

Voyage 1 Limited

# Ruddington View

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service:

We conducted an unannounced inspection at Ruddington View on 8 April 2019. Ruddington View accommodates up to eight people in one building. On the day of our inspection, three people were using the service, all were people living with a learning disability.

### People's experience of using this service:

People received safe care and support. Improvements had been made to how incidents were managed. This included more robust ways of involving people and staff, with an emphasis on how lessons could be learnt. Staff had received additional training in positive behavioural support and improved support and communication had impacted on people experiencing positive outcomes. Least restrictive practice in the care and support people received had greatly improved. Staff were very positive about the support and leadership of the service. This had resulted in them gaining a greater awareness, understanding and confidence in meeting people's complex needs.

The use of agency staff had reduced and was only used to cover short notice absenteeism. This meant people were supported by a consistent staff team whom they could develop positive relationships with. Safe staff recruitment procedures were used to appoint new staff. Staff received a structured and supportive induction, ongoing training and regular opportunities to discuss their work, training and development needs.

People received their prescribed medicines safely and when they needed. Improvements had been made to guidance on medicines used 'as required' and national best practice guidance was followed.

The environment met people's needs and safety. Improvements had been made to safety and access to outdoor space. The service was clean and infection control practice was understood and followed.

People received sufficient to eat and drink. People were involved in menu planning and independence was promoted. People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported with any health conditions and accessed health services to maintain their health needs.

People were positive about the staff who supported them, who showed great care, understanding and compassion. Positive engagement was seen between staff and people who used the service, where independence and choice were promoted, encouraged and respected.

Support plans that provided staff with guidance of how to meet people's needs had improved. However, further time was required to ensure information was sufficiently detailed to enable staff to be responsive to people's needs. People received opportunities to pursue interests and hobbies and social activities an

inclusion was being further developed. People were involved in discussions and decisions about their care as fully as possible.

Staff were clear about their roles and responsibilities and improvements had been made to the systems and processes that monitored safety and quality. The provider had an ongoing action plan that confirmed what action had been completed to make improvements with targets for future work.

The service met the characteristics of Good. The inspection found significant improvements and the breaches in legal requirements had been met. Further time was required for improved systems and processes to be fully embedded and sustained.

Rating at last inspection:

At the last inspection the service was rated Inadequate. (The report was published 17 January 2019). For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Why we inspected:

This was a planned inspection based on the rating of the last inspection. This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. Following this inspection, the service will no longer be in Special Measures.

Follow up:

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Ruddington View

## 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 was planned to check 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, to look at concerns we received about the safety of the service and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was undertaken by two inspectors, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Ruddington View 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.

Ruddington View is a new model of care that aims to enable people with learning disabilities to live and remain in their local community. Although the size of the service exceeds the maximum of six people as specified in the CQC policy, Registering the Right Support. It had been developed in line with the Registering the Right Support values of choice, independence and inclusion. Ruddington View was developed in response to the national 'Transforming Care' agenda, which aims to improve health and social care services so that more people with a learning disability can live in the community. Within Ruddington View there are two short term 'unplanned care' apartments, offering support to people who may be in a period of crisis and require additional support to remain in the community. The remaining six places are 'step down', these are for people who have been in long term hospital placements who require support to enable them to move into the community. Ruddington View is staffed by support workers with specialist input from a behaviour therapist.

Since the last inspection, the registered manager had left the organisation and a new registered manager

had been appointed. 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:

This comprehensive inspection was unannounced.

What we did:

Before our inspection, we reviewed information we held about the service. This included the last inspection report, information received from local health and social care organisations and statutory notifications. A notification is information about important events, which the provider is required to send us by law, such as, allegations of abuse and serious injuries. We also contacted commissioners of the service and asked them for their views. We used this information to help us to plan the inspection. At the time of this inspection the provider had not been asked to submit a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, we reviewed the provider's action plan they submitted after the last inspection and during the inspection, we gave the management team the opportunity to share any other additional information they wished to share.

During our inspection visit, we spoke with two people who lived at the service and one person's relative. We also spoke the registered manager of the service, another manager who was supporting the service, the deputy manager, the regional operations manager and six support workers. To help us assess how people's care needs were being met we reviewed all, or part of, three people's care records and other information, for example their risk assessments. We also looked at the medicines records of three people, three staff recruitment files and a range of records relating to the running of the service. We carried out general observations of care and support and looked at the interactions between staff and people who used the service.

After our inspection visit, we asked the management team to send us a copy of various records, this included staff training, audits and current action plan. These were received within the timescales requested and were reviewed as part of the inspection.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

During our previous inspection, we identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to how people were subject to restrictive interventions. At this inspection, we found improvements had been made and the breach in regulation had been met.

- Staff knew how to recognise abuse and protect people from the risk of harm. This included their responsibility to report any suspicions of abuse internally and externally to agencies if required. The provider had reported allegations of abuse to the local authority safeguarding team when it was identified and also investigated allegations and acted to protect people.
- People were supported to understand how to keep people safe and to raise concerns when abuse occurred. Safeguarding information was available to staff and people who used the service and discussed in meetings. People told us they felt safe living at Ruddington View. A person said, "Yes, it's safe, I like everything." A relative told us they were confident their relation was cared for safely.
- Since the last inspection, positive changes had been made to how people were safely and effectively supported at times of increased anxiety that affected their mood and behaviour. This included staff completing refresher training in positive behavioural support. This had resulted in staff developing their understanding, awareness and confidence of how to manage behaviours that were challenging, using least restrictive practice. From the incident records reviewed, we did not identify people had experienced or had been potentially exposed to restrictive care and support.
- People's support plans had been reviewed to ensure staff had clear guidance that was based on least restrictive practice.
- Improvements had been made to ensure action was taken following an incident. This helped ensure staff had followed guidance and considered if lessons could be learnt to reduce further reoccurrence.
- Staff told us they felt better supported in understanding and managing people's behaviours. This had resulted in staff using a consistent approach and having an increased awareness of known triggers that could impact on people's behaviour. Staff comments included, "Strategies are recorded on the care plan of what to do to de-escalate behaviours."
- A relative told us they were satisfied with how their relation was supported to manage their anxiety. Comments included, "The boundaries from staff are good." and "Senior staff are very good, they dealt with a meltdown (description of relation's behaviour) very effectively."

Assessing risk, safety monitoring and management

Learning lessons when things go wrong

During our previous inspection, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks associated with people's behaviour were not managed safely. Opportunities to reduce risk had been missed. At this inspection, we found improvements had been

made and the breach in regulation had been met.

- Since our last inspection, there had been a decrease in the frequency of behavioural incidents. This was confirmed by staff, the management team and by reviewing incident forms and analysis reports of incidents that had occurred.
- Improvements were attributed to staff having received refresher training in positive behavioural support approaches. This had developed staff's understanding and awareness. People's emotional and behavioural support plans had been reviewed to ensure staff were provided with clear guidance of how to safely and effectively support people. This had resulted in people receiving consistent support from staff.
- The registered manager said, "Emotional behavioural support plans have been reviewed and are more person centred. Staff have been supported to develop a greater understanding, we have introduced group supervision, individual supervision. Staff are now involved in reviewing and in the development of support plans." Staff confirmed they had attended refresher training in positive behaviour support and how they had gained in confidence because of the ongoing support they received.
- Following an incident, de-brief meetings were held with the person and staff to consider if anything could be improved upon to reduce further reoccurrence. Any changes to the person's support plans and risk assessments following an incident were updated within 24 hours. We saw examples, of how support plans had been updated as a response to an incident occurring. Staff had been creative and responsive, this included the person being involved in discussions and decisions of how risks were managed.
- The provider's behavioural therapist and registered manager, reviewed incident forms weekly. This included an analysis of incidents such as themes and patterns, as a method to continually try and learn and respond to people's needs.
- Since our last inspection, the frequency of incidents reported to the police had significantly reduced, this further evidenced how incidents were being managed more effectively.
- There were ongoing checks of the environment and premises, including fire risk to ensure health and safety standards were being maintained.

### Staffing and recruitment

During our previous inspection, we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was not always enough suitably qualified staff available to meet people's need and ensure their safety. At this inspection, we found improvements had been made and the breach in regulation had been met.

- There were sufficient staffing levels of experienced and competent staff to meet people's needs. Immediately following our last inspection, agency staff were block booked to provide people with consistency, whilst new permanent staff were recruited. At the time of this inspection, agency staff had not been used for the last two weeks.
- The management team told us they had two staff positions to recruit to and planned to recruit additional bank staff, they could use as and when required. The staff rota confirmed staffing levels were sufficient in meeting people's needs and matched the staff who were present on the day of the inspection. We saw staff were attentive and responsive to people's needs. This included acting on people's choices and respecting their wishes.
- People who used the service required one staff to support them and this increased to two staff for some people when they were in the community. If people required their personal space this was respected and they had ways of requesting assistance when required, such as a phone or assistive technology. People confirmed they received support when they needed it. A person said, "I just buzz and they usually come quite quick."
- Staff were positive about staffing levels and told us the recruitment of permanent staff had brought about consistency and continuity in care. Staff also told us they felt more supported and how they better understood their role and responsibilities. A staff member said, "It's safe here now, I know if we press the



buzzer for assistance staff will come and help."

- Improvements had been made to the staff induction, this included new elements of training such as positive behavioural support and resilience training. The registered manager told us new staff shadowed experienced staff and that there was no limit on the duration of shadowing new staff completed. The registered manager told us how the staff rota was developed. Comments included, "The deputy completes the staff rota and ensures senior staff are on shift, they also consider the skill mix, make sure there is the right number of staff, and drivers are considered."
- Safe recruitment processes were used to ensure only staff suitable for their role were employed at the service.

#### Using medicines safely

At the last inspection, we identified there was a risk medicines prescribed on an 'as required' basis may not be administered appropriately.

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. On reviewing people's medicine records, we noted one person did not have a photograph, despite being at the service since February 2019. The registered manager told us they were aware of this and action was being taken to address this. Due to only senior staff being responsible for the administration of medicines and the number of people using the service, we concluded the impact on safety was low.
- At this inspection, we found improvements had been made and medicines prescribed on an 'as required' basis, had protocols that provided staff with guidance of the safe administration of these medicines. Protocols were also based on best practice guidance.

#### Preventing and controlling infection

- The environment was clean and hygienic. People were encouraged to participate in some cleaning tasks. Staff had completed training on infection control practice and demonstrated an understanding of how to reduce risks associated with cross contamination. Food stocks were managed following best practice guidance.

# 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

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

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

During our previous inspection, we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's rights under the MCA were not protected. At this inspection, we found improvements had been made and the breach in regulation had been met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Since the last inspection, MCA assessments had been completed where people had been identified as lacking mental capacity to consent to a specific decision about their care, such as receiving their medicines or how their money was managed. People had been involved as fully as possible and best interest decisions had been made on their behalf and with the involvement of others, such as relatives and external professionals. Decisions were based on least restrictive practice. However, MCA assessments and best interest decisions had not been completed for the use of physical intervention. The registered manager agreed this was required and said this had been an oversight. Following our inspection, the manager forwarded us copies of an MCA and best interest decision for the use of physical intervention and we were satisfied this met legislative requirements.
- DoLS applications had been submitted to the local authority due to restrictions on people's freedom and liberty. At the time of the inspection, the local authority had not completed these assessments. Whilst some restrictions were in place to safeguard people, these were managed effectively, ensuring people were respected and restrictions were minimal. People, their relatives and external professionals were involved in discussions of how restrictions were managed and these were reviewed regularly.
- We observed staff engaged with people in a positive manner, personal choice was promoted, respected and acted upon. An example of this was how people directed their own support. When people requested to access the community, staff supported them or when they requested their own personal space staff understood and respected this.

Staff support: induction, training, skills and experience

During our previous inspection, we identified a breach of Regulation 18 of the Health and Social Care Act

2008 (Regulated Activities) Regulations 2014. Staff did not always receive adequate support to enable them to undertake their role effectively. At this inspection, we found improvements had been made and the breach in regulation had been met.

- Since our last inspection, improvements had been made to the support staff received. This included receiving additional training to further enhance their knowledge and understanding to effectively meet people's needs. Staff told us they felt better informed due to the additional training they had received to understand people's complex needs. A staff member said, "Things have changed so much here it is amazing. The leadership and the team are excellent." Another staff member said, "I'm happy with the induction and the training is effective, really helpful." The registered manager told us of their commitment to training. Comments included, "Staff training has been an ongoing improvement within Ruddington View. All staff will continue to have their training explored in supervisions, also we discuss this in the staff meeting and the importance of this." Staff completed a comprehensive induction and shadow shifts before they were rostered onto shifts.
- Staff received regular opportunities to discuss their work, training and development needs. Staff met with their line manager monthly. In addition, group supervision meetings had been implemented as a method to share learning and regular staff meetings were happening. The manager told us how staff's competency was continually assessed by formal and informal observations and discussions with staff.
- An improved daily shift planner and handover record had been introduced, as a means of improving communication within the staff team. Staff were positive of these improvements and felt more involved and supported.

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

- Before people transferred to the service, the management team worked closely with external professionals who worked with people in the community to assess and understand their needs. The 'unplanned care' part of the service had been effective in preventing hospital admission. People we spoke with were aware of why they were at the service and the purpose and duration of their stay.
- Assessment of people's needs, included the protected characteristics under the Equality Act and these were considered in people's support plans. For example, people's needs in relation to their age, gender, religion and disability were identified. This helped to ensure people did not experience any discrimination.

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

- People had sufficient to eat and drink and choice and independence was promoted. People were positive about their involvement. A person said, "I made them (staff) a list of food I like and don't like, I do my own food shopping." A relative said, "[Name] seems to have a well-balanced diet, nothing is too much trouble, the food that I have seen looks appetising." People were involved in developing their weekly menu. This included shopping and food preparation. People ate individually and at differing times of the day.

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

- Staff worked with external professionals, including the provider's internal behavioural therapist to achieve positive outcomes for people. This included following any recommendations made. An example of this was how staff followed guidance provided by a speech and language therapist in effectively supporting people's preferred communication methods. Specialist community nurses also provided staff with guidance of supporting people with needs associated with their learning disability and or mental health needs.
- People were supported to transfer effectively to alternative placements. Staff told us how a person had recently transferred to a supported living placement. This was a positive outcome for the person and reflected how well staff had supported the person's independence, health and wellbeing. The move was planned and coordinated with the new provider and information was shared to ensure the person received consistency and continuity in care.

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

- Improvements had been made to the layout and design of the service. At our last inspection, several windows were boarded up due to them being broken. These had been replaced with Perspex to reduce future damage and risk. Additional garden space had been created to enable each person to enjoy the outdoor space safely.

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

- People were supported to maintain their health by attending health appointments including hospital outpatient appointments. There was a multi-agency approach in supporting people's health care needs. A person told us of the external professionals who worked with staff to support their needs. This included, specialist community nurses, psychiatrists, psychologist, GP's and social workers.
- People's health conditions and support needs had been assessed, and staff had guidance of how to monitor people's health and the action required should a person become unwell. Some people had health actions plans used to record and monitor their health needs and these were found to be in date.

# Is the service caring?

## Our findings

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

During our last inspection, we found people did not receive consistent care from staff and this had a negative impact on them developing positive relationships with them. At this inspection we found improvements had been made.

- People were positive about the staff's approach. A person said, "Staff are funny, fun to be with, the right person to talk to." A relative told us they were confident with the staff. Comments included, "They (staff) are kind and caring, I've no issues."
- Since our last inspection, the use of agency staff had significantly reduced due to permanent staff having been employed. This meant people were receiving care and support from regular staff and this had improved the development of positive relationships. An example of this was how a person had invited staff into their apartment for strawberries and cream. Staff told us this was a significant development for this person in building positive relationships with staff.
- Staff demonstrated a good understanding and a caring approach towards the people they supported. For example, a person had recently left the service due to developing their independence and this was a positive outcome for them. Staff spoke about this person in an affectionate, caring and positive manner, showing great joy in what the person had accomplished. Before the person left, staff presented them with a photo album of the activities they had participated in. This was a collection of positive experiences and happy memories for them to remember.
- Since our last inspection, staff had become keyworkers for people. This meant people had named individual staff and a team of staff that had additional responsibility for them. This further supported people to develop meaningful relationships with staff.

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

During our last inspection people told us they did not feel listened to or involved in their care. At this inspection we found improvements had been made.

- People told us they felt involved in their care and were aware of the purpose of them being at Ruddington View.
- To further develop opportunities for people to be involved in their care and support, keyworker meetings had recently been introduced. This gave people an opportunity to discuss with staff any changes required to their support plans, activities they wished to do and to express any issues or concerns. Examples of action taken by staff in response to requests from people included how a person requested a bus pass and this was followed up. A person also wanted to re-register with a dentist and this was arranged.
- Formal review meetings of people's care had recently been implemented, these gave people, their relatives or representatives and external professionals, opportunities to meet and discuss people's care and outcomes.
- Advocacy information was available for people should they have required an independent advocate. However, we noted the contact details were incorrect. We shared this with the registered manager, who took

immediate action during the inspection to correct this.

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

During our last inspection, we found the approach to developing people's independence was inconsistent. At this inspection, we found improvements had been made.

- Staff told us how they supported people to develop their independence. A staff member said independence was promoted by, "Letting the person with support lead." and "Giving people the choice." An example was given how a person had been involved in developing ways of promoting their independence with domestic tasks such as keeping their apartment clean and tidy.
- Assistive technology was used to promote people's independence. For example, people had a key fob they could access the garden independently. However, one person did not have a key fob because of an incident that had occurred on 14 March 2019. They therefore could not access the garden independently. The registered manager told us a new fob had been ordered and was waiting receipt.
- We were aware how one person had recently left the service to live in supported living accommodation in the community. This was a positive outcome and achieved by staff supporting the person with their independence. A staff member told us how the staff team had changed their approach to promoting independence. Comments included, "Amazing, all from changing the way we supported [person] and being more consistent."

# Is the service responsive?

## Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control During our previous inspection, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not always receive consistent support that met their needs. At this inspection, we found improvements had been made and this breach in regulation had been met. We also identified that further time was required for improvements to be fully embedded and sustained. Where there were some identified shortfalls, we concluded after speaking with staff, this was a recording issue and the impact on people was low.

- Since the last inspection, improvements had been made to how people's support plans were updated to ensure staff had correct guidance. The registered manager told us and records confirmed, following an incident support plans were reviewed and amended if required.
- Whilst improvements had been made to the guidance provided for staff to support them to provide person centred care, we identified some shortfalls we discussed with the registered manager. For example, one person who had continually refused to be weighed had been advised by the GP to take more exercise to reduce their weight. This person's diet and nutritional plan did not include this information. The registered manager told us how a staff member had supported the person with exercise, but since the staff member had left this had not continued. Information was submitted after the inspection by the registered manager that confirmed this person was supported to participate in some physical activities.
- The management team also told about a person was on a community treatment order. However, there was no support plan to advise the person and staff what this was. Whilst we understood the deputy manager had requested this information from external professionals and was awaiting receipt of it, we were concerned staff did not have clear guidance to support this person as required. Following the inspection, the registered manager confirmed this information was available for staff.
- Another person's pre- assessment stated they had experienced a health condition which had resulted in surgery and as a result, they could experience pain. Whilst there was some reference to this in guidance for staff there was no support plan or risk assessment completed. Information was submitted to us after the inspection by the registered manager that advised the person was able to advise if they were in pain. Also, information regarding the use of pain relief medicine was available for staff.
- People received opportunities to pursue activities. A person said, "I do art stuff and TV, it's alright." We saw how people were supported separately during the day to access the community. From viewing people's care records, we saw how a person enjoyed karaoke and car boot sales which they were supported to do. Staff told us how one person chose to celebrate their birthday. A staff member said, "[Name of person] wanted to do a buffet for everyone, they planned and bought all the food. They loved it and wouldn't have done this before." This person had showed an interest in gardening and plans were in place to develop raised garden beds to support them with their request of growing vegetables. From reviewing a sample of activity plans and people's daily records, we found instances where they did not match or were blank. The registered manager told us they were aware people's activity plans, including current and future personal goals people

may have had, needed further development. They also told us how they had identified a training need for staff in record keeping.

- Following our inspection, the registered manager forwarded further examples that showed how people were supported with interests and hobbies. This included a person who was regularly supported to go to the airport who was invited to go and sit in a helicopter and was shown around it. This person also liked to visit car dealerships and sits in the cars and has their photograph taken. Staff at the dealership now know the person by name.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in support plans. We saw evidence that the identified information and communication needs were met for individuals. For example, one person used an app on their iPad to support them to express themselves, staff were provided with guidance of how to support this person with their preferred communication method. However, we were given a 'pen picture' that was provided for visitors with some general information about their needs and communication. Whilst we understood the need for information shared needed to consider confidentiality, it was evident from reading the information and meeting people they had not been involved in developing this information. We discussed this with the registered manager who agreed people could and should be consulted and advised they would review this information with people.
- People were supported to maintain their relationships with significant people in their life. This included contact with visits, phone calls, sending and receiving letters and cards.
- At the time of our inspection no person had any diverse needs, including any religious or spiritual needs. A person told us how they had asked for one gender of staff due to their anxieties and that this had happened on every occasion but once. They said, "I usually have women (staff) in, I ask not to have men (staff)."

#### Improving care quality in response to complaints or concerns

- People had access to the provider's complaint process and people received opportunities to raise any concerns or complaints direct with staff during discussions and meetings. People also told us they knew who the registered manager and deputy was and how they felt confident to raise any concerns with them. A person said, "I'd go to (name of deputy and manager), they'd sort the problem...there are no bossy staff here."
- The provider had a robust system in place where all complaints and compliments received were reviewed by senior managers. This was to identify any learning that could be shared across the organisation.

#### End of life care and support

- At the time of our inspection, no person was receiving end of life care and we are therefore unable to make a judgment about this. The registered manager told us they were aware discussions were required with people about their end of life wishes, but how this required sensitivity and a planned approach.



# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

During our previous inspection, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the systems and processes for monitoring quality and safety was ineffective. At this inspection, we found improvements had been made and the breach in regulation had been met. During this inspection we received very positive feedback from staff regarding leadership and about the improvements made to systems to learn from adverse incidents. Having the behavioural therapist onsite had strengthened leadership and oversight. The provider's commitment to making improvements to the quality of the service was evident. However, we concluded further time was required for systems and processes to fully embed to ensure the sustainability of these improvements as occupancy increases.

- Since our last inspection, the registered manager had left the service and a new registered manager had been appointed, who we found to be very competent, knowledgeable and a good leader. The regional manager told us how the provider had recognised due to the complexity of people's needs using the service, an additional manager was required to strengthen the management, leadership and oversight. On the day of our inspection, a second manager was present on a temporary basis but we were informed this was to become permanent.
- Staff told us how they had been supported to better understand their role and responsibilities. Improvements had been made to the ongoing support and training of staff, including developing new and improved communication systems and processes. Staff were better informed and involved in the development of the service. The registered manager was very complementary of the staff in their response and support, in how they had contributed to the improvements made at the service.
- Significant improvements had been made to people being supported by permanent staff who provided consistency and continuity in care. Incidents were better responded to and lessons were learnt to improve outcomes for people.
- Monitoring systems used to check quality and safety were found to be more effective with staff, the management team and senior's managers having increased involvement and shared responsibility. This meant there was clear oversight of the service that enabled action to be taken in a timely manner to shortfalls identified. The registered manager completed an internal audit in areas such as health and safety, accidents and incidents, medicines management, staff training and support. In addition, the regional manager and provider's quality compliance team, completed audits at regular intervals. Actions identified from these audits and checks were then added to an overall action plan for the service, to drive forward further improvements. We reviewed the current action plan that confirmed improvements had been made and clear targets were in place to continually improve the service.

- Good practice was shared within the organisation by a quarterly magazine for staff. Information from senior leadership meetings were also shared with all staff. The organisation's quality team conduct 'Root Cause Analysis' where appropriate and lessons learned were shared within the organisation.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team demonstrated their ongoing commitment in providing people with individual care and support based on their needs and wishes. The development of the keyworker system and how incidents were responded to, meant people were more involved in decisions about their care and support.
- People were at the heart of the service and staff worked collaboratively to ensure a shared vision about the ethos and culture of the home.
- The registered manager was in the process of seeking formal feedback from people, relatives, staff and external professionals about their experience of the service. The manager told us any improvements required from the feedback received, would be added to the ongoing action plan.
- The registered manager had a good understanding of their role and responsibilities and ensured the CQC were notified of all reportable incidents. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and in their office.

Working in partnership with others

- The staff had made positive links with external professionals and had worked well together to achieve good outcomes for people.
- External agencies provided positive feedback of the improvements the provider had made to enhance people's experience and outcomes. This included engaging and responding well to recommendations made and having a positive approach to multi-agency working.