

El Shaddai Homes Limited

Kingsway Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Kingsway Care Home provides personal care (without nursing) for up to 11 people with a learning disability or autism. The home is adapted from a domestic residential property and does not present externally as a care home.

The service had not been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance as it initially opened before this guidance became available. Registering the Right Support 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.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 11 people. Ten people were using the service at the time of our inspection. This is larger than current best practice guidance, but the size of the service having a negative impact on people was mitigated by the home fitting into the residential area where it was sited. There were no identifying signs, with only the industrial bin indicative this was other than a family property. Staff did not wear anything that suggested they were care staff when coming and going with people, with use of domestic, family style cars for transport.

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

People were usually supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; although application of policies and systems in the service could better support this practice.

The service didn't always apply the principles and values of Registering the Right Support (RRS) 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 did not fully reflect the principles and values of RRS for the following reasons; Some people's perception was they did not always have a choice as to daily routine and their involvement in care planning could be improved. We saw the staff had sought people's views and preferences however and there were best interest decisions in place for use of any restrictions to keep people safe. There were many areas where we saw people had choice though.

People and relatives told us they had a positive experience in respect of the care and support they received. They told us they received support from staff in a timely way and were not kept waiting for assistance. We saw people looked comfortable in the presence of staff and people told us they felt safe at the home. Staff were knowledgeable about potential risks to people and were able to tell us how these would be minimised.

People were supported by staff who were kind and caring and staff were seen to respect people and promote their privacy, dignity and independence. People and staff had a warm, friendly relationship.

People were supported by care staff who had a range of skills and knowledge to meet their needs, although would benefit from further training in core areas of knowledge, which the provider had planned. Staff understood their role, felt confident and well supported. Staff received supervision and felt supported by the provider. People's health was supported as staff worked with other health care providers to ensure their health needs were met.

Staff were knowledgeable about people's needs and preferences. People's records needed improvement to reflect people's involvement and how the care we saw was planned. The provider was working to develop more accessible care records, but we heard from people they had limited involvement in these documents.

People were not always sure how to complain but their relatives did. The current complaints procedure was not in accordance with the Accessible Information Standard. Staff knew how to identify and respond if people were unhappy with the service. People were able to communicate how they felt to staff, and said staff were approachable and listened to what they had to say. Relatives told us when they had raised concerns these had been addressed appropriately.

People, relatives and staff overall gave a positive picture as to the quality of care people received and said management and staff were approachable.

Quality monitoring systems had improved although there was scope to continue this improvement and the provider had employed a consultant to review these and gave an objective view of the service. The provider was honest and open with us about the service, barriers to improve and what they could do better.

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 inadequate (published 13 April 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 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

The inspection was prompted in part due to the concerns we had at the previous inspection in respect of fire safety, risk assessment, care planning, gaining consent, medicines, staffing and Governance. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kingsway care home on our website at www.cqc.org.uk.

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

Requires Improvement ●

Is the service caring?

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

Requires Improvement ●

Is the service responsive?

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

Requires Improvement ●

Is the service well-led?

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

Requires Improvement ●

Kingsway Care Home

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

The Inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Kingsway 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 had a manager registered with the Care Quality Commission. This means that they and the provider (of whom the registered manager was a director) 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 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 of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service, five relatives and a visiting advocate about their experience of the care provided. We spoke with five members of staff including the registered manager/nominated individual, assistant manager, and care workers. We also spoke with a consultant who the provider had engaged to work at the service.

We reviewed a range of records. This included three people's care records and a numerous medication records. We looked at two staff files in relation to recruitment and staff supervision. In addition, we looked at a variety of records relating to the management of the service, including policies and procedures, servicing records, audits and surveys.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and other records related to staff support and safety, which the provider supplied promptly.

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 a rating of requires improvement.

This meant people were safe and protected from avoidable harm but improved safe working practices needed to be embedded to ensure they were maintained.

Learning lessons when things go wrong

- The registered manager/provider had learnt from our last inspection and changes had been made to improve the service, for example, new risk assessment records and fire safety measures were in place. While there were improvements these needed to be embedded to show safe practice was maintained.
- The registered manager had introduced monitoring of accidents and incidents, these showing trends that had been identified and risk assessed. For example, one person who had falls due to seizures where there may be no pre cursor to the onset of the seizure.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. There was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvement had been made and the provider was no longer in breach of these regulations.

- The fire safety arrangements in the home had now improved and people were now safer as a result. The provider had commissioned a fire risk assessment. Fire officers had inspected the service and recommendations they made had been addressed.
- Risks to people were now better assessed and staff we spoke with understood what these risks were and what action they should take to keep people safe. For example, staff were able to tell us how they should protect a person from harm due to having epilepsy.
- People told us they felt safe at Kingsway House. Relatives confirmed this view and their comments included, "Plenty on security, cameras everywhere and it is the safest place" and "[The person] been there 18 years and they have always been safe".
- People were protected from potential abuse and avoidable harm as the registered manager and staff understood what different types of abuse could be and steps they should take to safeguard people. A member of staff told us, "I have read the safeguarding procedures and I am confident the manager would report any abuse".

Using medicines safely

- At our last inspection we judged medicines management to be unsafe. We found arrangements for the management of medicines had improved at this inspection and were now safe.
- A pharmacist from the local clinical commission group had visited the service on two occasions, and we

saw the provider had complied with all the recommendations they had made in respect of medicines management.

- People and their relatives were satisfied with how medicines were managed. One person told us, "Have some at night and in the morning. Take it in my bedroom with staff, just one staff".
- People's medication administration records (MARS) were accurately completed and we saw medicines were stored safely. People's weekly medicines were locked in secure cabinets within their bedrooms, with other medicines stored centrally under lock and key.
- We saw protocols were in place for any 'as required' medicines and MARs and staff confirmed these were given according to these protocols.

Staffing and recruitment

- The provider told us they had increased staffing levels at night to two waking and one person sleeping in, on call to address the concerns we previously had with fire safety.
- People and their relatives told us staffing levels were satisfactory with their comments including, "I visit and there's always quite a few staff on", "When I am there there's lots of staff" and, "There are no agency, there is consistent staff".
- Sufficient staff were available to be able to respond to people when needed during our inspection. Staff were attentive to people's needs and people said they came when they needed or asked for them.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks. These checks will show if prospective staff have any criminal convictions or are barred from working with vulnerable people.

Preventing and controlling infection

- The environment presented as visibly clean and smelt fresh.
- A cleaner was employed but people told us they had the opportunity to clean their bedrooms and do small jobs round the house e.g. laying the table, moping bathrooms or taking plates to the kitchen after meals.
- Staff had access to, and used personal protective equipment (PPE), i.e. gloves and coveralls appropriately and confirmed they had ready access to this PPE when needed.

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 remained the same at requires improvement.

This meant the effectiveness of people's care, treatment and support was sometimes inconsistent, although people were satisfied with outcomes.

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

At our last inspection the provider had failed to robustly ensure people's consent was sought. This was a breach of regulation 15 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 15, although needed to continue improvements and embed good practice.

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, and some hospitals, 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. Systems in respect of MCA needed more consistency.

- MCA assessments for people were in place although the quality of these varied with some more detailed than others, with some clearly showing what specific decisions people had capacity to consent to.
- The registered manager had consulted people and relatives about the use of CCTV with agreements documented on people's files. As people were assessed as not having capacity to make a decision about restrictions in place for their safety the registered manager had sought consent from the relative (where they had the legal right to consent on the person's behalf).
- The registered manager had consulted the local authority after our inspection and sent us evidence to show the decision-making process and why use of any specific restrictions was in the best interest of the person's concerned, as advised by the local authority. .
- The registered manager told us about a decision made to help a person have a healthier lifestyle. The person confirmed they had consented, was happy with the decision and were aware of the benefits.

- DoLS agreements had been applied for and some had recently been approved, this included new applications where some DoLS had expired.

Staff support: induction, training, skills and experience

- People and their relatives told us staff had the right skills and knowledge to care for them or their loved one. Relatives comments included, "[Staff] are well trained", and, "They [staff] seem to know what they're doing".
- Staff told us they felt well trained and up to date with current knowledge and skills. Staff were knowledgeable about people's specific health care needs and how to respond to these.
- While staff had received training, records showed some core training needed updating. These were programmed in addition to other training related to people's specific health care needs to build on recently provided training.
- Staff told us they received supervision, and this was a useful support tool for them, as it allowed them to reflect on their practice and discuss any support needed.

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

- Staff now had more detailed information about people's assessed needs than at our previous inspection although some staff told us they still needed to read through some of the revised care plans. These assessments contained expected and relevant information about people's needs but were repetitious on occasion which made ease of access more difficult. Despite this staff demonstrated good knowledge of people's individual needs.
- We saw assessments considered people's needs in respect of their protected characteristics, for example, disability, race and sexuality.

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

- People's care plans for nutrition and hydration had improved and were clear about people's individual dietary needs: For example, people with diabetes had clearer information as to what their diet should compromise, and the risks present due to a poor diet. Staff knew about people's dietetic needs and said they had recent training in diabetes awareness.
- People who had been assessed by the speech and language therapy team (SALT) received food in accordance with this advice.
- People had a choice of food which they felt was good. People's comments included, "I love it here, new menu now. They [staff] asked us what we want to eat for lunch and dinner. Breakfast was toast with eggs on" and, "Nice food".

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

- People had support from a range of professionals in support of their individual health care needs. For example, local GPs, dentists, opticians, district nurse as well as specialist teams such as neurology, dieticians and speech and language therapists.
- People told us they saw a doctor when needed with comments, "I went last week" and "They[staff] they take me if I'm in pain. Just make an appointment". A relative confirmed this and said, 'If they [the person] are poorly they call the doctor".

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

- The building was suitable for the people who lived there. There were eleven single occupancy bedrooms and several suitable communal areas for people to share.
- The back garden was well maintained with a summer house for people to relax in, this now a sensory area

for people with lights, bean bags and a TV. One person told us, "It's wonderful, I really like it".

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 remains the same at Requires Improvement.

This meant while people feel well-supported, cared for or treated with dignity and respect there were some occasions where their choices were not considered.

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

- People told us they were able to make choices although one person said, "About 10pm, everybody goes [to bed] at the same time". It was unclear from what they told us if this was their choice so we raised this with the registered manager. They and staff we spoke with said people all went to bed at differing times. The registered manager did check post inspection that staff offered people choice as they expected them to. The Registered manager confirmed after these checks staff let people go to bed when they choose.
- People told us about numerous choices they were able to make and were able to discuss these with the registered manager. Staff offered people choices and staff took time to try and explain what they were doing before proceeding.
- Relatives told us staff asked peoples permission, and their comments included, "They [staff] say 'is it ok if I do this [person's name]" and "Staff will seek [person's] consent, and they get on with them better than other services [person] has used".
- We spoke with an advocate who had visited one person to ensure their rights were upheld and they confirmed the staff at the home worked co-operatively with them to promote the person's best interests.

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

- People told us they were well supported by staff. Their comments included, "I like them [staff], they are kind", and staff are, "Alright. They do different things with me". Relatives confirmed this with one telling us, "My [the person] had started using a hoist now and they [staff] were so lovely explaining it to them because they were not sure".
- Staff knew people well and we saw people were comfortable with staff, with whom we saw they had a good relationship.
- With the improvements the provider had implemented since the last inspection there was now reassurance that people were treated well, and in accordance with their diverse needs.
- People told us they were never rushed by staff when they received care or support.
- The home had a relaxed atmosphere, and nothing felt like it was a bother or causing anyone a problem. People came and went as they pleased and weren't questioned by staff what or why they were doing something. People said, "All better, relaxed" and "It's a nice home".

Respecting and promoting people's privacy, dignity and independence

- At the last inspection we had concerns that use of CCTV in communal areas of the home would

compromise people's privacy. The registered manager said CCTV was introduced to promote people's safety and recordings were kept for a maximum of eight hours. The agreement of relatives had been sought where they had the legal right to make this decision on people's behalf and best interests decisions were made for other people without the necessary capacity to make the specific decision.

- People could see what was being recorded on the CCTV and expressed no concerns or discomfort regarding this when we discussed this with some of them.
- People and relatives told us staff respected people's privacy and upheld their dignity. For example, people were free to go where they wished in the home, independently, where able and could spend time in their room in private if wished. Relatives comments include, "They respected their privacy" and, "[The person] been quiet when I've visited before when they want to be and staff respect that".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. (Ensure there is a full stop at the end of the sentence)

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now remained the same at Requires Improvement.

Requires improvement: This meant while people's needs were met people's involvement in planning their care needed to improve.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to properly assess or planned for so that person centred care could be provided. This was a breach of regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9, although needed to continue improvements and embed good practice.

- People thought staff knew them well and during observations this was apparent, staff knew people's likes and dislikes, their families names and what was important to them.
- People said they talked to staff about what they wanted but told us when asked about their care plans, "I haven't seen a care plan" and "I don't know". One person intimated they should not look at their care plan.
- Relatives told us people's needs and preferences were met but said they were not sure about having attended a review. One relative told us, "We haven't been to a care review". Relatives did tell us the manager kept them up to date with any changes and one told us they felt involved as the person's next of kin. The provider needs to ensure there is a formal review process where the person and any appropriate persons are invited to discuss the person's care.

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.

- We saw people had communication plans in place and staff understood how people communicated, for example, a member of staff told us how they understood how a person would show agreement with what they were offered through gestures or body language.
- We saw there had been some development of care plans in pictorial formats but the volume of information had much repetition and records could be difficult for people to understand. The use of simpler plans that the person can understand and contribute to would help the service comply with the AIS.

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 told us they were involved in activities they liked in the home and the wider community.
- People's comments included, "I lay the table at dinner and mop my floor and clean the tiles", "I go walking in the garden sometimes" and, "The fit man is coming in the morning and we will all dance then have a cup of tea". Some people also told us they went horse riding and had just returned from a holiday in Wales.
- Relatives told us their loved ones were able to do activities they enjoyed and were able to have support to go out into the community. Their comments included, "Staff go with them to get their paper and the wool for knitting and they get their cigarettes". The home had three cars for transporting people into the wider community.
- People and their relatives told us they were able to maintain links with family and friends when they wished. One person said, "My sister is coming tomorrow, came last week" and, "My sister visits and I go to pathways to see my friends". We saw visitors during our inspection.

Improving care quality in response to complaints or concerns

- People were unsure about what to do if they were worried about something and did not know how to make a complaint. Staff did however show insight into what may indicate people were unhappy.
- There were regular residents' meetings and records of these documented people were asked if they had any complaints or concerns at these times.
- All the relatives we spoke with were aware of how to make a complaint with comments, "Yes I would go to the staff or manager", "Yes, but I have never had to make one", and, "The manager, they would sort anything out and I can approach them". We saw there was a complaints book in the reception area where people could write comments if wished.
- We saw the complaints procedure, whilst it was visible in the home it was not in a format that would be easy for some people to comprehend, such as, in pictorial format. It also needed updating so the information would inform people who they could complain to if dissatisfied with the providers response, for example, the local Government Ombudsman (LGO) as opposed to CQC.

End of life care and support

- The home was not supporting anyone with end of life care at the time of our inspection.
- We saw the registered manager had explored people's preferences and choices in relation to end of life care as far as possible, and in accordance with people's wishes.

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. (Ensure there is a full stop at the end of the sentence)

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 consistent person-centred care.

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

At our last inspection the provider had failed to ensure adequate or effective governance systems in place to mitigate risks to people's health, safety and welfare. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17, although needed to continue improvements and embed good practice.

- The provider had developed their quality monitoring arrangements and we saw these were helping the service improve although these needed to be more formalised and better documented to ensure all information was analysed and learning was not lost: For example, we saw audits of people's care files had been commenced but comments were recorded on post it notes rather than on a dedicated audit forms. There was a danger learning may be misplaced and identified improvements not made. The registered manager told us they were developing dedicated form for this purpose and these were to be introduced to record learning.
- It was evident the provider had introduced several audits and taken needed action since our last inspection however, and this had driven improvements regarding people's safety, for example in respect of fire precautions and updating people's risk assessments. However, these improvements needed to be embedded to evidence a proven track record of good safety governance.
- The provider had employed a consultant to advise them on improvements to the home's governance. Both the provider and consultant demonstrated knowledge of what was required to further improve the service.

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

- The provider was developing person centred plans, but people's involvement needed to be increased with use of person-centred documents people could access and be involved with.
- People and relatives were positive about the service and felt it was well managed. We saw people were relaxed and presented as happy throughout the inspection.

- People told us they were happy at Kingsway and said they wouldn't want to change anything.
- Relatives comments included, "The manager is lovely", "I know the manager well, I see them every visit and they ring", "I think it's very good, its superb. It's the best place, my [the person] has lived since 1970", and "Would give the home a top rating, ten out of ten".

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 registered manager understood when they needed to notify us of events required by notification except for informing us when a DoLS application was agreed by the local authority. These DoLS had only recently been approved and the provider has now formally notified us of these agreements and understands to do so in the future.
- We saw the previous CQC inspection rating was displayed at the home. The provider did not have a website to display the rating at the time of our inspection.
- The registered manager was clear about their responsibilities under their duty of candour and were open and honest about areas where they felt the service needed to improve and accepted constructive feedback well.

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

- People were involved in meetings with staff and we saw records of the same, although one person said, "Yes, but not very often" and another person said, "No".
- We saw the provider used questionnaires to gather people's and relatives' views, with comments, "The manager gives it me and I sign it" and "I do it with staff". Relatives said, "On a frequent basis, they (questionnaires) come in the post, any concerns are acted on", "In the post from head office, comes every six months", and "Always talk to staff as well". We saw copies reflected positive views of the service.
- Staff were positive about the support they received and said the registered manager was approachable and they enjoyed working with people at Kingsway.

Continuous learning and improving care; Working in partnership with others

- The provider/registered manager had acknowledged there had been a need to make improvements after our previous inspection and we saw previous breaches of regulations had been addressed. The provider acknowledged that there was more work to do and to assist with learning had employed a consultant to review the service and give them objective advice.
- The provider had worked co-operatively with commissioners and other professionals and used their advice to improve aspects of the service, so they were safe, for example fire safety and medicines.