timely way.
- With the registered manager in post, there was now a greater focus on care outcomes for people, and staff told us they felt the culture within the service to be improving, with a greater level of support from the registered manager.
- Staff were clear of the important roles they had in ensuring people led meaningful lives. Staff spoke compassionately to us about people experiencing challenges in their daily lives, and the support provided to help them to meet their full potential.
- Staff gave positive feedback about the registered manager, and the fact they were working hard to try to address historic shortfalls within the service. They felt the manager had an open door and was keen to hear their ideas and feedback.
- The registered manager was passionate about the care and support provided to people and had a clear vision for the direction of improvement they planned for the service. We received assurances the provider was giving resources and oversight to support these improvements.
- The registered manager recognised the importance and value of working collaboratively with their staff team, people, relatives and external health and social care professionals to achieve positive care outcomes for people. This was reinforced by feedback we received.

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 and staff demonstrated clear understanding of their responsibilities under duty of candour. This was evidenced in the handling of incidents and accidents, and in the relationships formed with people and their relatives. This demonstrated an understanding of the importance of being open and honest in line with their responsibilities under the duty of candour.

Continuous learning and improving care

- To support continuous learning and improvement, peer reviewing of other services under the same provider was in place. This supported managers to share experiences and examples of good practice and offered new perspectives on ways of running the services.
- Governance meetings reviewed the standards of care being provided against the 'Right support, right care, right culture' guidance to ensure this was being embedded into staff practice and service delivery.
- The registered manager demonstrated commitment to continually improving standards of service provision, and acted in response to the feedback we provided, to ensure people received improved standards of care. This was confirmed by feedback we received from people's relatives.
- Staff told us they felt listened to and valued by colleagues and the registered manager, and felt comfortable if they needed to raise questions, or in turn make suggestions of things that could be changed or improved.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Whist the care provider remained in breach of regulation 17, we found evidence of ongoing improvement and embedding of governance practices within the service. The decision was made for the conditions to be removed from the provider's registration.</p> <p>Regulation 17 (1) (2) (a) (b) (f)</p>

The enforcement action we took:

Condition removed