

HF Trust Limited

HF Trust - Wiltshire DCA

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

HF Trust – Wiltshire DCA is a domiciliary care agency providing personal care to eight people who have a learning disability. People lived in a 'supported living' setting. Supported living services enable people to live in their own home and live their lives as independently as possible. Not everyone using 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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can 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. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People had their medicines as prescribed however, some medicines records required updating and more detail was required in others to make them robust. Quality monitoring had been carried out, however it had not identified all the concerns we have found at this inspection. Risks had been assessed and recorded and reviewed regularly. We found two risk assessments that required updating.

People felt safe receiving care and support from suitable staff who had been recruited following the required pre-employment checks. More staff had been recruited since our last inspection, but there was still a reliance on agency staff. Where agency staff were used the service tried to use the same agency staff to provide consistent support.

People were able to access healthcare services and supported to do so by the staff team. Health action plans were in place and a health check was carried out annually. Staff used handovers to communicate with each other and share information. 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. Staff were supported and had been trained in a range of areas. Staff spoke positively about the training they received.

People were involved in their care and support where appropriate. Support was provided to help people maintain relationships that were important to them. People were able to join in 'voices to be heard' meetings which were held at the site. This gave people the opportunity to share their views and raise concerns. People told us staff were caring and they were happy with how staff supported them. We observed staff interacting with people and saw that people were comfortable and staff knew them well.

Care plans had been reviewed and were personalised. Staff kept daily records which recorded the care and

support that had been given. The local authority was involved in people's reviews which included health assessments. People were able to access employment and plan their own activities. During our inspection four people were supported to go on holiday.

There was not a registered manager in post. A manager had been appointed and was going through the process of registering. The manager had started following our last inspection and had stabilised the service. They were supported by the provider who maintained oversight of this service.

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.

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

Rating at last inspection and update –

The last rating for this service was Requires Improvement (published 22 March 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. Following the inspection, we imposed conditions on the providers registration. The conditions required the service to report to CQC each month on areas of concern seen at that inspection. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The service remains rated requires improvement overall. This is the third consecutive inspection where the service has been rated as Requires Improvement.

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. The provider is required to send us information each month following their audits. 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 ●

HF Trust - Wiltshire DCA

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 by one inspector and one pharmacy inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in '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 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. A manager was employed and in the process of registering with us.

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.

Inspection activity started on 10 September 2019 and ended on 24 September 2019. We visited the office location on 10 and 24 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included monthly audits and action plans the service had been sending to us every month. 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 of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with seven members of staff, the manager and the regional operations manager. We contacted one healthcare professional for their feedback about the service.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, agency analysis and information about medicines.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the previous two inspections 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.

Using medicines safely; Assessing risk, safety monitoring and management

At our inspection in August 2018 we found the service was in breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because we found medicines were not being managed safely, risk assessments did not contain enough detail, the recording of incidents and accidents and subsequent action taken was not safely managed and the service had not informed commissioners when people had not received their commissioned support hours. We served a warning notice to the provider for this breach of Regulation. We returned in November 2018 to check if the service had improved. Whilst the service had improved in some areas it remained in breach because there was not enough improvement carried out to meet the warning notice. At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 12. However, there was further improvement needed.

- Medicines systems needed further improvements. People had medicines administration records (MAR) which staff used to record when medicines were administered. We saw one person did not have their known allergy recorded on their MAR. National Institute for Health and Care Excellence (NICE) guidelines state that all medicine allergies should be recorded on a person's MAR. We showed the senior support worker who added it immediately. They also contacted the pharmacy to make sure it would be added to future copies of MAR.
- Systems for administering "when required" medicines were not clear for two people. When people were prescribed "when required" medicines, for example, rescue medicines for epilepsy there were care plans or protocols in place. This gave staff guidance on how to safely administer this type of medicine. We found one "when required" medicine that had been taken off a person's MAR by the pharmacist as the person did not use it regularly. Staff had not identified this error as the medicine was still prescribed for use. Staff had recorded they had administered this medicine on the person's 'when required' protocol not their MAR. We showed the senior support worker who immediately added it to the MAR by hand. They also phoned the pharmacist to make sure it would be added to future copies of MAR. We also saw one record for 'when required' medicine for another person who no longer needed this medicine. The records for this medicine demonstrated there should be two tablets in stock at the service. These medicines were not in stock with no record of what staff had done with them. The manager was asked to investigate this incident.
- Temperatures of medicine storage rooms were taken and recorded. Those seen were within an acceptable range. At our last inspection staff had not recorded when they opened liquid medicines. At this inspection we saw staff had recorded when this type of medicine had been opened. Staff had been trained to be able to administer medicines and competency checks had been carried out.
- At the inspection in November 2018 we found systems to manage some security were unsafe at the service. At this inspection we saw the systems had improved. Fridges that had been kept in sleep in rooms had been removed and keys to medicines cabinets were kept secure.

- People had risk assessments for accessing the community and keeping safe in their home. These had been personalised and reviewed since our last inspection. We found one risk assessment that required more detail. A recent review of their care had identified the risk assessment lacked guidance for staff to assist with safe transfer. The manager addressed this shortfall during the inspection.
- People were supported to take positive risks. For example, one person was supported to go into the local town on their own to do their own shopping. Another person was supported to go swimming weekly. In the provider information return, the manager told us, 'Positive risk taking has ensured that people are able to live with their epilepsy and achieve the things they want'. One risk assessment for a person to self-administer their medicines had not been updated. The manager told us this would be reviewed following the inspection.
- Where needed people had 'distress passports' or positive behaviour support plans. These gave staff guidance on how to support people if they became distressed. There was information to help staff know when people were becoming distressed with an aim to prevent escalation of any behaviour.

Staffing and recruitment

At our last inspection the provider had failed to provide sufficient numbers of staff to provide person centred care to people consistently. This 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.

- People were being supported by staff who had received all the required pre-employment checks. The provider's central administration team were responsible for carrying out the pre-employment checks which they had done. We checked one record for one member of staff and found a gap in their employment of 12 months. This gap in their employment had not been explored by the provider with the member of staff. We showed this to the manager who told us they would address this shortfall.
- Staffing had improved. More staff had been recruited which reduced the reliance on agency staff. There was still use of agency staff but the impact of this had been mitigated using consistent agency staff. The manager told us they were trying to organise the rotas so that the impact of using agency staff was minimised for people. We saw evidence the manager was forward planning with the rotas with an aim of covering vacant shifts with permanent staff.
- Agency staff were given an induction and time to read people's notes and important information about the service. We saw "agency files" had been set up which contained details on safety such as where to turn off water supplies, people's emergency evacuation plans and safeguarding procedures. One agency member of staff told us they had found all the information they needed to work safely at the service.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe at the service. Comments included, "I feel safe here" and "I am safe, I have my own key and staff are good to me."
- Staff had been trained in safeguarding people and received updates from the provider. Opportunities to discuss safeguarding were used during team meetings and supervisions.
- Where needed the service reported appropriate incidents to the local authority safeguarding team.

Preventing and controlling infection

- People lived in clean environments and were encouraged to carry out light cleaning tasks such as mopping floors and hoovering. We observed people taking pride in keeping their homes clean.
- Staff received training in infection prevention and control and food hygiene. We observed there were supplies of personal protective equipment available and staff used them when needed.

Learning lessons when things go wrong

- Incidents and accidents were recorded and added to the providers electronic monitoring system. We saw one incident had not been added to the monitoring system. Whilst there was a record of what had happened, and action staff had taken at the service, it had not been added to the provider's system. The manager told us they would add this incident retrospectively. Incidents on the system had to be closed by management which meant there was management overview. Any learning was shared with staff in team meetings or supervision.
- Where medicine management errors had happened, staff were removed from administering medicines until they had been re-trained. This included an observation of their practice to re-check the member of staff was safe to administer medicines.

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.

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.

At our last comprehensive inspection in August 2018 we found the service had failed to work to the principles of the MCA and was in breach of Regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made so the service was no longer in breach of Regulation 11.

- Staff had received training on the MCA and understood the principles. People's capacity had been assessed for specific decisions such as the ability to understand and administer medicines. Staff used pictures and easy read documents to help people understand decisions that needed to be made. Where people had been assessed as lacking capacity a best interest decision had been made. This was recorded with the outcome and details of who had been involved.

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.

- The service had applied to the local authority for a DoLS authorisation for two people, but this had not been assessed. The service kept the local authority updated with the necessary information whilst they waited for an assessment.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support

- People's needs had been assessed and recorded. This included a health action plan. People received an annual health check which was thorough and assessed a range of areas.
- People were supported to access healthcare services when needed. Records demonstrated that people had seen professionals such as opticians, dentists and their GP. One healthcare professional told us, "The staff that I have had contact with are always prepared for meetings with relevant documentation, keep me regularly informed of any changes in people's epilepsy, hospital admissions, changes to medication and

seek support and advice from myself or the team."

- Staff had good knowledge of common signs of illness or infection, such as urine infections and told us what action they would take.

Staff support: induction, training, skills and experience

At the inspection in August 2018 we made a recommendation that the provider reviewed the opportunities available to provide staff with adequate supervision and progression support. At this inspection we found the staff had more opportunity to have supervision.

- People were being supported by staff who had more regular supervision which enabled them to talk about any concerns or any training needs. The manager told us this was still a "work in progress" and they aimed to improve further in this area.
- New staff received an induction when starting at the service which was a mix of online learning and face to face training sessions. The provider employed a member of staff who delivered training at the service and was able to observe staff working to check competence. Comments from the staff about training were positive. They included, "The training here is very good, the trainer makes it very interesting" and "Training here is good, I have been observed doing things and given feedback on how I can improve."
- Once induction was completed staff continued to be trained in more specialist areas such as enhanced epilepsy training. This was provided in part by healthcare professionals who regularly supported the service. The provider used a central recording system to monitor what training staff completed and when updates were due.

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

- People were encouraged to eat healthy diets and chose their own meals where appropriate. People were supported to cook as much as possible for themselves. One person told us, "I do some cooking, I like cooking."
- We observed people were offered choices of meal and drinks. Meals were relaxed, and people took their time to eat. They were offered and given appropriate support by staff.
- People's eating and drinking needs were recorded in their care plans. Staff completed 'eating and drinking screening forms' annually which identified any needs that required further support. In the provider information return the manager told us they had good relationships with the local speech and language therapists who would be involved in people's support where needed.

Staff working with other agencies to provide consistent, effective, timely care;

- Staff had handovers which enabled them to share information about people and any events that had happened throughout the day. Staff recorded handovers on forms which enabled staff to look back at communication. One member of staff said, "You have to have a good handover, I come in a bit early to make sure I get one."
- Staff also kept a communication book which they used to share information. This was checked regularly by managers to make sure there was no inappropriate recording. Where any action was needed this had been signed as completed.

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.

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

- People were treated with kindness by staff who were caring. People told us they thought staff were caring and they spoke positively about staff who worked with them. Comments from people included, "Staff are alright, they look after me. Everything is ok for me", "Staff are caring, and I am comfortable with them. I have a keyworker, she is good" and "I love it here, I get on well with everyone. Staff are good to me."
- At our last inspection people's lives had been disrupted due to the lack of staff and high use of agency staff. At this inspection the manager had tried to make sure there was a consistency in staff allocated to work with people. This meant people knew staff working with them and staff understood people's needs. We observed interactions with people and staff and saw people were comfortable around staff and able to approach them for help when needed.
- All staff received training from the provider in 'person centred active support' (PCAS) which encouraged staff to promote independence and engagement regardless of people's disabilities. We observed staff supporting people to do what they wanted to do, go where they wished and be involved in all decisions.
 - People's care plans contained information about who was important in people's lives, for example family members. There was little information about relationships with people they lived with. For example, in one bungalow the two people living there could at times have disagreements. There was little guidance for the staff on how to support this. We discussed this with the manager who told us they would review all the care plans to make sure this information was added.

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

- People were encouraged to share their views and were involved in making decisions where possible. People's likes, dislikes, wishes and wants were recorded in their care plans.
- People were encouraged to develop their support in line with what they wanted. We saw one person had put in photographs of what their personal boundaries were, they wanted staff to know what was uncomfortable for them.
- People had reviews of their care. The manager told us the local authority were in the process of carrying out reviews for people at the time of the inspection. People were involved in their reviews and they had relatives present if they wished.
- People had a key worker who was a member of staff allocated to work more closely with specific people. This system enabled people to get to know a member of staff and have opportunity to share their views with staff they knew well. In the provider information return the manager told us, 'Voices to be Heard meetings are held weekly for individuals, this is designed to give people a say in how their service is run'.
- Some people had been assessed by the local authority as being eligible for 1-1 support hours. This was so one member of staff could spend time on an individual basis with the person, talking to them and supporting them to do what they wanted.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with all talked about people with respect. They gave us examples of how they promoted and maintained people's dignity. For example, staff told us they made sure doors were closed when supporting people with personal care. One healthcare professional told us, "I have witnessed people being treated with dignity, respect and [staff] adhering to confidentiality."
- People's independence was encouraged by staff who recognised this was important for people. People were supported to do their own cleaning, shopping and cooking.
- People's privacy was respected. People had their own keys to their homes and rooms, so they could lock away private belongings if they wished. Staff kept people's personal information secure with only authorised staff able to access it.

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

At our inspection in August 2018 we found the service was in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because care plans required more details. We served a warning notice to the provider for this breach of Regulation. We returned in November 2018 to check if the service had improved. Whilst the service had improved in some areas there was not enough improvement carried out to meet the warning notice, so the service remained in breach of Regulation 17. At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

- People's care plans were personalised and reflected the support and care they needed to live their lives. All care plans had been reviewed and updated when needed. There was guidance available to staff to know what people's daily routines were. For example, there was step by step guidance on how some people liked to get up in the morning and their preferred evening routines.
- Staff kept daily notes where they recorded all the care provided. This enabled other staff to see how people had spent their time, if there were any changes or concerns.

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 individual communication needs had been identified and recorded in their care plans. The provider had produced a range of easy read and pictorial documents, so people had information they could understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had a weekly activity plan in their care plans which outlined how they liked to spend their days. Some people had jobs which they went to on set days, some people had other activities they regularly liked to do such as swimming or shopping. One person told us, "I choose every day what I want to do."
- The provider ran a day service which people could go to if they wished. During our inspection we saw people were supported by staff to attend the day service where they met with friends.
- Activities were provided based on people's interests. Staff encouraged people to maintain hobbies or maintain relationships. People went to visit their families for overnight stays and were able to go away on holidays. During our inspection four people went on holiday to a place they had chosen. One person told us,

"I enjoyed my holiday last week, I went swimming, dancing and to the beach." We were able to see pictures of previous holidays where people looked like they were having a good time.

Improving care quality in response to complaints or concerns

- The complaints procedure was produced in an easy read format and a copy was kept in people's care plans. People told us if they had a complaint they would tell the staff who would sort things out for them. One person said, "If something was bothering me I would tell the staff, they would sort it out."

End of life care and support

- Nobody was receiving end of life care at the time of our inspection. At the last inspection in August 2018 we found that people had not been given the opportunity to record any end of life wishes. At this inspection we saw that people had made a start on recording their wishes.
- The provider had produced an easy read end of life booklet that contained simple text and pictures. We saw that people had been able to record their wishes for end of life. For example, people had been able to share if they wanted to stay at the service or go to hospital, if they wanted to be buried or cremated.
- The manager told us they planned to develop this area of the service but wanted to establish themselves in their role first and develop relationships with people and their families.

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 Requires Improvement. At this inspection this key question has remained the same. This meant the service management was inconsistent. Leaders and the culture they created needed time to embed into daily practice.

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

At our inspection in August 2018 we found the service was in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because quality monitoring was not robust. We served a warning notice to the provider for this breach of Regulation. We returned in November 2018 to check if the service had improved. Whilst the service had improved in some areas there was not enough improvement carried out to meet the warning notice, so the service remained in breach of Regulation 17. At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17. However, further improvement was required.

- This service had not had a registered manager since December 2017. There have been various managers since that time which has impacted on the management of this service. A new manager started in February 2019 and is in the process of becoming registered with CQC.
- Quality monitoring had taken place at a service level and a provider level. Regular audits of records such as care plans, medicines administration records and daily notes had helped the service make improvements. However, shortfalls we found with relation to medicines records and risk assessments had not all been identified. The provider had organised their own quality and improvement team to visit the service in July 2019. Comprehensive audits were carried out and action plans produced to make improvements. Other concerns we found as part of this inspection had been identified by the provider during that visit and added to action plans.
- Staff we spoke with told us the new manager had stabilised the service and had made improvements. The new manager was supported by a regional operations manager who visited the service most days to maintain oversight and provide guidance. One member of staff told us they appreciated being able to see and speak with the regional manager. They said, "[regional manager] is very good, always says hello. It used to be them and us here, but that has changed, I see management more."
- The manager was supported by a senior support worker who helped them with some management duties. One member of staff told us they were concerned the senior support worker did not work in one of the bungalows. I discussed this with the manager who had already identified this and asked the senior support worker to spend more time in that bungalow.
- After the last inspection we imposed two conditions on the providers registration for this service. One was that the service was not able to admit any new people without our written agreement. The second condition was that the provider must carry out audits of a range of records and send us the report monthly. The provider had adhered to these conditions. Monthly reports had been received and we were able to monitor the quality monitoring of this service.

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

- The provider's vision was for people to be able to live in their community with all the choice and support they needed to live the best life possible. Information about the vision, mission and values was visible at the service and available on the providers website. We observed people being supported to live in their community and staff working in line with the provider's values.
- Staff we spoke with talked positively about their roles and the work they did. It was clear staff enjoyed their work and wanted to make a difference to people's lives. One member of staff told us, "I like working here and seeing the service users. They put a smile on my face." Another member of staff said, "I like working here, every day is different. It is nice to see people grow and develop."
- People and staff told us the new management were approachable and they felt able to raise concerns. Comments from staff included, "I feel comfortable to be able to say what I think", "[Manager] has an open-door policy" and "You know who is who now and you can always get hold of someone." One healthcare professional told us, "The managers are always approachable, they have recently been much better at being able to get in contact with, seek support and advice from us as needed."

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 was aware of its responsibility to be open and transparent with people and their relatives if anything went wrong. Where any incidents or accidents happened, people and their relatives were informed. The provider and manager understood their responsibilities to notify us of any changes or incidents.

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

- The provider had used surveys to seek the views of people, relatives and staff. Results had been collated and showed areas such as keeping people safe and supporting health had improved. However, the results showed other areas still needed improvement such as communication with families. The regional manager was aware of these shortfalls and had taken some action to address them. For example, they shared management contact details with families, so they knew who to contact. Events and meetings had been held for relatives to communicate with them about the changes at the service. The regional manager told us relatives had been unsettled with changes of management and work was needed to re-build relationships.
- People were able to share their views in 'voices to be heard' meetings however, there had been no 'house meetings'. We discussed this with the manager who recognised people might appreciate being able to discuss and plan house events on a smaller scale. The voices to be heard meetings were for anyone at the site to attend. Some people may not want to share their views with lots of people present. The manager told us they would provide people with the opportunity to discuss their views with friends they shared a house with.
- Staff we spoke with told us things had improved at the service and they felt more settled with the changes. They recognised there was still improvement to be made but could see the service was changing for the better. One member of staff told us, "Staff feel happier we are moving in the right direction, I feel supported and we support each other." Some agency staff had decided to join the provider and become permanent members of staff.
- Staff were able to attend team meetings and share their views. Minutes were kept and available for those staff who had not been able to attend. The manager told us this was an area they wanted to improve, by offering more opportunity for the team to meet.

Working in partnership with others

- The service worked with partners in the local community to provide work opportunities for people. Some

people worked in local furniture projects, food banks and a local garden centre.

- There was a 'friends of' group who met regularly at the service and supported the service to hold local community events. This encouraged the local community to come into the service and learn more about how the service was run.
- The provider worked with local police service to provide placements for trainee police and community support officers. The manager told us this had a dual purpose of widening the public's general knowledge of people with learning disabilities and encouraging people to see the police as friends. This would then encourage people to speak with police if they were in the community and in any difficulty.