

# Housing 21

# Monaveen

## Inspection report

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17 May 2022

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Monaveen is an extra care housing setting where staff provide personal care and support to people living in their own flats within one large purpose-built building. People living here are supported with a range of needs including physical disabilities, dementia, and Parkinson's disease. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, 40 people who were using the service received a regulated activity.

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

Failings in management of the service had led to people being exposed to avoidable harm and not receiving the standard of service they should expect. When the provider became aware of multiple shortfalls they acted quickly to make changes to the management of the service, to ensure people were safe, and to work with health and social care partners to improve standards of care.

Before the change of management, some people had not received their prescribed medicines when they needed them, and this had contributed to a deterioration in their health. The provider had made improvements to systems for managing medicines and ensuring people could access health care services they needed. Risks to people had not always been identified and assessed and care plans did not always provide clear guidance for staff about how to care for people safely. Care plans and assessments were being reviewed and updated but this work was still in progress.

People, their relatives and staff, told us there had been noticeable improvements in people's care and support since the new manager was in post. One person said, "There has been a vast improvement here." People's needs were being reviewed and people told us they, and where appropriate, their relative, were involved in developing more personalised care plans to accurately reflect their needs.

Staff described improvements in support and training. One staff member told us the organisation of the service was much better and they felt their views were now respected and valued.

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.

The provider's systems for monitoring quality had failed to identify shortfalls and unsafe practice in a timely way. The new management team had made positive changes over a short space of time and people told us they were much happier with the current standards of care. Many improvements were still in progress and had not yet been fully implemented. This meant improvements were not yet embedded and sustained in practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 23 June 2021 and this is the first inspection.

#### Why we inspected

The inspection was prompted in part due to concerns received about medicines, management of risks, poor leadership and notification of a specific incident, following which a person using the service died. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report. The provider had been open and transparent about the issues identified and was already implementing an action plan to ensure improvements were made.

#### 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 not always effective.  
Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.  
Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.  
Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-led findings below

**Requires Improvement** ●

# Monaveen

## 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.

#### Inspection team

Two inspectors and an Expert by Experience undertook this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

#### 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 not a registered manager in post. The provider had arranged for an experienced manager to lead the service whilst a new registered manager was recruited.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 17 May 2022 and ended on 19 May 2022. We visited the location's office on 17 May 2022.

#### What we did before the inspection

This was the first inspection since the service was registered. The provider had submitted a Provider

Information Return (PIR) shortly before 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 used information we had received from the local authority and professionals who work with the service, together with information sent to us by the provider to help us plan the inspection.

During the inspection

We spoke with seven people and two relatives when we visited the service and nine relatives afterwards by telephone.

We spoke with eight staff, including five care staff, an assistant care manager, the manager and the Extra Care manager.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

### Assessing risk, safety monitoring and management

- Risks to people were not always assessed, managed and monitored to ensure people's safety.
- The registered manager had not ensured that risks to people were always identified and assessed. This meant that people had not always received safe care that was appropriate for their needs.
- The provider had recognised that risk assessments were not being used effectively and did not always reflect people's current needs. The manager told us all risk assessments and care plans were in the process of being reviewed for each person to ensure they were up to date and accurate.
- We sampled some of the recently updated files and found there remained gaps in the management of some risks. Risks relating to people's health needs had not always been assessed.
- Some people had diabetes but there were no risk assessments to identify the level of risk, and no care plans to guide staff in the support each person needed to manage their condition, or how to identify if they needed medical intervention. One person had developed a pressure sore that had since healed. There was no risk assessment for skin integrity and no guidance for staff in how to support the person or monitor their skin to prevent a further pressure wound from developing. This meant staff did not have all the information they needed, and the provider could not be assured that people's health conditions were monitored and managed safely.

### Using medicines safely

- People had not always been supported to receive their medicines safely.  
The provider had identified multiple issues with the administration of medicines. Before the new management team was in place, people had not always received their medicines as prescribed; medicines were not always available for people and accurate records had not been maintained consistently. These shortfalls meant that some people had been put at risk of harm and there had been a negative impact on some people's health.
- The new management team had addressed these issues to ensure medicines were now managed safely. One person told us, "Things have improved, I always get the medicine on time now and they never run out like before."
- Staff had received training in how to administer medicines safely and only those staff who were trained and assessed as competent were able to administer medicines to people. One staff member said, "I have only recently been trained and assessed to do the medicines and it feels a lot better now I know what to do and what the systems are."
- Systems were now in place to monitor medicine administration and to ensure that medicines were ordered in a timely way for people who needed this support. Regular audits were undertaken to ensure medicines were being administered safely. Some people needed medicines at specific times or in a specific

way. Records reflected these needs and staff we spoke with were able to demonstrate their understanding of how to administer medicine safely. Although this system was now working well, it was too soon to be confident this practice was fully embedded and sustained.

The lack of risk assessments meant that staff did not have all the information they needed to provide safe care and to reduce risks to people. Failures in the management and administration of medicines meant that people had not always received their medicines safely. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- Systems for safeguarding people were not consistently safe. The provider had identified multiple safeguarding concerns that had not been reported in line with their safeguarding policy by the previous registered manager. The provider had taken immediate action to report these concerns retrospectively and to ensure people's safety. The new management team had ensured the provider's systems were now being implemented to ensure incidents were reported and appropriate actions were taken to safeguard people.
- People described improvements since a new manager came to Monaveen in March 2022. One person said, "Things have definitely improved, I feel safe and secure here now."
- People and relatives had mixed opinions about safety at the service. People we spoke with all said they felt safe living at the service. One relative said, "The new manager has made vast improvements, so I do feel it is safe at the moment." Some relatives reported continuing to feel that people were not safe. One relative told us, "There were so many problems before, and I have no trust now." Another relative said they were concerned about whether the recent improvements would continue.
- Staff demonstrated a consistent understanding of their responsibilities for safeguarding people. A staff member told us they had recently completed safeguarding training and felt more confident since the management team had changed. They told us, "I know that when I report a concern now, it is acted on, that wasn't happening before."
- Incidents and accidents had not been recorded consistently by staff. The Extra Care manager explained that this meant there had been missed opportunities to recognise and report potential safeguarding incidents and to assess risks to people. They described how safeguarding alerts had been raised with the local authority retrospectively to ensure that appropriate actions were taken to manage risks.
- The new management team had provided staff with training and put in place systems to ensure that accidents and incidents were recorded and brought to the attention of senior staff in line with their policy. The manager demonstrated how they now had oversight of all incidents to ensure appropriate actions had been taken to protect people and to monitor risks. Although this system was now working well, it was too soon to be confident this practice was fully embedded and sustained.

#### Staffing and recruitment

- There were enough suitable staff to provide the care people needed.
- One person told us, "The staff always come when I expect them, they are pretty consistent, and they have never let them down." A relative told us, "Yes I do feel there is enough staff, and there is always someone in the office." Another relative said, "I always see care staff around, I feel there are adequate care staff and they respond quickly."
- A staff member said, "We have enough staff, but it can be difficult if staff go off sick. We are pulling together as a team now and that makes a big difference, we do manage, people always get their calls now."
- The manager explained how they were using some regular agency staff to cover for vacant posts whilst recruitment took place.
- There were safe systems in place for the recruitment of new staff. Checks and references were undertaken for each candidate. This included Disclosure and Barring Service (DBS) checks to provide information



including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe.
- People told us they were confident that communal areas were kept very clean with regular attention to handrails, switches and door handles and we observed that this was the case.
- Some people said they were supported to keep their flats clean when needed. One person described how they were well supported by staff when they had COVID 19. They told us, "The staff brought my meals up to me because I was isolating and had to stay in my flat."
- Staff had completed training in infection control, including for COVID19. Staff used personal protective equipment (PPE) effectively and safely. A staff member said, "We have all the PPE we need."
- Staff followed the providers' infection control policy and procedure.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People had not always received effective care appropriate for their needs and choices.
- Before this inspection the provider had identified multiple shortfalls in practice, assessments lacked detail and provided inaccurate information. This meant people had not always received the care they needed. For example, one person's care plan wrongly identified the number and duration of care visits they needed. This meant they had not always received the visits there were entitled to expect. Another person was identified as being at risk of skin breakdown. A validated risk assessment tool had not been completed to consider the multiple risk factors and identify the level of risk that they might develop a pressure sore. There was no guidance for staff in how to support the person effectively to reduce this risk.
- The new management team were in the process of addressing these shortfalls. The manager explained how a staff member was reviewing and updating assessments to ensure that people's holistic needs and choices were accurately reflected.
- A staff member explained how people and their relatives were involved, where appropriate, to review assessments. One relative told us, "They asked me a lot of questions, including about before coming here and their condition. The new care plan is working well, and the care is much improved here now."
- Some assessments and care plans had been updated and we noted improvements in the level of detail, providing a more comprehensive and personalised assessment of people's needs and choices. There remained some gaps including for risks associated with health conditions as described in the Safe domain of this report. The manager said that completing assessments with people remained a priority and was work in progress. Assessing people's needs is an area of practice that needs improvement.

Staff support: induction, training, skills and experience

- Staff had not always received the support they needed to be effective in their roles. Staff had not received effective, consistent support from the registered manager.
- People told us they had noticed improvements since the new management team had arrived. One person said, "They (care staff) are getting better support now. I saw them having a training session the other day and the staff seem a lot happier these days." A relative said there had been improvements and they had confidence in the staff team, they told us, "The regular staff do not what they are doing."
- Staff told us they felt well supported by the new management team. One staff member said, "Things are improving, it makes you feel more confident in your role."
- Staff had undertaken training that was relevant to their roles. The manager explained additional training needs had been identified and plans were in place, for example training for staff in diabetes. One staff member told us, "I have done an extra training on epilepsy, I do feel we have enough training now."

- Staff described how they had not always received the support they needed but this had recently been put in place. One staff member told us, "I had a supervision meeting with the assistant care manager last week, they are trying to put things in place now, it's all more organised than it was."
- The recent improvements in supporting staff were positive but had not yet become embedded and sustained in practice. This is an area that needs improvement.

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

- People had not always received the support they needed with food and drink.
- Before this inspection the provider had identified that some people who had needs associated with eating and drinking had not always received adequate support. This had a negative impact on their health and well-being. For example, one person who needed fortified meals and supplements had not received these for a number of weeks resulting in a significant weight loss. The provider had taken appropriate measures to report this failing in line with safeguarding policy and had put in place systems to ensure this shortfall was addressed.
- Staff we spoke with were clear about the needs of people who required support with food and drink. One person needed a modified diet and thickened fluids following a Speech and Language Therapist (SALT) assessment. We observed a staff member supporting the person with their meal in line with the SALT guidance in their care plan, and they were able to confirm the person's needs.
- A person told us, "The staff always check I have a drink to hand and remind me, because they know I need lots of fluids." A staff member explained how communication systems supported monitoring of people's food and drink to ensure they were receiving the support they needed and systems were in place to escalate any concerns about malnutrition or dehydration.

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

- People had previously not always received support to access health care services when they needed them. Before this inspection, the provider had identified that staff had been inconsistent in monitoring people's health needs and appropriate referrals for health services had not always been made. This meant that risks associated with people's health had not always been effectively managed.
- A staff member told us, "Sometimes we reported an incident, but nothing happened. We were providing information about changes (in people's health) but we were not aware that this was not acted on."
- The new management team had made changes to address these shortfalls. The manager described working collaboratively with other agencies to ensure people's needs were being met. For example, records showed how staff contacted the GP for people when appropriate to do so. Staff had worked with a social worker and occupational therapist to support one person who was at increased risk of falling. A staff member told us, "They have a falls detector in place now, we are monitoring patterns to identify if we can do anything else to support them."
- A social care professional told us, "Things have improved greatly now. With the new manager there has been a massive change, having some consistency and clear systems has made the difference. People are getting the support they need now."

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service had not always ensured that issues of consent were fully considered and documented.
- One person had been assessed as having fluctuating capacity. Their capacity to make particular decisions had not been considered and documented in line with MCA. Where some people lacked capacity to make specific decisions there was not always a clear system to show how decisions were made in people's best interest, with involvement from relevant people.
- Staff had received training in MCA and were able to describe their responsibilities to involve people in decisions about their care and to seek consent. Not all staff we spoke with were able to demonstrate a working knowledge of DoLS and their responsibilities to ensure people's human and legal rights were respected. Since nobody was subject to a DoLS authorisation at the time of the inspection this shortfall in staff knowledge had not negatively impacted on people.
- The provider had already identified shortfalls in issues of consent but had not yet implemented their improvement plan. This is an area of practice that needs to improve.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People had previously not always been well treated and their diverse needs were not always respected. The provider had identified shortfalls before this inspection and the new management team had begun to make changes.
- Relatives described how they had not always felt confident that staff were consistently caring and respectful in their approach to people. One relative said, "The staff used to have to rush all the time, they were cutting call times and not giving the attention people needed." Another relative said, "The agency staff used to try and talk (relation) out of having a shower because it was easier for them."
- People told us about the poor experiences they had before the new manager took over. One relative said, "I sent more than 200 emails complaining about the care." Another relative said, "After having such a poor start, it's hard to have confidence (in the staff) but the manager is working hard to turn it around." One person told us, "My concern is (the manager) is only here for a short time."
- The new manager had made improvements and staffing levels had improved the consistency of the service. One person told us, "All the carers are nice, I am very happy here." Another person said, "They are all trying their best to make improvements, things are a lot better now." A third person said, "The staff are brilliant, they are all good staff."
- We observed people were relaxed in the company of staff and had developed positive relationships with them. One person told us, "The carers are very good, kind and gentle, they do a lot of extra things for me." Relatives spoke highly of the regular care staff. Their comments included, "They keep an eye on people and are more motivated now," and, "He is very much treated with dignity and respect."
- People and their relatives described an improving service but were not yet fully confident that improvements were embedded and would be sustained. This remains an area of practice that needs to improve.

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

- People had previously not always been supported to express their views about their care.
- People and their relatives told us that the new management team had made changes and they were now being encouraged to make decisions about their care and support options. One person explained how their care plan had been recently reviewed, "They asked me and my daughter to have a meeting, it was all very helpful."
- A staff member described how each person's care needs were being reviewed with them, and where appropriate a relative, to ensure care plans reflected their diverse needs and wishes. They told us, "We are working through gradually and making a lot of changes to make sure the care is right for the person and

their views are properly included."

- Improvements in care planning and involvement of people, together with better consistency of care meant that people were receiving a more caring and responsive service. This is an area of practice that needs to continue to improve to ensure this good practice is sustained and embedded.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- People had not always received personalised care that was responsive to their needs.
- Before this inspection, the provider had identified multiple failures to provide appropriate care that met people's needs. This included people receiving inconsistent services, not receiving the care they needed, and not responding appropriately when needs changed.
- Some relatives described how previously, staff did not always have the skills and experience to meet people's needs. For example, one relative told us some staff lacked an understanding of dementia and this meant their relation did not always receive the care they needed. They explained, "If they refused a sandwich the agency staff would just accept that, so they ended up going hungry." They explained how regular staff knew the person and understood how to approach them in a different way.
- The new management team had made improvements and people were receiving a more personalised and consistent service with regular care staff who knew them well. People and relatives described an improving picture. One relative said, "I have full confidence in the manager and his team to bring the place up to a good standard, but it was awful before they came here."
- Care plans were in the process of being reviewed and updated to ensure that people's diverse needs, views and preferences were included and reflected in the care provided.
- Staff we spoke with were knowledgeable about people's needs and preferences, their background and interests. We observed how staff supported people with diverse needs and acknowledged their individual characteristics, and beliefs. One staff member acknowledged the importance of addressing a person in the way they preferred. Another staff member explained how they supported a person to remain in contact with people who were important to them.
- The manager explained how staffing levels had been reviewed to ensure that staff had time to spend with people to encourage them to take part in social events and activities that were available at the service. We saw people were supported to attend a bingo session in the afternoon and they were clearly enjoying the session with lots of laughter and chatting together.

### 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.

- The provider was not fully meeting the Accessible Information Standard for all people who had

communication needs.

- The management team had recognised this as an area of practice that needed improvement but had not yet fully addressed this. Some people had communication needs but care plans were not consistent in providing staff with guidance on how to support the person. There was no system in place to flag that the person had communication needs.
- One person told us they had difficulties with communication and with memory loss. They described how having more regular staff recently had helped them to develop a good understanding of how best to support these needs. The care plan did not provide detailed guidance for staff and this meant staff who were not familiar with the care might not have all the information they needed.
- Staff told us that people could receive information in a way that was suitable for their needs but this was not documented within their care plans. Ensuring that the Accessible Information Standard is met is an area of practice that needs to improve.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain or raise concerns, but their complaints had not always been acknowledged or acted upon. One relative told us how they had made multiple complaints saying, "A number of issues started to arise one after the other and therefore when visiting, I had no quality time because I had to sort out issues."
- The provider had identified that complaints and concerns had not always been escalated and reported in line with their policies. This meant there had been missed opportunities to make improvements and address concerns.
- People and relatives told us their confidence had improved since the new management team had been brought in and they believed their complaints were now acted upon. One person said, "Recently I complained and (the manager) was onto it straight away." A relative told us, "The current manager is very good for sorting out any concerns."



# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 service was not consistently well led.
- There had been multiple failings in the management of the service which the provider had initially failed to recognise. The registered manager had not ensured people were receiving safe, effective care that was personalised according to people's individual needs and preferences. Staff had not received the support, training and leadership they needed to be effective in their roles.
- Once these issues were identified, the provider acted swiftly to ensure people's safety. The concerns were reported openly to partner agencies and to CQC and a new management team was put in place .
- Systems to improve the assessment and management of risks remained inconsistent. Although some people's needs had already been reviewed, updated care plans did not include assessments of some identified risks with guidance for staff in how to support the person. The provider had commissioned an audit which had also identified this, but the shortfall had not been addressed.
- People, their relatives, staff and health and social care professionals were consistent in their praise of the current management team and the positive changes that were being made. Comments included, "I will say great improvements have been made since (the manager) and his team came in here." A relative told us, "During the first week the new manager was here it was different, I raised a concern, it was dealt with straight away –they look into it, deal with it, and can tell us what's happened." A visiting professional said, "The change here has been massive, better consistency, more training for staff, better leadership."
- Staff described a more open and positive culture. One staff member said, "Previously it was horrible, staff weren't being listened too by the manager, concerns were not dealt with, it was very demoralising. Things have improved now, and staff pull together as a team."
- People and their relatives said they were happier with the care provided since the change in management at the service. One relative told us, "The quality of life is much better here now."

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

- There had been failures in the provider's systems for monitoring quality. This meant the provider had not identified multiple failings and concerns caused by poor management at the service in a timely way. This had increased risks to people and some people had been exposed to avoidable harm due to the poor quality of care.
- Staff described chaotic and disorganised systems where they felt undervalued, demoralised and at times

unsafe. One staff member told us, "I was often in tears because I knew things were really bad, people weren't getting a good service at all."

- Incidents and accidents were not always recorded, investigated or reported and this meant there had been missed opportunities to learn from mistakes and improve care.
- The manager told us how the provider's management systems had not been used effectively and this had been a priority when he first came to the service to ensure safe systems were in place.
- The provider had met the duty of candour and worked with people, their relatives and health and social care professionals in a constructive, open way to address the shortfalls in the service.
- The provider had arranged for audits and assessments of quality to help inform an improvement plan for the service. Although many improvements had been made it was still very much work in progress and further improvements were needed to ensure a consistent standard of service was embedded and sustained.
- The provider told us they were reviewing their systems for monitoring quality to ensure that lessons were learned and to improve oversight across all their services.

Poor management and failures in the provider's systems to monitor risks and assess quality meant people had been exposed to avoidable risks of harm and had not received the standard of service they had a right to expect. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There had been recent improvements in engagement and involvement of people, relatives and staff in the running of the service. The provider had held meetings with people and their relatives and had recently undertaken a questionnaire to gather people's views following the changes in management at the home.
- One person told us, "They are always asking me how things are going now." Another person said, "Communication has improved, we are kept informed now." A relative said, "The new manager is very open and easy to talk to and encourages us to feedback and get involved." Another relative said, "The manager is very helpful and approachable, and nothing is too much trouble."
- Staff told us they felt their views were now valued and they were able to contribute ideas. One staff member said, "We use a communication book and things get changed more quickly now."
- A visiting professional spoke positively about partnership working with staff at the service. The said, "The whole vibe has changed, it feels more homely here and people appear happier. We are seeing more people joining in with activities, where before they would stay in their flats. There is a lot more social engagement and you get a much quicker response from staff and the manager."

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
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks were not identified and assessed, and medicines were not administered safely.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Management systems for assessing the quality and safety of the service and for monitoring and mitigating risks were not effective.