

Blueberry Transitional Care Ltd

Sandford Road

Inspection report

94 Sandford Road
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West Midlands
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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

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 supporting people with a learning disability or autistic people

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

People's medicines were given safely and reviewed and monitored. However, we found some improvement was needed in ensuring medicines incidents were learnt from and ensuring all medication guidance was up to date.

People who had behaviours that could challenge themselves or others had proactive plans in place to reduce the need for restrictive practices. Systems were in place to report and learn from any incidents where restrictive practices were used. Further improvements were needed around looking at trends of incidents across the service.

Governance systems did not always ensure people were kept safe and received a high quality of care and support in line with their personal needs. People and those important to them, worked with leaders to develop and improve the service.

The service could show how they met the principles of Right support, right care, right culture. People were empowered to have choice in all aspects of their care and were supported to focus on areas of importance to them. People were supported in the way they preferred which was supported by the ethos, values and behaviour of the management and staff team.

The needs and quality of life of people formed the basis of the culture at the home. Staff undertook their role in making sure that people were always put first. They provided care that was person-centred and directed by the person.

The leadership of the service had worked to ensure everyone was included. Staff felt valued and empowered through inclusion in the development of people's care and to suggest improvements that would benefit the people living at the home. There was a transparent, open and honest culture between people, those important to them, staff and leaders. They all felt confident to raise concerns and were confident these would be responded to appropriately.

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.

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- People were protected from abuse and poor care. The service had enough appropriately skilled staff to meet people's needs and keep them safe.
- People were supported to be independent and had control over their own lives. Their human rights were upheld.
- People received kind and compassionate care from staff who protected and respected their privacy and dignity and understood each person's individual needs. People had their communication needs met and information was shared in a way that could be understood.
- People's risks were assessed regularly in a person-centred way, people had opportunities for positive risk taking. People were involved in managing their own risks whenever possible.
- People made choices and took part in meaningful activities which were part of their planned care and support. Staff supported them to achieve their short- term aspirations and goals. Further work was needed to think about longer term aspirations for people.
- People's care, treatment and support plans, reflected their sensory, cognitive and functioning needs. We found that some care plans had not consistently been kept up to date.
- People received support that met their needs and aspirations. Support focused on people's quality of life and followed best practice. Staff regularly evaluated the quality of support given, involving the person, their families and other professionals as appropriate.
- People received care, support and treatment from trained staff and specialists able to meet their needs and wishes. Managers ensured that staff had relevant training, regular supervision and appraisal.
- People and those important to them were actively involved in planning their care. Where needed a multidisciplinary team worked well together to provide the planned care.
- Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005.
- People were supported by staff who understood best practice in relation to learning disability and/or autism.

At our last inspection the provider had failed to ensure recording and monitoring of the use of restraint had been carried out. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This inspection found new systems had been put in place to monitor the use of restraint.

At our last inspection the provider had failed to ensure safe recruitment practices had been carried out. This was a breach of Regulation 19 (Fit and Proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This inspection found staff were safely recruited and a new system had been put in place to ensure this was carried out consistently.

At our last inspection the provider had failed to ensure people's support plans reflected their needs or had consideration of the impact COVID-19 restrictions had had on peoples' access to activities they enjoyed. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This inspection found that new care plans had been developed which focussed on the persons needs and wishes.

At our last inspection the provider had failed to implement robust governance systems or maintain oversight of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This inspection identified many improvements had been made in the governance systems. However further work was needed to refine these and the provider was

still in breach of Regulation 17

This service has been in Special Measures since 17 September 2020. During this inspection the provider demonstrated that 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

This was a planned inspection based on the previous rating.

We undertook this inspection to provide assurance that the service is applying the principles of Right support, right care, right culture.

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.

Enforcement

Systems were not fully effective at monitoring the quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress.

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 well-led findings below.

Requires Improvement ●

Sandford Road

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 Care Act 2014.

Inspection team

On the 28 September 2021 an inspector and a medicines inspector visited the service. On the 29 September 2021 an expert by experience made phone calls to relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. A second inspector reviewed records remotely on the 30 September 2021. On the 5th October 2021 one inspector returned to the service. Our review of evidence sent to us concluded on the 26 October 2021.

Service and service type

Sandford Road 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 a manager who was registered with the Care Quality Commission (CQC). 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 inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection including the action plan that the provider sent us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We

received feedback from the local authority who commission packages of care with the provider.

During the inspection

We met all the people living at Sandford Road, one person was able to share their feedback with us. We spoke with six members of staff including the registered manager, nominated individual, and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with three relatives.

We reviewed a range of records. This included three peoples care records and four medication records. We looked at two staff files in relation to recruitment. We also reviewed records that related to the management and monitoring of the service. 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and policies and procedures.



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 the provider had failed to ensure recording and monitoring of the use of restraint had been carried out. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection the provider had failed to ensure safe recruitment practices had been carried out. This was a breach of Regulation 19 (Fit and Proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the service was no longer in breach of Regulation 19.

- People were supported to make their own decisions about medicines. Information about medicines was available in an accessible format. People received the correct medicines at the right time. There was detail in people's care plans about how they liked to take their medicines such as taking one medicine at a time, the level of explanation staff were to give about the medication the person was taking and drinks that could or could not be taken with the medicine.
- People's medicines were regularly reviewed to monitor the effects on their health and wellbeing. Staff followed systems and processes to safely order, receive, administer, record and store medicines.
- The registered manager understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medication was reviewed by prescribers in line with these principles. We saw that medication reviews had taken place in line with these principles.
- Staff recognised medicines incidents but did not report them appropriately. The service did not manage medicine incidents well and were unable to show us evidence of sharing lessons learned with the wider team. This meant that people may be at risk of experiencing similar medication concerns.
- Although staff had access to up to date documents electronically, the readily accessible documents and policies available were out of date. This meant that staff guidance around medication processes may have been inconsistent and lead to inconsistent action taken by the staff team.
- Staff had access to people's medication care records. However, electronic records made around the use of one person's "as required" medicine were not always clear. We found no evidence that people had been harmed, however it is important to have clear records around the use of "as required" medication to ensure the maximum dose was adhered to and to ensure consistent administration by staff.
- Restrictive practices were only used where people were a risk to themselves or others, as a last resort, for the shortest time possible.
- Staff understood that restrictive interventions include restraint, segregation and seclusion.

- The service recorded all incidents where people became distressed or their anxiety was heightened. We found whilst these had improved from the last inspection, further information was needed around the time each restrictive intervention was used. This information would further demonstrate that people were being supported in the least restrictive way.
- Leaders reviewed these incidents and offered debriefs to both the person involved and their staff team. Learning from this was actively taken forward to reduce the likelihood of the incident reoccurring. Whilst the registered manager could tell us how they analysed incidents across the service, records were not consistently available to support this. Analysis of incidents across the service would demonstrate that all opportunities had been considered to reduce the risk of a similar incident occurring for people living at the service.
- People's care records were accessible to staff, and were person-centred and focussed on people's strengths and abilities. Staff knew how people liked to be supported and we observed people being supported in line with their care plan. However, some parts of care records were not always accurate. This had had no impact on people's care and the registered manager informed us this would be rectified.
- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment. The environment met people's sensory and physical needs. People spent time where they chose to in the home and accessed their bedrooms when they wished. A sensory room had been developed to support people to have a further place of calm in their home. Staff spent time with people in the lounge supporting them to follow their interests and in the kitchen to support people's independence.
- People were kept safe from avoidable harm. A family member told us, "Yes they meet his needs. Know how to react to stop him hurting himself. Staff can turn his mood round and he very rarely self harms."
- The service had enough staff who were recruited safely and who knew the people and had received relevant training to keep them safe. At times the service had used agency staff but had ensured that the same agency staff members worked at the service to enable people to be supported by staff who had got to know them. Each person living at the home had support from at least one member of staff. This enabled people to remain safe and to be in control of when they received their care.
- People were safe from abuse. Staff understood how to protect people from abuse and the service worked well with other agencies to do so. Staff had recognised that people living at the home may use other means of communicating, such as changes in body language or gestures, to indicate abuse may have occurred.
- People were involved in managing their own risks whenever possible. Staff anticipated and managed risk in a person-centred way. They had a high degree of understanding of people's needs. People's care and support was provided in line with care plans.
- We were somewhat assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- 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 was making sure infection outbreaks can be effectively prevented or managed.
- People living at the home were supported to maintain contact with their relatives through visits to the home.

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

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 human rights were upheld by staff who supported them to be independent and have control over their own lives. We observed people were involved in all aspects of their daily lives. We observed people choosing what activities they wanted to do, what meal they wanted, whether they wanted a shower and when. Staff's understanding of people's body language, gestures and vocalisations non-verbal supported people to be involved and have control of their lives.
- Care and support plans were holistic and mostly reflected people's needs and aspirations. Whilst care plans were person centred and reflected a good understanding of people's needs, we noted some inaccurate information. These inaccuracies had not affected people's care as people were receiving care in the way they wished. Care plans reflected a good understanding of people's needs with the relevant assessments in place, such as communication and sensory assessments. We observed staff communicating with people using people's preferred communication method and in line with their care plan.
- People, those important to them and staff developed individualised care and support plans. Care plans were personalised, holistic, strengths based and updated regularly. One relative told us, "I am always involved in care plans and reviews."
- People were supported to follow routines they had chosen, and staff understood the importance of these. One family member told us, "Staff engage [person]. They follow his routine, every day he has a morning and evening walk. Some days he is busy, some are easier. He has one-to-one activities."
- People were able to choose their food and plan their meals. Staff supported people to be involved in preparing and cooking their meals to enhance life skills. People could access drinks and snacks at any time. There were pictures available to support people's choices in what they wanted to eat and drink. Where people had specific dietary requirements, these were catered for.
- Staff took the time to understand people's behaviours and what may be causing them. They completed functional assessments for people who needed them and referred to other professionals for support where necessary. The registered manager had identified where people would benefit from support from behaviour support teams and had made appropriate referrals. This enabled people to receive specialist support around this aspect of their care.
- Support focused on people's quality of life outcomes and met best practice. Support was provided in line with people's care plans including communication plans, sensory assessment and positive behaviour support plans. We observed staff responding to people with key phrases that were important to people.
- People were referred to other professionals such as psychological therapies where appropriate. The registered manager had recognised where people would benefit from additional support such as from speech and language therapists and had organised this to enhance people's ability to communicate.
- People had good access to physical healthcare and were supported to live healthier lives. People had individual health action plans which detailed both people's health needs but also the way people preferred to access healthcare. Consideration had been given to the planning and preparation people may need to access healthcare in the way they wished.
- People received support from staff who had received relevant training, including around learning

disability, autism, mental health needs, human rights and all restrictive interventions. A staff member told us, "Training has been helpful for my role." The registered manager had undertaken additional training in order to train the staff around supporting people with distressed behaviours. This meant training could be tailored to focus on the needs of the people living at the home.

- Staff had regular supervision and appraisal. Managers provided an induction programme for any new or temporary staff. The induction programme included working alongside a more experienced member of staff over a period of time so that new staff could learn how to support people the way they wished.
- Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005. This meant that people who lacked capacity or had fluctuating capacity had decisions made in line with current legislation, people had reasonable adjustments made to meet their needs and their human rights were respected.
- People were supported to make decisions about their care. Staff understood the Mental Capacity Act 2005, including Deprivation of Liberty Standards. For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. A staff member told us, "We offer choice with everything. It is really 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.

- People were enabled to make choices for themselves and staff ensured they had the information they needed. Staff ensured people understood and controlled their support. We observed staff talking with people in a kind and respectful way. Staff understood how to change the way they communicated depending on what worked best for people. We observed people being involved in all decisions relating to their care including what to have for meals, when to get dressed, what activities they wanted to do that day and medication. Staff understood the right of people to refuse care if they wished.
- People were supported by staff who knew them well. We observed staff responding to people with a response they needed at that time. Staff were aware of specific phrases people said and what that meant for the person. Staff understood who and what was important to people to enable them to live the life they wanted.
- Staff enjoyed working with the people at the home. One staff member told us, "We try and make it like a little family. We all pull together."
- People or their families told us that they received kind and compassionate care. Staff protected people's privacy and dignity and understood people's needs. People's families spoke highly of staff and the care they received. One family member told us, "All staff have a good relationship with [person]. They have a good attitude with him, always have a smile and joke with him. I have not seen any problem." Another family member told us, "The staff are very good. Work together for good quality care."
- People were supported to maintain links with those that were important to them. Family members informed us about how the service had adapted communication during restrictions to visiting because of COVID-19. One family member told us, "Staff did their best during lockdown. With the care and attention of staff (person) got over us not visiting. Speaking on the phone helped a lot, and we used [a video calling application]. He now visits me every Sunday." Another family member informed us, "In lockdown staff were absolutely brilliant, they took him for walks throughout. After lockdown he found social situations difficult. He loves [name of coffee shop] so staff are taking him there a lot."
- People, and those important to them, took part in making decisions and planning of their care. People were empowered to feedback on their care and support. They felt listened to and valued. People and their family were involved in developing care plans which were reviewed. We saw people had reviews with named staff members which enabled them to suggest new activities or changes to the way their care was provided.
- Staff maintained contact and shared information with those involved in supporting people, as appropriate. A family member told us, "They keep me involved. We now have an application which is more efficient and takes less time. Staff message me about his day to day care and activities."
- People were supported to remain independent. We observed staff encouraging people to carry out tasks for themselves. Family members told us, "He is encouraged to shop for his own clothes and supported with suitable options. He takes his own clothes to the washing machine. He chooses meals." Another family member told us, "Without prompting he would just sit there. With personal hygiene staff encourage self care with guidance and support to ensure he does it thoroughly. He chooses his breakfast and makes it himself."

Is the service responsive?

Our findings

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

- People's privacy and dignity was promoted and respected by staff. Each person had their own bedroom with shared bathrooms. People could personalise their room and keep their personal belongings safe.
- People had access to quiet areas for privacy. The service's design, layout and furnishings supported people and met their individual needs. People had access to a sensory room and a sensory garden had been developed. We observed people choosing where to spend their time in their home.
- The service met the needs of all people using the service, including those with needs related to equality characteristics. Staff helped people with cultural and spiritual support. One person living at the home was bi-lingual. The home had ensured that staff who spoke both languages were available for this person and had facilitated a staff member to translate a care plan to enable family to be part of the review process. Staff were able to tell us how they supported another person to attend a place of worship and spoke of the joy it brought them when they heard the person sing worship songs.
- People's communication needs were always met. People had access to information in appropriate formats. For example, key information about how to feedback about care or raise concerns was presented in a pictorial format to support people's understanding of these. The home had recognised that one person would benefit from alternative means of communication to help them in understanding their daily routine. They had contacted specialist healthcare professionals, carried out assessments with the person and trained staff in how to use the communication method and we saw the person using this whilst at home.
- People were in control of the activities they wanted to do. People chose their individual activities which were available in picture format to support communication. People had been encouraged to carry out activities which were important to them. For example, one person had gone to the theatre and another person had an interest in travelling on the bus and learning bus routes.
- People chose the activities they took part in. These were part of their care plan and supported people to achieve their short- term goals and aspirations. We saw people engaged in varied activities ranging from music, dancing, watching videos relating to the persons interest and numeracy activities.
- Family members informed us of the varied activities people took part in. One family member told us, "In lockdown he liked dancing and music. He made cakes. Went on local walks and did colouring. Now he's going to football matches, goes on buses and walks in parks. He loves [name of local attraction], staff try to take him once a month." Another family member told us, "He is artistic and creative. Staff are always behind him helping him achieve activities. He loves baking with support. He enjoys shopping." A further family member told us, "There is a weekly board of activities and meals. Picture aids and verbal interaction is encouraged. With activities they have themed weeks."
- People were encouraged to be part of their local community. We observed people going for daily walks and visiting a transport museum. When people were at home, they chose to spend time doing things that were of interest and important to them.
- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The service treated all concerns and complaints seriously, investigated them, and learned lessons from the results. They shared the learning with the whole team and the wider service. A family member told us about an incident that had happened between two people living at the home and said,

"They phoned me immediately and it was dealt with." Another family member told us, "She [registered manager] knows I will not delay raising concerns." They further described an incident that had happened and commented, "They phoned me straight away to inform me and apologise."

- The service worked in a person-centred way to meet the needs of people with learning disability and autistic people. They were aware of best practice and the principles of Right support, right care, right culture and were ensuring that these principles were carried out.

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 the provider had failed to ensure people's support plans reflected their needs or had consideration of the impact COVID-19 restrictions had had on people's access to activities they enjoyed. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the service was no longer in Breach of Regulation 9.

At our last inspection the provider had failed to implement robust governance systems or maintain oversight of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst we noted improvements had been made in the implementation of governance systems further improvements were needed and the provider was still in breach of regulation 17.

- Our findings from the other key questions showed that governance processes were not always effective in helping to keep people safe and provide good quality care and support
- We found that systems around monitoring of IPC practice needed to become more robust to keep people safe. One of the inspection team was not asked to provide results of their COVID-19 test before entering the building. Records of checks carried out on visitors were not kept. The IPC policy was not up to date nor contained specific consideration of those people living at the home.
- The providers own system to monitor incidents at the home had not been effective as they were not always accurate or complete. There were gaps in the recordings and analysis of incidents across the home. We were confident this was a recording issue as other evidence was submitted which demonstrated that themes and trends had been identified and acted on.
- The systems to monitor the accuracy of people's care records had not always been effective. We found some discrepancies in care records that recorded inaccurate information. Whilst staff were able to consistently inform us how people liked to be supported it was important for this information to be up to date to enable consistency in providing care to people.
- Systems to monitor medicine management had not been sufficiently robust. The medicines policy was out of date. The service did not manage medicines incidents well and were unable to show us evidence of sharing lessons learned with the wider team. Systems had not identified that one 'as required' medicine protocol was not reviewed in line with the providers own policy.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate effective monitoring of the quality of the service or ensure complete and accurate records were kept. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008

- The registered manager took immediate action to address some of the concerns we found at the inspection.

Notifications had not been submitted to CQC in line with legal requirements. We are reviewing the potential failure to notify and will report on this once completed.

- Leaders had the skills, knowledge and experience to perform their roles and understood the service they managed. They had a vision for the service and for each person who used the service. They were visible in the service and approachable for people and staff. We observed people interacting with the provider. It was evident that people knew the provider from the conversations held.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team.
- Following our last inspection there had been a change in management and a new registered manager had started working at the service. Family members were positive about the new registered manager and one family member informed us, "Any concerns she will call me. She knows I am straight to the point. She seems very positive with her heart in the job." This family member also told us, "Since new management [person] has progressed a lot and come a long way. They are transparent and open."
- Another family member we spoke with described the change in the service since the last inspection and told us, "I am happy with the service and can say with confidence how much it has improved."□
- Staff felt respected, supported and valued. The provider promoted equality and diversity in its work. They felt able to raise concerns without fear of retribution. Staff felt supported in their roles and one staff member told us, "The management are responsive. They never let anything lapse and really care for the service users here." Another staff member told us, "We can always suggest improvement. Everyone's views are considered."
- Staff had the information they needed to provide safe and effective care. Where required, information was also reported to local authorities and commissioning teams.
- People, and those important to them, worked with managers and staff to develop and improve the service. The provider sought regular feedback from people and those important to them and used the feedback to develop the service. People's feedback forms had been developed in line with people's communication needs.
- The registered manager had developed a service improvement plan following the last inspection to ensure improvements in the service were planned and monitored. Additionally, they had introduced audits on the key areas CQC inspect against to ensure best practice care was being provided.
- The provider had commissioned a regular quality audit of the service by someone not directly employed by the provider. This provided opportunity for regular monitoring of the service by someone who could bring impartial views.
- The service apologised to people, and those important to them, when things went wrong. Staff gave honest information and suitable support, and applied duty of candour where appropriate.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured systems were robust enough to demonstrate effective monitoring of the quality of the service or ensured complete and accurate records were kept. 17(1)(2)(a)(b)(c)