Holmleigh Care Homes Limited

# Care at Home (High Street)

## Inspection report

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14 June 2021
15 June 2021
17 June 2021

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21 July 2021

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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? | Good |

# Summary of findings

## Overall summary

About the service
Care at Home (High Street) is a supported living service providing personal care to people who may live in single or shared occupancy households with their own tenancy agreements. This registered location supports people living in seven households of different sizes (single and multiple occupancies). Some households have shared communal areas and shared care at different parts of the day.

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.

People's experience of using this service and what we found
Care at Home (High Street) was supported by a new provider and management structure. A service improvement plan had been developed as a result of the provider's governance and quality assessments of the service. The plan helped focus and direct the provider and managers on areas which required further improvement.

Additional management support had been implemented to support managers to understand their role, share learnings, review incidents and set new improvement targets.

However, further work was needed to ensure all households were consistent in their infection control practices. We have made a recommendation that the provider reviews their monitoring systems to ensure good infection control practices are fully embedded across the service in line with national guidance.

The provider had identified that further development was needed to assist and demonstrate that people were being supported to live a life of their choice and reach their potential in independent living, with support as required.

The provider used feedback from staff, people, relatives and other stakeholders to help understand their experience and also help shape the culture of the service moving forward. They were open to learn and promote a culture which was person centred and empowering.

Clear procedures were being implemented to help ensure people were involved in their decisions about where they wanted to live, who they wanted to share their home with, and how they wish to be supported. This new process will help to ensure the service could meet their needs and ensure people who shared households were compatible.

Throughout our visits to four households, we observed staff treating people with kindness and in a dignified and respectful manner. People looked relaxed around staff and engaged with them freely. Staff were aware of people's communication needs and spoke to them in a polite and respectful manner.

Support plans described people's preferences and support requirements. Risk management plans and how staff should respond to changes in people's needs had been identified and recorded. Staff had sought specialist health care advice when people's needs had changed. An internal positive behaviour support trainer assisted staff teams to identify triggers and strategies to support people who express their distress in ways that other people find difficult.

People received their medicines as prescribed. Their medicines were regularly reviewed and there was evidence that alternative strategies were used to support people with their emotions before 'as required' medicines were administered.

Suitable numbers of safely recruited staff were available to support people. Regular agency staff who were familiar with people's needs were used when there were staff shortages. Plans were in place to review their recruitment processes with the aim of reducing agency staff.

Progress was being made to ensure all staff received regular supervisions and had current and in date training. The method of delivering training and the induction programme was being reviewed to ensure staff had the skills they needed to support people.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were progressing to meet the underpinning principles of Right support, right care, right culture. We found that people received care which was focused on their support needs and in their best interests. There was a shift in culture away from residential care to supporting people to reach their potential in a supported living setting. Staff were observed supporting people in a kind and friendly manner and ensured people's human rights and dignity was always protected. The provider was implementing a service improvement plan which helped to implement the provider's values and to promote a culture which was open and inclusive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 3 April 2020 and this is the first inspection.

Why we inspected
This service had not been inspected since their registration in April 2020, therefore, this inspection was carried out to gain assurances about the quality of care and systems used to monitor and manage the service.

Follow up
We will continue to meet with the provider and to monitor their progress in implementing their service improvement plan and ensuring that the principles of supported living is fully embedded. We will also

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

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

We always ask the following five questions of services.

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|---|---|
| **Is the service safe?**<br>The service was not always safe.<br>Details are in our safe findings below. | **Requires Improvement** |
| **Is the service effective?**<br>The service was effective.<br>Details are in our effective findings below. | **Good** |
| **Is the service caring?**<br>The service was caring.<br>Details are in our caring findings below. | **Good** |
| **Is the service responsive?**<br>The service was responsive.<br>Details are in our responsive findings below. | **Good** |
| **Is the service well-led?**<br>The service was well-led.<br>Details are in our well-Led findings below. | **Good** |

# Care at Home (High Street)

**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
This inspection was carried out six inspectors. This enabled us to engage with a number of people, their relatives and staff from all the households supported under this registered location.

Service and service type
This service provides care and support to people living in seven 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had originally registered three managers with the Care Quality Commission for this location. 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. However, two of the three registered managers had recently cancelled their registration with CQC. This meant at the time of our inspection, some households were temporarily being managed by deputy managers, so for the purpose of this report the remaining registered manager and deputy managers will be referred to as 'the managers'. The provider was taking the opportunity to review their management structure and registration with CQC as result of these recent changes.

Notice of inspection
This inspection was announced.

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 14 June 2021 and ended on 21 June 2021. We visited the office location on 14, 15, 17 June 2021.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-
As part of our office location visit, we spoke with the nominated individual (who is responsible for supervising the management of the service on behalf of the provider), the registered manager, three deputy managers and six representatives from the providers operations, quality assurance, training and recruitment team.

We visited four households and spoke with six people and nine staff. We observed people's interactions with staff who were unable or did not wish to speak to us.

We also received feedback from nine relatives across the service by telephone and email to gain their experiences of the service.

We reviewed a range of records. This included 13 people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, staff training, improvement plans, and audits were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found and spoke to a further three members of staff. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Requires Improvement

# Is the service safe?

## Our findings

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

This is the first inspection for 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

Preventing and controlling infection

- Whilst the provider had identified areas of improvement relating to COVID-19, they had not ensured that all household managers fully understood and implemented the provider's COVID-19 policies and national guidance as a priority. For example, we observed that the provider's COVID-19 infection control practices including their visitors screening requirements and national guidance had not been fully adopted and implemented by staff members at one household.
- Some staff were not fully clear about how they could safely support people to re-engage in their preferred community activities and implement family visits during the phased lifting of the national restrictions.
- Risk assessments for staff and people had not been updated when people or staff had declined the COVID-19 vaccine to identify potential risk of transmission of the virus.
- The consistency and the monitoring of the regularity of COVID-19 testing for staff in line with the government guidance was not clear in all households.
- The provider had identified areas of each household that needed to be updated to enable more effective cleaning such as replacing floors. However, in one household interim measures had not always been put in to place to assist people to maintain a clean home and help reduce the potential risk of spread of infection.
- The provider's own governance systems had identified that the infection control audits completed at each household had not been effective in identifying concerns and ensuring actions had been taken to improve practices. For example, the household infection control audit had not been expanded to reflect the provider's COVID-19 practices and protocols. This meant the audits had not identified some of the inconsistencies relating to the wearing of PPE and government guidance.

We recommend that the provider reviews the management and monitoring of their infection control practices ensuring these were consistent across all the service.

- Each household had access to a COVID-19 file which provided staff with COVID-19 related national guidance supported by the providers COVID-19 policies and contingency plan. COVID-19 related issues or concerns were monitored by managers and discussed at the weekly managers meeting as well as the sharing of new guidance.
- There was evidence that COVID-19 easy read documents had been made available to help people understand the COVID-19 guidance and restrictions.

Staffing and recruitment

- People may not be supported by staff who were skilled to support them as effective systems were not always used to ensure recommendations from staff disciplinaries were actioned and implemented in a

timely manner.
● Staff had been recruited safely. Records showed that pre-employment checks had been completed to ensure staff were suitable to work with people in their own homes. However, further evidence of the registered manager's decisions to employ some staff was needed when there was limited information about their previous employment histories and character.
● The provider stated they were planning to review their recruitment processes to reduce the use of agency staff, and attract and recruit staff whose personal values and behaviours aligned with those of the provider.
● People and their relatives spoke positively about the staff team. One manager stated that they felt their staff team had really pulled together to ensure people were supported by staff who worked collaboratively and in people's best interest.
● Managers of each household managed the staffing levels to ensure people received the required staff support in line with their funded care package.
● Where needed regular and vetted agency staff were used who were supported to understand people's needs and the provider's policies and procedures.

Learning lessons when things go wrong
● The positive behaviour support (PBS) trainer stated that staff were becoming more aware of the importance of recording and reporting any level of accidents or behavioural incidents in detail. This allowed them to analyse the incidents, identify what went wrong and make recommendations to help prevent further occurrences.
● The managers discussed and monitored any incidents within their households and across the service as part of the managers weekly meeting. This helped to identify trends or concerns so that action could be taken to reduce the likelihood of incidents.
● Staff spoke confidently that there were given opportunities to debrief and reflect on any incidents. Any lessons learnt were shared with the staff team to help prevent incidents from reoccurring.

Systems and processes to safeguard people from the risk of abuse
● Comprehensive systems and processes were in place to help protect people from harm and abuse. Where required the provider shared any concerns with the relevant external agencies to keep people safe.
● Staff had received training in safeguarding and demonstrated a good understanding of how to identify different types of abuse and where and how to raise any concerns.
● People looked relaxed amongst staff and spoke positively about staff. Relatives explained that they would identify if their family member was not happy through changes in their behaviours and emotions.

Assessing risk, safety monitoring and management
● Staff knew the people they supported well and could give detailed explanations of people's individual risks and how they supported them to remain safe. They had access to people's care plans which described people's risks and how they should be supported to minimise their personal risks. For example, clear risk management plans directed staff on how to support people who had been assessed as being at risk of choking or experiencing seizures.
● Positive behaviour support (PBS) plans informed staff on the action they should take to prevent people becoming agitated and displaying behaviour that others find challenging. The plans included proactive and preventative (calming) strategies to prevent any triggers and assist people in managing their emotions.
● Where required, staff were supported by a PBS trainer to help understand people's triggers and to identify environmental and communication strategies to support staff in engaging with people. There was a clear focus on staff using a de-escalation and least restrictive approach when people became upset and agitated.
● Incidents were reviewed to identify any learning, such as new triggers and changes to support strategies.

Using medicines safely

● Safe medicines management systems were being used to ensure people received their daily medicines as prescribed.

● Agreed protocols were in place and were regularly reviewed for people who required medicines as needed and those which had been agreed to be administered covertly. Completed medicine administration records and stock of medicines were regularly checked.

● People's medicines were reviewed annually with a focus on reducing people's medicines where possible and to ensure psychotropic medicines (medicines which treat a range of mental health issues) were only used as a last resort.

● Staff had been trained and their competencies to manage and administrate people's medicines safely was assessed.

● As part of the supported living standards, staff had started to consider how they could encourage and support people to take a more active role in the full or partial management and administration of their medicines.

Good

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider was building on the guidance and training provided to staff to ensure people to live the life that they choose, with the same choices, rights and responsibilities in line with the principles of supported living.
- The systems and protocols used to initially assess people and assist with a smooth transition into the service had been reviewed and implemented. This would help to ensure that people were fully involved in the decision to move into the service, and given opportunities to express what was important to them.

Staff support: induction, training, skills and experience

- People were supported by staff who told us they felt supported and trained to support people with complex needs. Through PBS training and support, staff had developed a good understanding of how to support people with complex needs in the least restrictive manner in line with the new restraint reduction network standards.
- In addition to their mandatory training requirements, staff were provided with opportunities to learn about people's health conditions and support requirements such as autism, mental health and epilepsy.
- New staff were required to undertake a comprehensive induction programme including training, shadowing and reading the providers policies. However, it was not always clear that new staff had completed the required care certificate where relevant and the required number of probation meetings in line with the provider's induction policy. This was raised with the provider who immediately introduced a new induction monitoring form to assist the managers in monitoring the progress of new starters.
- The provider regularly monitored the training and support needs of staff and set learning targets for each household to ensure staff had the right training and skills to meet people's needs.
- Progress was being made to ensure all staff had the opportunities to meet with their line manager to have a constructive and reflective conversation about their practice, discuss any concerns and identify any areas of personal development.

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

- People were supported to independently plan, shop and prepare their meals. Where required, staff supported some people with decisions around their meals in their best interest and known preferences. People ate their meals at a time of their choice but also enjoyed eating together such as BBQs.
- Staff were aware of the dietary requirements and how to prepare meals and drinks for people who were at risk of choking or overeating. Staff were aware and guidance was in place to for people required support to manage their diabetes.
- People were encouraged to make their own decisions about their meals and encouraged to understand

and eat a healthy balanced diet. People were supported to monitor their weight and to make appointments with health care professionals if there was changes in their appetite, eating risks and weight.

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

● Staff worked collaboratively and openly to ensure people had equal and timely access to health and social care services.

● Each person had a health action plan to help monitor and manage their routine and specialist health care appointments such as dentist. However, the actions to be taken when one person refused to attend appointments was not always clearly recorded. This was raised with the manager who was aware of the plans but recognised the actions needed to be recorded so this could be monitored, and all staff could access this information.

● Relatives told us they were always informed of changes in people's physical and emotional well-being and were assured that staff would support people to access the relevant health care services as needed.

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

● People were supported to understand their rights and responsibilities of being a tenant. It was evident that people had been consulted and involved in the decisions about the decoration of their rooms, communal areas and involved in maintaining their gardens.

● People had been supported to identify areas of their home which needed to be refurbished to maintain their tenancies and a safe environment. Plans were in place to address parts of the households which needed to be renovated to help minimise the risk of spread of infections and contamination such as new flooring.

● The provider shared with us their challenges of adapting each household to enable people to benefit from a greater level of autonomy and flexibility and transition away from the culture of living in a care home environment.

● The provider's overall service improvement plan stated they had planned to review all environments and to create an action plan to meet the outcome of providing a 'well maintained and safe environment for people to live and staff to work.'

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Some people supported by the service were not always able to make informed decisions about all or aspects of their care and support. The details and the outcomes of people's mental capacity assessments were in place and regularly reviewed. These included areas such as delivery of personal care, medicines and

finance.

● Staff understood their role in supporting people's rights to make their own decisions and in their best interest. We observed staff putting their training into practice by offering people choice and respecting their decisions.

● Where required, applications to the court of protection had been made to authorise people's deprivation of liberty. The provider had systems in place to monitor this process and to ensure that least restrictive support was used whilst awaiting authorisation.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a calm, homely and welcoming atmosphere in the households we visited. We observed staff being compassionate and kind towards people. They spoke to people equally and without judgment and discrimination.
- Staff were seen to be motivated in their roles with the aim of making a difference to people's lives.
- People were being encouraged to being involved in decisions about their homes and who they shared their home with.
- There was a clear focus on promoting choices and enabling people to make decisions about their days and routines. One staff member said, "Some people like a structured day but we are more flexible now and go with the flow of the person. It's their life."
- People were supported to form relationships with other people and remain in contact with either families. Staff were aware of who was important to the people including their family, friends and other people at the service.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Progress was being made in promoting people's independence and involving them in decisions about their support requirements in line with supported living principles. For example, one person was being supported to open their own bank account and others were being supported to prepare and shop for the meals that they had chosen for the week.
- People were being actively supported and encouraged to do things for themselves safely. For example, people were being encouraged to contribute towards managing their laundry and cleaning their rooms with the aim to increase their confidence and levels of independence.
- Staff had been creative in implementing separate systems in the kitchens to allow people to store and prepare their meals without impacting on other tenants.
- People's views were sought where possible through household and key workers meetings. There was evidence of advocates being involved in decisions about people's care.
- People's dignity and privacy was being maintained and respected by staff. One relative felt that the level of privacy would progress as people developed the skills and confidence to live more independently, such as showering without supervision.

Good

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff were responsive to people's changing needs and personal development. They were able to tell us how they put people at the centre of their care and tried to involve them in the planning of their support or involved their relatives. There was a change in the culture of staff to assist people to develop and work on their strengths, increase their independence and reduce their reliance on staff for support.
- People's support plans included information about their personal history, their individual interests and their ability to make decisions about their day to day lives. Support plans provided information of people's preferred routines and photographic pictures of people carrying out activities and achieving their goals.
- People's personal achievements were celebrated, for example, staff in one household had developed a 'gratitude book' which celebrated people's successes and goals.
- People had been supported to access the community and participate in activities which matched their hobbies and interests such as swimming. Throughout the COVID-19 pandemic restrictions, staff had supported people to carry out new and alternative activities within the government guidelines such as gardening.
- Staff told us they were supporting people to reflect on what activities were important to them and making preparation to revisit and/or explore new activities as part of the phased lifting of the restrictions.
- People were supported by staff to maintain close relationships with their families.
- Staff spoke of plans to support people to have better access and use different communication devices, technology and mobile phones. They had considered different strategies to help people with complex behaviours to overcome barriers and take part in new activities.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, managed and met. Clear guidance was in place to guide staff on people's preferred methods of communication such as tone and length of sentences. Agreed communication plans were in place for people to ensure staff were consistent in their approach and speaking to people.
- Pictorial information had been made available to help people understand important topics such as COVID-19.

Improving care quality in response to complaints or concerns

● The provider had a complaints policy in place which provided a clear framework on how complaints would be managed and investigated.

● From looking at the complaint's file, it was evident where complaints were made, these had been investigated and resolved to a satisfactory outcome.

● Relatives told us they were would raise any concerns and felt confident that the managers would deal with these appropriately.

● Household meetings were held with people who used the service to give them an opportunity to discuss any concerns they might have. Those with communication or sensory difficulties were given additional support individually to gain their views.

End of life care and support

● The provider was ensuring that all staff had received training around end of life care and support.

● Plans were in place to work sensitively with individual people, their relatives and relevant health care professionals to develop personalised end of life care plans and implement ReSPECT (Recommended summary plan for Emergency Care and Treatment) forms. These forms detailed people's wishes regarding their care and treatment, such as if they wished to attend hospital for active treatment.

Good

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

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

- After several months of consultation with people, relatives and stakeholders, Holmleigh Care Homes Limited deregistered some of its care homes in Gloucestershire with CQC in April 2020. They reregistered to provide the regulated activity of personal care for people with complex needs in supported living settings under 'Care at Home High Street'.
- Since their registration the service had been acquired by a new provider who had implemented a new management team to provide additional support to staff and managers with the aim of improving people's experiences.
- New systems and ways of working had started to be implemented as a result of the provider's early assessment of the service. The provider was working with staff to share their vision and direction for the service to fully embed the guidance that supports the principles of supported living.
- They were in the process of reviewing the effectiveness of their current organisational structure and management to ensure there was a consistent approach by all managers across the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had carried out a comprehensive assessment of their own services, through the use of an external consultant and internal quality assurance processes, such as mock inspections. The results of their assessment informed the provider's and location service improvement plan. This plan was regularly reviewed with the managers and helped to focus and prioritise their actions to improve the service.
- For example, the provider had identified that there had been a slower transition from residential care to a supported living culture in some households due to gaps in staff knowledge in the principles of supported living and the impact of COVID-19 restrictions. This was being addressed with further training and support to help staff to empower and support people to reach their potential, such as supporting people to maintain their tenancies and being more involved in decisions about their life and aspirations.
- The senior management team and managers met weekly to review any concerns, incidents, share learning and review the progress being made towards the action plan. They set new weekly targets such as improving the involvement of people in decisions about their care and role of key workers.
- The provider's and household business and COVID-19 contingency plans were regularly reviewed. Clear plans were in place which helped direct managers and staff of the actions they should take in the event of a significant incident to minimise the disruption to people.

● There was a transparent approach to incidents and near misses. The provider acted on their duty of candour, which is a legal duty to be open and honest with people and their families when something goes wrong with care that might lead to significant harm.
● When incidents occurred, staff and managers worked openly with people, their families and stakeholders; identified causes of incidents and took immediate action to help reduce further events. It was clear that the managers now worked collaboratively, discussed and shared learning from incidents and worked jointly to improve the service collectively.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● From receiving feedback from staff and managers, we found they were mainly positive about the support they received from the new management team. However, some changes being made had not always been positively received by some staff and managers. Some staff and managers shared with us that the provider's initial methods used to assess the management of their households had been challenging at times. However, they were able to see the long-term benefits of this initial process, such as improved joint working, staff management and all working to a central service improvement plan
● Staff and managers reported that they felt communication and engagement with the provider was improving and that their views and feedback were valued.
● We received mixed views from relatives about the communication from the previous and current staff and managers. Some described the communication as 'excellent' and 'always kept informed' whist others felt the managers could be more open and communication improved. Two relatives felt the principles of a key worker scheme to improve communication and the involvement of people in decisions about their life was not always reliable. These areas had been identified by the provider's governance processes and being addressed as part of their improvement plan.

Continuous learning and improving care
● There was a strong drive throughout the service and at every level to improve people's experiences of being supported in a supported living setting.
●The managers learnt from mistakes and feedback from stakeholders to support and address the challenges of each household with the aim to deliver person centred care focused on achieving positive outcomes for people.

Working in partnership with others
● Through our discussions with the managers and staff and our review of people's support plans, it was evident that staff worked in partnership with various funding local authorities, health and social care professionals and commissioners at every level to achieve good outcomes for people.
● The provider demonstrated an understanding of the importance of maintaining a good relationship with local authorities and families of people who were being supported outside their home county.
● The provider promoted a service which was inclusive and supported people to be part of their local community, such as attending local groups. Where possible, people and staff at each household had built up positive relationships with their local communities and neighbours. The managers worked with local residents to address their concerns and to maintain a mutual understanding the aims of the service in an open but confidential manner.