

Nexus Programme Limited

The Hall

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service:

The Hall is a residential care home providing accommodation and personal care for up to 10 people who may have a learning disability or autistic spectrum disorder. At the time of the inspection there were no vacancies.

The service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. This ensured that people could live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question(s) of Safe, Effective and Well led to at least good. At this inspection we found that staff recruitment checks had been strengthened, New staff now received a good level of induction. A staff appraisal system had been developed. Surveys were sent out to stakeholders to obtain feedback about the service, and this information was used for service development. The provider had implemented a more robust system of quality audits, this gave them greater oversight and assurance of about what was happening in the service.

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

People's experience of using the service:

At this inspection we identified that whilst staff had the right knowledge and skills to provide people with safe care and support, the training matrix recording staff training had not been kept updated to provide a live and accurate picture of completed staff training, this was an area for improvement.

People told us they liked living at the service and happy with the support they received. There was a friendly atmosphere and people were relaxed in the company of staff and actively sought them out. Staff were respectful and kind in their interactions with people.

Staff understood their responsibilities to safeguard and protect people from abuse. Risks to people were assessed and steps taken to reduce the likelihood of harm occurring. Accidents and incidents were appropriately responded to and reported on by staff and learning from these informed updates to care and support information to minimise recurrence.

People lived in a safe well-maintained environment, daily and weekly health and safety checks were conducted by staff and servicing of equipment helped maintain a safe environment for people.

People were consulted about their care and support needs and were enabled to develop preferred activities

and interests

There were enough staff to meet people's needs. A safe system of recruitment was in place for new staff.

Peoples medicines were managed safely and they received appropriate healthcare support when needed.

Peoples consent had been obtained and they and their relatives were consulted and informed about the care provided. Relatives said they felt able to approach the registered provider and manager with any concerns and people were empowered to use the complaints process and felt listened to.

Rating at last inspection:

Requires Improvement (the inspection report was published on 3 May 2018) At this inspection in May 2019 the overall rating of the service has improved to 'good in four domains.

Why we inspected:

This was a planned inspection based on the rating we gave the service at the last inspection in February 2018.

Follow up:

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

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 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 Well Led

Details are in our Well led findings below.

Good ●

The Hall

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was completed by one inspector.

Service and service type:

The Hall is a care home that provides accommodation and personal care to ten people with learning disabilities aged from 16 years.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Providers are required to send us key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

We also reviewed other information we held about the service. This included notifications of incidents the registered persons had sent us since the last inspection. These are events that have happened in the service that the registered persons are required to tell us about. Safeguarding events and any complaints or whistleblowing's we had received.

During the inspection we met eight of the people living in the service. Not everyone was able to tell us in detail about their experiences and others did not wish to engage. We spent time observing, sitting and

talking with some of the people who did, and this gave us insight into their experiences of living in the service. We also spoke with eight staff including a director of the company, the deputy manager, human resources manager, three support staff, housekeeper and maintenance person

We reviewed two peoples records that described how their care had been provided and operational records that told us how the service was run. This included three staff recruitment, training and supervision records. We looked at the management of medication and complaints, and the health and safety checks that were made to keep people safe. We also looked at the systems and processes used by the registered persons to monitor service quality.

After the inspection we invited feedback from three care managers responsible for managing the care packages of four people placed at The Hall. We also sought feedback from three relatives. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes. This information helps support our inspections.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff had received training and guidance to recognise and report abuse and this was kept updated. Staff had access to updated policies and procedures to inform and guide their responses.
- Staff understood the risks to people and the actions they as staff needed to take if they had concerns that a person may be at risk of harm. People were therefore protected from situations in which they may experience abuse from others.
- Staff understood that to protect people they could raise concerns with other external agencies, for example the local authority safeguarding team, if needed.

Assessing risk, safety monitoring and management

- People were protected because risks to their safety from their environment or because of their individual needs, were assessed. Measures to manage these risks with the least restrictions were in place to support people and others to stay safe. For example, safety when in the kitchen.
- Guidance was provided to staff in respect of the actions they should take regarding matters of health and, for example when out in the community or transporting people in the service vehicle.
- Staff were trained to use appropriate and least restrictive interventions to keep people and others safe, and their use of interventions were monitored and analysed for their effectiveness.
- Hazards within the environment were identified and addressed to help people avoid preventable accidents. For example, hot water outlets in bathing facilities and sinks were temperature controlled to avoid risks of scalds and burns.
- The premises were well maintained and a maintenance team undertook routine repairs.
- Equipment to protect people's safety was routinely checked and tested with annual servicing to ensure they were in safe working order.
- Personal emergency evacuation plans were in place. These were developed to reflect people's individual needs and informed staff what help people needed to evacuate them safely away from a fire or other urgent risks.

Staffing and recruitment

- There were enough staff on duty.
- Staff said they were satisfied that staffing levels were enough and sufficiently flexible to meet peoples sometimes unpredictable needs.
- The needs of people in the service had been taken account of when calculating how many staff were needed. This was flexible and had increased to reflect an escalation in support needs for one person who now required 2:1 staffing.
- Staffing was staggered during the day, being higher at times of greater activity, with eight staff on duty

reducing to three in the early evening when people were at home. There were enough staff at night to support people's night time activity levels with both wake night and sleep in staff available.

- Previously we had identified that the Disclosure and Barring criminal record checks that were required of staff had not included their ability to work with children or specifically young adults under 18 which the service sometimes provided support to. Since then all staff DBS had been upgraded to reflect this more enhanced level of check.
- Marked improvement had been made to staff recruitment files with information easy to access. Records viewed showed that all required suitability checks had been undertaken and evidenced that a safe system of recruitment was now in place.

Using medicines safely

- There were suitable systems in place for the ordering, storage, administration and disposal of medicines.
- Temperatures were recorded to monitor that medicines were stored within appropriate temperature ranges. Staff received annual refresher training for medicines management and their competency was reassessed annually or when errors were made.
- Guidance was in place to inform staff how people needed and preferred to take their medicines. Previously we had identified that individual guidance was not in place for medicines that were taken 'as and when' required for everyone in the service who received them. Staff had acted to ensure that all 'as and when' required 'medicines now had individualised guidance in place relevant to each person.
- We observed that people were supported to take their medicines appropriately.
- Records of medicines administered were completed well with appropriate use of codes for when medicines were not taken.
- The medicine management system and the records kept were regularly audited by the registered manager to provide assurance these were being managed safely.

Preventing and controlling infection

- The housekeeper and care staff had received training to understand the control and spread of infection and the preventative measures that needed to be taken.
- The premises were maintained to a good standard of cleanliness.
- The housekeeper confirmed they were responsible for ensuring all communal bathing, kitchen and leisure areas were kept clean and a cleaning schedule was in place for this.
- Care staff confirmed they had access to personal protective clothing to support some people with their personal care needs.
- People were supported to bring their own washing to the laundry. Dissolvable alginate bags were used to transport soiled bedding and clothing to the laundry where this was washed in one designated machine on a sluice cycle, minimising cross infection.
- The laundry contained enough washing machines and tumble dryers to meet the needs of people in the service.
- An infection control audit was regularly completed to monitor that standards were being maintained and staff were adhering to good infection control practice.

Learning lessons when things go wrong

- Procedures around risk and safety were reviewed and updated in response to incidents or accidents where there was learning from these. This was effective in minimising further harm. For example, staff awareness of possible triggers to behaviour and redirecting people away from potential flashpoints.
- Staff responded appropriately to accidents and incidents. The provider and registered manager had oversight of these and discussed with staff any learning from such incidents to adapt support and guidance, minimise recurrence and improve people's safety and wellbeing. For example, ensuring some people did

not travel in cars without additional staff support or reviewing where people went in the community.

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.

RI:□ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- At the last inspection we had identified that induction for new staff was unsatisfactory and the system of staff appraisal was inconsistent. We issued a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the registered persons to act to address these shortfalls.
- At this inspection staff told us and records showed that new staff now experienced a 12-week period of induction, during this they completed several shadow shifts to observe and learn from more experienced staff. They also completed a programme of basic training that included safeguarding, fire, first aid, infection control, positive behaviour support of people who could present behaviour that could be challenging. Staff also completed induction workbooks as part of the skills for care certificate during which their competency was assessed. The previous breach had been met.
- A system of staff annual appraisal had been developed. Staff in post for more than one year qualified for an appraisal, Staff that had received one told us that they found this helpful. Records showed appraisals completed and planned for. The previous breach had been met.
- All staff completed a programme of refresher training that covered basic training knowledge and awareness in addition to a comprehensive range of training on specialist subjects such as epilepsy, Asperger's and Autism awareness, mental health awareness. The training matrix however had not been kept updated to reflect all the training provided, several training certificates had not been added and there was not a clear picture of where gaps in training existed to enable the registered manager to focus their efforts on those staff who may need prompting. This is an area for improvement.
- Staff were trained to care for people in the right way. An example of this was a staff member who had been trained by specialist health staff to support someone with a health need, when the person went into hospital the staff member had needed to show nursing staff on the ward how to conduct this procedure to ensure the person received the right care whilst in hospital.
- Staff were encouraged and supported to complete more advanced vocational care qualifications and more than 50% of the staff team had formal care qualifications.
- Staff said they felt supported and able to express their views when they met regularly with the registered manager or deputy manager to discuss their performance, and assess their training and development needs.

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

- People's needs were routinely reassessed and reviewed by the registered manager and staff to ensure that the identified needs and risks continued to be met safely and appropriately. For example, an escalation in behaviour for one person had meant their care plan and some risk assessments were being reviewed more often in response

- People referred to the service had their needs assessed by the registered manager or deputy manager. Additional information was gathered from relevant professionals, face to face meetings took place with the person referred and opportunities provided for trial visits and stays. This informed the assessment process and the overall decision as to whether the person's needs could be met by the service.
- The assessment process took into consideration people's protected characteristics and helped manage expectations about how these should be supported, for example cultural identity and religious observance and how the person and their relatives thought these should be supported.
- After admission staff undertook a 12-week assessment of people's skills and strengths this helped inform their ongoing plan of support and areas that they might want to develop and work on with staff.

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

- No one in the service was at risk of not eating or drinking enough.
- A choice of cold drinks was available and people had free access to the kitchen and were supervised when they wished to have drinks or snacks.
- Staff provided people with a wide range of food choices including international dishes that people enjoyed, such as curries, Chinese and pasta dishes.
- People were consulted about the meals offered and could have alternatives. Staff were mindful of encouraging people to eat healthily and follow specified diets where needed. People's weights were monitored.
- Staff were relaxed about where people felt most comfortable eating their meals, people sometimes chose to use the dining room but at other times chose their bedrooms.
- A picture menu for the main meals of the week was displayed in the dining area. People chose what they wanted for breakfast from a selection of breakfast foods and similarly for lunch when they had an at home day, they were supported to make their own breakfast and lunch where possible.

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

- Staff supported people to access routine and specialist healthcare.
- Not everyone was able to inform staff when they were in pain or unwell, staff understood people's individual behaviours and moods that might indicate they were feeling unwell., Staff monitored people and contacted the GP for advice and guidance if required. Referrals to specialist healthcare professionals were made via the GP as and when needed. For example, one person received visits from a specialist epilepsy nurse who provided advice and guidance to staff to maintain the person's continued wellbeing.
- Plans of care for specialist conditions such as Epilepsy, and Diabetes were in place to give staff detailed understanding of how the condition impacted on the person and the steps staff needed to take to ensure the person was kept safe.
- Staff were aware that some behaviours can be triggered by pain and had participated in some joint working with the GP to pilot a two-week period of pain relief for someone with behaviour that could be challenging. During this period of pain relief being given, staff saw a marked reduction in the frequency and type of behaviour the person displayed. The findings from the pilot were to be discussed with the person's GP as to whether managed pain relief would improve their quality of life and to look for possible causes of the pain.

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

- The accommodation was adapted to meet the current needs of people using the service, there was enough communal space and communal facilities such as bathrooms and showers. Communal areas were furnished and decorated to a normal domestic standard to provide a homely environment.
- Each person had their own bedroom

- The ground floor was accessible, but communal bathing facilities were not adapted to meet the needs of full time wheelchair users and this was taken into consideration when assessing new people for the service.
- Security measures included CCTV that monitored communal areas to alert staff to behaviours that could cause harm to a person or others and staff.
- Regulations require that window restrictors be in place to prevent falls from windows, these were checked regularly to ensure they remained intact
- Key pads on external doors prevented those people who needed to be supervised when out from leaving and placing themselves and others at risk in the community. Authorisations for this were in place.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We saw that there were DoLS in place and the registered manager was following the conditions of each DoLS authorisation.
- We saw and heard staff seeking peoples consent for their everyday care and support needs. Mental capacity assessments were conducted for specific decisions and people's representatives were involved. These meetings enabled people, their representatives and health professionals to make decisions in the persons best interests. For example, supporting a person's decision not to follow cultural 'norms' required of their religion and whether this was in their best interest.

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

Good: □ 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

- At inspection staff showed themselves to be kind and alert to people's needs. Staff engagement with people was respectful and there was a caring and friendly atmosphere in the service. Interactions viewed were warm, compassionate with an element of joking and banter between people and staff.
- People moved freely about the communal areas inside and in the secure garden area, staff consulted them about all aspects of their daily care and support needs and sought their involvement and consent.
- Staff on duty demonstrated that they had a sound knowledge and understanding of each person's needs, they could tell us about individuals and their life histories and who the important people were in each person's life.
- People showed that they were relaxed and comfortable in the presence of staff, and sought to engage with them.
- Conversations and interactions between staff and people were carried out in accordance with people's communication needs and their individual levels of participation and attention.

Respecting and promoting people's privacy, dignity and independence

- People showed us that they had keys to their bedrooms, they respected each other's privacy.
- Staff knocked on doors to announce their presence, and respected people's need to have private time in their rooms.
- Staff provided discreet support to those people who needed help with their personal care, to protect their privacy and dignity, and detailed information about people's preferred personal care routines guided staff in their support.
- The provider and registered manager consulted other agencies to identify measures that would enable people to be more independent and have more control within their personal care routines when supported by staff. For example, to help one person with undertaking their personal care needs staff had consulted with a local specialist organisation who had been able to advise on using colour to make clearer where the toilet and sink were in the bathroom, for example the toilet seat was now blue and a coloured strip had been placed above the sink to make the person more aware.
- Staff demonstrated a respect for people's private and confidential information, they had received data protection training updates and ensured records were kept locked away when not in use. Staff did not discuss people in front of other people in the service and were mindful of checking our ID at the beginning of the inspection before disclosing any information about people's needs.
- Staff were aware of supporting equality and diversity needs, care plans identified people's cultural, spiritual and sexuality needs and how people wanted to be supported. Where identified needs conflicted with what people themselves wanted and was different to their cultural norms, discussions were undertaken

with relevant professionals in the persons best interest.

- People were encouraged to be independent and were supported to participate in household tasks such as keeping their room clean and tidy or bringing their laundry down. Some people were supported into voluntary and paid work and into educational courses. People were supported to develop their independence skills so that they could, if assessed as able, move to less supported accommodation. This was undertaken at a pace to suit them. One person told us that this was something they knew they had to work towards, but had anxieties around this that staff supported them with.

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

- Service staff were aware of the need for people who did not have family support networks to sometimes access independent advocates. Two people had advocates allocated to them to ensure their views and wishes were heard. An advocate is someone that has been trained to help people make choices and take more control of their own life.
- People had opportunities to spend 1:1 time with a staff member each month to discuss their care and support and things that affected them in the service. A residents meeting was held weekly where as a group people could discuss holidays and places of interest they might want to visit, menus for the week and their activity planners. People could also use these forums to discuss any concerns they might have.
- When not involved in planned activities people were able to choose how and where they spent their day. They were consulted about if they wanted to do additional things in their free time, such as go to the pub.

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People continued to have detailed person-centred support plans these were descriptive of people's identified needs and strengths and guided and informed staff on how people preferred their support to be delivered. At inspection staff were observed to be supporting people in accordance with their care plan.
- Staff used their knowledge about people's likes and dislikes to give people choices about where to go and what to do,
- Staff told us that people's care plans were sufficiently detailed to inform them about people's individual care and support needs.
- People's plans were regularly reviewed and discussed with them, the overall goal was to enable and empower people to become more independent and develop life skills. An assessment tool used by the service looks at where people are now and what they need to do to enable more self-care and support, people work with staff to jointly agree areas they need to work on to attain more independence. This joint working empowers people to have more control over the care and support they receive. There are no set goals, but people's activity planners incorporated opportunities to develop skills and this was undertaken at a pace to suit each person. The progress people made was recorded and staff planned to help people to expand their range of skills further.
- A relative said that there had been some teething problems since their relative had moved in but they had felt able to discuss these issues with the management team and problems were getting less and less. They said they were 90% happy with the care their relative received, and their relative had told them they were happy living in the service. They went on to comment that some staff were 'amazingly good and went above and beyond what was expected of them' in the support they gave to their relative.
- Another relative said that they were more than happy with the care given to their relative saying of staff "They do a great job."
- A staff member told us how one person had asked whether they could help them write a CV for a job they were interested in which they had done.
- The person told us they had applied for the job, had an interview and had got the job. They were excited and we overheard them discussing with staff how they would make the journey to work and back.
- People were supported to access educational courses or continue with college when they moved in.
- Several people had unrestricted access to the community, used public transport and visited friends and relatives, they were observed coming and going from the service.
- People took part in a variety of activities within the community that they showed an interest in. This included going to local bowling, horse riding, swimming, the cinema and walks in the countryside.
- There was an emphasis on supporting people to lead their lives in the way they wanted to within clear boundaries.
- At the inspection we observed people deciding what they wanted to do, where they wanted to go and

what support they needed from staff. Staff respected people's choices and offered them the support they needed to follow their chosen activity for the day.

- Communication passports had been developed for those people who used a variety of methods to make their needs known from vocalisations, sign language, personalised sign language, and body language,
- Information was provided to people in formats they were familiar with and could understand whether verbal, pictorial, using now and next boards and people's life histories to explain things. Some easy read versions of information were available and the deputy manager acknowledged these could be improved on and acted immediately to start making changes to them.

Improving care quality in response to complaints or concerns

- There had been no formal complaints since our last inspection. There was however an informal 'Grumbles' book that people in the service were encouraged to use. Five people had raised concerns to the registered manager, four of which related to the same matter. The deputy manager explained that people's concerns however minor were taken seriously and those complaining had been informed of what actions the provider and registered manager were taking to try and resolve an issue that was impacting on their quality of life.
- Another person told us they had used the 'grumbles' book to raise an issue that was annoying them. Action had been taken to prevent a similar concern arising and the person said they were satisfied with the way this had been dealt with.
- Relatives told us that they felt confident in raising concerns if they had them with the management team. One said they had done so informally and was satisfied their concerns had been addressed.
- A complaints policy was visibly displayed and an easier read version for people living in the service.
- People had limited and varied reading skills, capacity and attention spans, therefore staff found the best way to make people aware of complaints was to talk about this with them.
- People were asked at their meetings with their allocated worker if they had any concerns, they also had an opportunity to raise concerns within the weekly house meeting.
- The open-door policy of the registered manager and deputy meant people and staff also felt confident of approaching them directly and reporting a concern they might have.

End of life care and support

- At the time of inspection no one living at the service was receiving or required end of life care and the service was not equipped and staff not trained to provide this level of support.
- The service was aimed at a younger group of people who were supported to maximise their potential and learn independence skills. This would enable some of them to move to less supported accommodation in the community at some future date.
- Staff were mindful that this was a sensitive subject to discuss with people and their relatives and would continue to consider how best to introduce this subject without causing anxiety or distress. They recognised that it was important to understand what people's wishes or those of their relatives might be in the event of an unexpected illness or death. The deputy manager agreed to look at how this could be taken forward.

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the previous inspection we had issued a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not ensured that the system for quality assurance and monitoring was sufficiently embedded or effective.
- At this inspection we found that the provider and management team had strengthened the range of quality audits completed by staff on a weekly and monthly basis. The provider was in receipt of weekly and monthly reports from the registered manager covering all aspects of the service, this gave them improved oversight. This enabled the provider to actively highlight actions they wanted to see taken and monitor timescales for their completion. This gave them assurance that shortfalls were being addressed. Staff thought this was working well. This part of the breach had been met.
- A staff member told us that they thought there had been a definite improvement in the service, since the last inspection, they personally felt better supported. Staff confirmed that staff meetings were held on a regular basis and staff felt able to bring their own items for the agenda and discussion.
- Staff found the registered manager, provider and other senior staff approachable. Relatives felt able to express any issues they had to the provider and registered manager and said the issues they raised were acted upon.
- Staff thought that communication between the registered manager and staff was good, daily handovers helped ensure that important information about changes in people's needs was alerted to staff coming onto shift.
- There was a clear management structure, staff understood the lines of accountability and who was the responsible person on shift in the absence of the registered manager or other senior staff.
- Staff members were held accountable for their performance and appropriate action was taken when this fell below what was expected.
- Emerging risks were identified and escalated with appropriate measures implemented to reduce the risk of harm to individuals, staff and other people.
- The provider and registered manager understood their responsibility to notify the Care Quality Commission of notifiable events and had done so.
- The provider and registered manager understood their responsibility to openly display their last Care Quality Commission inspection report rating for people and visitors to see, this was visibly displayed in the entrance hall of the service and on the service website.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff understood the values of the service and said they learned about these at their induction, new staff were provided with an induction pack that explained the vision and values of the service.
- At inspection staff demonstrated a commitment to delivering person centred care to people and what this meant for individual people. They were enabling and encouraging of people to learn new skills become more independent and take more control of their daily life and routines.
- Staff participated in daily and weekly health and safety, cleaning and medicine audits.

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

- At the last inspection a system for seeking feedback from people, relatives, staff and other stakeholders about the service to help drive improvement was not established. We had issued a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which incorporated this shortfall. We asked the provider to tell us how they would address this, which they did.
- At this inspection we saw that surveys were being sent out to stakeholders and the provider and registered manager jointly undertook analysis of feedback to identify any common themes or suggestions for improvement. This part of the breach has therefore been met. Senior staff were aware of the need to develop a system to publish the outcomes of survey feedback. This was so that people contributing their views understood how these had been used to influence service development.
- Staff meetings were held on a regular basis and staff felt they could raise issues at any time, staff told us that there was an open door for staff to approach senior staff if they had concerns

Continuous learning and improving care

- Staff were provided with policies and procedures to guide and inform their knowledge and practice. Staff were informed of when updates occurred and tasked with reading about the changes for any impact on their day to day support of people.
- The registered manager and staff were proactive in seeking out relevant advice and guidance to support peoples individual and specific care needs, and acted upon this to inform and improve their practice.
- A recent planned development was the introduction of new technology for the care planning system. This would enable people to be allocated a tablet device which staff working with each person could input live data. The devices were interactive and with training and support people in the service would be able to participate in updates to their care plan and also request specific support. At present the system was being piloted at another service belonging to the provider. An evaluation of the effectiveness of the new system would be undertaken before being rolled out across all the provider services including The Hall. All staff were to be trained to use the system before its implementation.

Working in partnership with others

- Senior members of the management team told us that they had developed good relationships with local health and social care professionals for the benefit of people in the service. This provided joined up health and social care to help ensure people received timely and appropriate responses to requests for support with their health and social care needs.