

# Oregon Care Limited

# Redstone House

## Inspection report

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Date of inspection visit:  
19 August 2019

Date of publication:  
23 October 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Redstone House is registered to provide accommodation and personal care for up to four adults who have a learning disability. At the time of our inspection three people lived there. The service is delivered within a three-storey house in a residential area.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The building design fitted into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

At our last inspection we raised several concerns about the care and support of the people who lived here. These included the way risks to people were managed, and the home not being well managed to ensure people received a good standard of care. The provider had responded to these concerns by putting in new management, employing more staff and having a clear plan on what they needed to do to improve the care people received.

During this inspection we found that significant improvements had been made and as a result people received a better standard of care, and the home was no longer in breach of the regulations. Time was now needed for the provider to demonstrate that the improvements made were embedded and could be sustained.

People were safe because there were enough staff employed to support them and meet their needs. The provider's recruitment procedures ensured that only staff that were suitable to work with vulnerable people were employed. People were protected from the risk of abuse because staff understood their roles and responsibilities in identifying and reporting any concerns. People had their medicines when they needed them, and the storage and management of medicines was safe. The home environment was kept clean and hygienic to reduce the risk of infections.

The home environment had improved, and maintenance tasks were quickly addressed when they arose. Staff training and supervision had improved to ensure that they had the skills and knowledge to provide the care people needed.

People had enough to eat and drink and were now more involved in food and drink preparation to increase their independence. Staff worked with people to ensure their food intake was nutritious, and healthy options were promoted. People were supported to access health care professionals such as doctors when they needed them.

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 were supported by kind and caring staff that knew them well. Staff treated people with dignity and respect and protected their confidentiality and privacy. Staff understood people's communication needs and involved them in day to day decisions about their care and support.

People's care plans were detailed and gave clear guidance to staff on preferences and support needs. Staff were able to understand the triggers that caused distressed behaviour from people, which had resulted in a reduction in these incidents. People's access to activities that interested them and kept them from being bored had increased. This had been possible due to staff responding in a positive way to people's behaviours.

The management of the home had improved so that the focus was on making improvements to the lives of the people who lived there. The provider had taken responsibility for the failures we highlighted at our previous inspection and tasked two managers to work with the staff in the home and make positive changes, while a permanent manager was sought. As a result, the home was now well managed and there was a clear plan in place to continue making improvements. A new manager was going through the CQC registration process.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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 and update

The last rating for this service was Inadequate (published 7 June 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since February 2019. 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.

#### Follow up

We will continue to monitor 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.

### 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** ●

# Redstone House

## 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

Due to the small size of this service the inspection was carried out by one inspector.

#### Service and service type

Redstone House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The interim manager, who was present at the time of the inspection, had begun the registration process with CQC.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

#### 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. 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 used all this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with five members of staff including the provider's representative, the interim manager. 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.

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

#### After the inspection

We continued to seek updates from the provider to validate evidence found during the inspection. We contacted two relatives for their feedback about the service.

# Is the service safe?

## Our findings

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

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

### Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to identify and report safeguarding incidents. This was a breach in Regulation 13 (Safeguarding people from abuse and improper treatment) of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13. Time was now needed for the provider to demonstrate the improvements were embedded into every day practice and could be maintained.

- Since our last inspection staff training had been completed to update their knowledge and understanding of protecting people from abuse.
- People were protected from abuse because staff had a clear understanding of what abuse was, the signs, and their roles and responsibilities should it be suspected. One staff member said, "I have to report anything to my line manager. I can also go to CQC and maybe other agencies like Surrey safeguarding."
- Staff and management understood and followed local authority policies and procedures around the prevention and reporting of abuse. The provider's policies around safeguarding were on display within the home, so staff could access them if needed. Staff had reported concerns in line with policies to ensure people were protected.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to manage risks to people's health and safety, and lack of safe management of medicines was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12. Time was now needed for the provider to demonstrate the improvements were embedded into every day practice and could be maintained.

- Since our last inspection clear guidelines in relation to the management of behaviours that challenged had been developed. As a result, people's behaviours were better understood by staff which had resulted in a decrease in people becoming distressed or upset. This was seen during our inspection where behaviours that had been displayed previously were greatly reduced because staff responded to triggers and supported



people in a positive way.

- People told us they felt safe at the home and when staff provided their care. One person said, "I am happy here, yes, staff make me feel safe." Hazards to people's health and safety had been assessed and plans were in place to minimise the risk of them coming to harm. These assessments of risk gave guidance and instruction to staff. Topics covered included health conditions that affected people's mobility, risks of choking, to environmental hazards such as fire safety and how to keep people safe when out in the local community.
- The impact to people's independence while keeping them safe was minimised. People were encouraged to do tasks such as make their own drinks and be involved in domestic tasks around the home. The risk of harm had been assessed for these tasks and action to reduce the risk had been implemented, such as the use of a small size kettle to minimise the risk of scalding when people helped make their own hot drinks.
- People were supported to take part in activities they enjoyed because the risks to their health and safety had been assessed. People were able to take part in activities such as horse riding, swimming and bowling because the risk of harm had been addressed and staff followed guidance to support them in a safe way.
- There was a fire risk assessment in place for the home and each person had a personalised risk assessment to identify the support they would need in the event of a fire. Fire safety drills were regularly completed to practice what to do in the event of a fire. The home had a business continuity plan to ensure that people would continue to receive their care in the event of an emergency.

## Staffing and recruitment

At our last inspection the provider had failed to have sufficient numbers of staff deployed at all times, which was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18. Time was now needed for the provider to demonstrate the improvements were embedded into every day practice and could be maintained.

- Since our last inspection new staff had been recruited and staffing levels were now sufficient to meet people's needs and keep them safe. Staffing levels were reviewed by the manager to ensure that people had the support they needed at the time it was needed. During the inspection people who had one to one staff support were seen to have a designated staff member who was always present to support them when needed.
- People were safe because they were supported by staff who had been recruited safely. Checks on new staff included obtaining work references, proof of identity, employment history (including the reasons for any gaps), and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.
- The possible impact of Britain leaving the European Union (Brexit) on staffing levels had been assessed by the provider. Checks on staff's eligibility to remain and work in the UK had been reviewed to ensure people's care and support would not be impacted.

## Using medicines safely

- People's medicines were well managed so that they had them as prescribed, and when they needed them. The staff followed safe protocols for the receipt, storage and administration of medicines. Medicines systems were organised, checked and audited to ensure staff followed safe practice.
- Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief. There

were detailed guidelines that described when to give these medicines and how people liked to take them.

- Staff who administered medicines received relevant training and their practice was assessed before they were signed off as competent. Staff understood what the medicines they gave were for, and where to get information on side effects. The medicines administration records we checked were up-to-date and accurate, and recorded that people had been given their medicines in accordance with the prescription.

#### Preventing and controlling infection

- People lived in a home that was kept clean to minimise the risk of spreading infection. There was a cleaning rota in place which staff were seen to follow and areas, such as laundry, kitchen and toilets were routinely checked and cleaned. Standards of cleanliness were regularly checked to ensure the risk of infection was safely managed.

- Staff attended infection control training during their induction and received regular refresher training. They had access to personal protective equipment, such as gloves and aprons, and we observed that staff used these appropriately. Staff were also seen to follow good hygiene practices by regularly washing their hands.

#### Learning lessons when things go wrong

- People were safe because staff knew how to report and respond to incidents and accidents. There were systems to ensure that records were kept of accidents and incidents along with the actions to be taken to reduce the likelihood of the event reoccurring.

- The manager monitored and analysed all events so that action could be taken to reduce the chance of the same things from happening again. For example, there had been an incident where one person went into another's bedroom. Action had been taken to minimise a repeat, this included talking to both people involved to help them understand the issues.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to address maintenance issues around the premises in a timely way, and equipment such as furniture were not always suitable for the people who used them. This was a breach in regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 15.

- Since our last inspection the issues with maintenance and furnishings within the home had been addressed and systems were in place to ensure these were kept in good order. New furniture had been bought that better suited the needs of the people who used it. One relative said, "Overall I think the house is lovely and they keep it clean and tidy."
- The home that people lived in met their needs. Each bedroom was decorated differently to suit people's preferences. Communal areas contained photographs and pictures of people to give a family feel to the home.

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

- No one new had moved into the home since our last inspection. Systems were in place to ensure that before people moved to the service their physical, social, emotional, cultural and religious needs were assessed. This was so the provider could be confident these needs could be met by the staff team. People were able to visit the service for a day to test out whether the service met their expectations and needs.
- The needs assessment process also checked if any special action was required by the service to meet legal requirements. For example, use of specialist medicines, use of equipment that lifts people, or meeting the requirements of the Equalities Act.

Staff support: induction, training, skills and experience

- Staff received training to ensure they could meet people's needs. New staff completed an induction which included shadowing staff and completing training the provider had identified as relevant to their roles. In response to the previous inspection staff had undergone refresher training in areas such as medicines management, safeguarding adults and epilepsy. Staff said this was effective in making sure they had the necessary skills and knowledge to support people.

- Staff told us that they felt supported by the new management. They were given opportunities to review their work and learning needs through supervision sessions, team meetings and appraisals. Supervision and appraisals are processes which offer support, assurances and learning, to help staff development.

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

- People were seen to enjoy their meals and gave us a thumbs up sign when we asked about the quality and quantity of food. During the inspection people were regularly offered drinks and snacks, and these were also made whenever people requested them. People had access to the kitchen throughout the day, so they could make meals, snacks and drinks whenever they wanted.
- Staff knew people's likes, dislikes and any dietary needs so they could support people appropriately. A record was made of what people ate to monitor if people were receiving a balanced diet. People's weights were recorded, and these showed that weights had been maintained. One person was being supported to lose weight, and this was being achieved through a combination of diet and exercise. A relative said, "They always used to use junk food as a goal to get her to do things, when she used to have such a healthy diet when she lived at home. Now they have cut down on this and she is losing weight, which I am really grateful for."
- Staff encouraged people to be involved in meal preparation. People could choose to sit at the dining table, lounge or go to their rooms to eat.

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

- People had access to doctors and other health care professionals when they needed them. Health action plans recorded that people had regular appointments with the doctor, dentists, optician and chiropodist.
- People had a hospital passport that would be used if they needed to go into hospital. This included important information hospital staff would need to be aware of to provide care in a person-centred way that suited the individual.
- Staff worked well together as a team to provide effective support to people. Information about people's needs was shared between teams at handover meetings to ensure any changes were flagged up. During the inspection staff made sure they knew where each other were, and who was responsible for supporting each person so that people's needs were met.

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. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the main principles of the MCA because they had received training. One staff member said, "It's about if the person has an awareness of the outcome of a decision, such as if I spend a pound on something I should get this amount of money back, or if they are able to understand about road safety when

we go out. We might have to make decisions for them when they can't, to protect them from harm." Staff described how they had respected people's decisions, whilst supporting them to understand the impact of their actions on themselves and others.

- Where people's freedom was restricted to keep them safe and they lacked the capacity to make decisions about their care, the provider had involved professionals and representatives legally authorised to act on people's behalf. This was to ensure decisions were made in their best interests. Applications for DoLS authorisations had been submitted to the local authority where necessary.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to provide key information to people in an accessible format and staff had not always treated people with dignity and respect. 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 provider was no longer in breach of Regulation 9.

- Staff were seen to respect people and ensure their privacy and dignity were maintained. During the inspection people were appropriately dressed for the activities they took part in, and staff were quick to address any issues with clothing, such as if it became loose, to maintain people's dignity. When asking people if they would like to use the toilet, for example before going out, staff did this quietly and discreetly.
- Relatives commented on the improvements they had noticed. One said, "I used to feel they didn't always dress [person's name] appropriately and I was always picking them up on this. Now [name] is dressed properly, and they all have their hair regularly done, so they look nice."
- Staff understood their roles in protecting people's privacy. One staff member said, "We don't talk about people in front of others or leave information about them lying around." People's confidential information was securely stored in the office, and documents such as care plans and medicine records were put away when not in use.
- People were supported to maintain and develop their independence. People were encouraged to take part in activities around their home. For example, by helping to vacuum and dust the home, or be involved in drink and meal preparation. After breakfast people were seen to take their own plates and cups into the kitchen and help load the dishwasher. Staff thanked people each time they helped them with a task around the home.

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

- People were encouraged to make decisions in how their care should be provided. Staff worked with people and their families to ensure the care given met their preferences. This was recorded in their care plans. During the inspection staff were heard to offer choice and check that people were happy with the care and support that was given.
- People who could not communicate verbally were supported to express their views. Two people's main method of communication was using sign and body language. Staff were seen to interpret what a person

was expressing, for example by using sign language in response to something a person signed to them. In addition, visual aids such as communication cards which used pictures and simple text were used to help identify people's choices.

- People had support from their families or advocates if they needed help with making decisions.

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

- People were supported by staff who knew them well, were kind, caring and developed positive relationships with them. One person said, "I like the staff, they are friendly to me." Staff were able to tell us about people's personal histories and interests. They knew what people liked doing and how they liked to be supported.
- Staff were positive about their roles and providing good care. A staff member said, "I love the socialisation with the clients and taking them out to various places of activity." Another staff member said, "We get the chance to know the service users better and work with them, we have the time to spend with them."
- Staff interacted with people in a caring manner, putting them first. One person came into the lounge with a staff member and sat on the sofa. The staff member began to get up to go and do some paperwork, however the person held onto their arm, indicating they wanted the staff to stay with them. The staff then sat with the person, as it was clear this was what she wanted the carer to do.
- Staff respected people as individuals and were trained in equality and diversity. Where people wanted to practice their religion, staff provided support for people to access local faith centres.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had failed to provide care and support that met people's preferences and needs was a breach in 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 provider was no longer in breach of regulation 9.

- People's care plans had all been reviewed and improved since our last inspection. Care plans now contain detailed information about the person as an individual and emphasised what they could do for themselves. For example, "[person's name] has definite ideas on the clothes that they like." Positive comments about people and their personalities had also been recorded such as, "[person's name] has a good sense of humour and is good at mimicking accents and will make everyone laugh."
- Care plans now reflected the people they were about. People's communication ability recorded within the care plans matched with what we saw at the inspection. For example, one record stated, "[Person's name] is also able to understand Makaton and finger spelling" and we saw this take place during the inspection. We observed staff supporting people in a person-centred way and they adapted their approach from person to person.
- People were supported in a way that met their wishes and preferences. People were dressed in clothing of their choice, and had their hair styled in the way they wanted. Staff were knowledgeable about people's personal routines, interests and personal histories.
- The activities provision for people had improved. People had much greater access to the local community and activities they enjoyed, such as swimming, bowling, and going to the cinema. This had been brought about by the increase in staffing, along with a better understanding of people's behaviour and the support they needed. One relative said, "I used to think that [person's name] was just stuck indoors, which led to her being bored and then this led to behaviours. Her activities rota is much better now, she lives for swimming, and this is something she does regularly now. They always used to make excuses for why they couldn't go swimming with her before, but not now."
- People were supported to maintain their relationships with families and friends and could have visitors when they chose. One person told us, "They help me get ready, so I can go and see my [family member]."



### 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.

- Staff knew people well and how they communicated their needs. Each person's care plan contained detailed guidance for staff on how the person processes information and the best way to communicate with them. One example described the way staff should construct sentences when talking to a person to help them understand, which was observed during the inspection. Each person now had a keyworker, which had enabled this level of detail in understanding and responding to people's communication needs.
- People's non-verbal methods of communication were understood by staff, and visual aids were present in communal areas to help with this. Communication methods were contained within people's care plans, as well as what body language that people may use, and what it meant.

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

- The complaints procedure was displayed in the entrance hallway of the home. The procedure was also available in an easy read pictorial format. There had been no complaints recorded since our last inspection.
- Where people were unable to verbally communicate concerns, staff understood how they expressed their emotions of sadness, anger and anxiety. Where incidents had occurred, it had been recorded to identify if it was in response to one of these emotions, and if care or support needed to be reviewed.

### End of life care and support

- The people living at Redstone House were not able to express their wishes in relation to end of life care. People's families had been contacted to discuss end of life wishes, and staff were dealing sensitively with the subject to try to ensure that people's choices were recorded. No one was receiving end of life care at the time of our inspection.

## 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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to adequately assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17. Time was now needed for the provider to demonstrate the improvements were embedded into every day practice and could be maintained.

- Relatives told us they had noticed a change for the better at the home. One relative said, "The managers and staff before, they were lovely people and I truly felt they cared for [person's name] but they just didn't do their job properly. Now the staff are all picking up on the things I had concerns with and [person's name] is really happy there."
- The provider had put into place managers and staff who had made significant improvements to the service and the care that people received, while keeping staff positive and feeling involved. One manager said, "We have looked at this as if it were a 'new' service, not a failing one. We have had meetings with the staff to discuss this attitude, and the new paperwork we have put into place." A staff member said, "It's now about us giving people a better quality of life. Yes, it could be better, but we are getting there and there is always room for improvement."
- Staff had a clear understanding of the goals of the service, and their part in ensuring these were met. One staff member said, "It's for people to live their life as much as they can and not be restricted and told what to do. We are here for them and we are embracing what they want to do." Our observations of care and support, along with the records of activities that people took part in demonstrated that people received an individualised service that met their needs.
- Systems were now in place that identified and addressed quality shortfalls. The managers, who were in place to bring about improvement at the home, closely monitored the quality and safety of the service. They completed regular, thorough audits and resolved problems in a timely manner. A representative from the provider monitored quality assurance systems to review action taken and to ensure improvements were

made in line with the providers quality improvement plan.

- The managers at the home now understood the regulatory requirements and reported information appropriately. Accidents and incidents were analysed within the service to look for patterns and trends to aid learning and help reduce the risk of them happening again.
- To address concerns from our last inspection the provider had ensured that staff had clearly defined roles and were aware of the importance of their role within the team. For example, one staff member took the lead on maintenance, while another led on care plans and risk assessments. This resulted in staff taking ownership of key aspects of the service, expanding their skills and knowledge and this led to improvements across the home.

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 and manager were aware of the statutory Duty of Candour which aims to ensure providers are open, honest and transparent with people and others in relation to care and support.
- Throughout the process of improving the home the provider had kept people, their families, the local authority and CQC updated on how they were addressing the concerns we had raised. The provider and managers had taken ownership of the problem and sought to make improvements to the lives of the people they cared for.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- To ensure that people were involved in what was happening to them, the staff held regular house meetings. These talked about the activities that people had done, and what they wanted to do, as well as offer the chance to talk about things that may affect people. For example, the last meeting had talked about one of the people who had left the home, and what people's feelings and responses were. In another meeting a discussion had been held about people being more involved in cleaning their rooms. The agenda for each meeting was produced in easy read / picture format to help people understand the main subjects that would be discussed.
- Staff meetings were held regularly, and minutes demonstrated staff had opportunities to share any concerns, to talk about people's changing needs and to be updated on any changes in care practices. Minutes of the meetings were kept which meant any staff not in attendance had a record of discussions and agreed actions. Staff told us they felt their views and suggestions were listened to.
- Outcomes from these meetings made a positive change to the people who lived at the home. One of the topics discussed at staff meetings was giving positive encouragement to people when they took part in tasks. This linked to a topic covered in a house meeting about people being more involved in tasks to promote their independence. During the inspection we saw many instances where people carried out tasks (however small) around the home and staff thanked them, or encouraged them, resulting in the person smiling, and wanting to do more to help.
- Feedback had also been sought using questionnaires. These were in a format suited to the people they were sent to. Relatives' feedback had been positive, for example one relative, when asked about the overall impression of the home wrote, "Very Good." Staff questionnaires had also been completed earlier in the year, with staff flagging up lack of supervision being an issue. As a result, these now took place, and staff felt more supported.

Working in partnership with others

- Since our last inspection the provider had worked with the commissioners of the service and the CQC to address concerns that had been made. The managers and staff worked closely with professionals and local groups to build effective working relationships for people that lived at the home. As a result, people had

greater access to their local community and had a more fulfilled life.

- The managers and staff worked closely with healthcare professionals, including GPs, dentists, physiotherapist, opticians and chiropodists. They also worked closely with social services with regards to one person who had moved to another service that better suited their needs, to ensure as smooth a transition as possible.