

Royal Mencap Society

Royal Mencap Society - 6 Lamberts (Foxglove)

Inspection report

6 Lamberts
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10 November 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

6 Lamberts (Foxglove) is a residential care home providing personal care and support to up to five people. The service provides support to people with a learning disability, autistic people, as well as support for people's mental and, or physical healthcare needs. At the time of our inspection there were three people living at the service.

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

Right support: People were mostly supported in line with their needs, but some further improvements were necessary to ensure people lived safe lives. People were supported by staff who were familiar with their needs. Staff took into account any risks when providing people's care and worked collaboratively with other health and social care agencies. Families were important contributors to people's care.

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.

Right care: The service had turned around its rating of inadequate to good. The service was able to demonstrate how they were measuring the quality of what they did. It was ensuring people had good outcomes of care and able to access the right resources and support. People were going out in line with their needs and choosing what they wanted to do. Staff had the right training and support for their roles and understood what constituted good care.

Right culture: Management were open and visible and had created a culture of learning, opportunity and reflection. Staff were encouraged to speak out and contribute to the development of the service. People were empowered to live their lives in line with their preferences and were given the opportunity to have new and repeated experiences. The environment was conducive to people's needs and a rise in living standards enhanced people's wellbeing.

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

This service was inspected on 28 March 2022, report published 8 June 2022. The service was rated

inadequate overall with four breaches of regulation. 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 08 June 2022. 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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This inspection was carried out to follow up on action we told the provider to take at the last inspection and to follow up on their action plan.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for on our 6 Lamberts (foxglove) website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 Well led.

Details are in our Well led findings below.

Good 

Royal Mencap Society - 6 Lamberts (Foxglove)

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 Health and Social Care Act 2008.

Inspection team

Two inspectors carried out this inspection over two days.

Service and service type

6 Lamberts (Foxglove) is a 'care home'. People in care homes receive accommodation and nursing and, or personal care as a single package under one contractual agreement dependent on their registration with us. 6 Lamberts (Foxglove) is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on 08 November 2022 and announced on the second visit 10 November 2022.

Inspection activity started on 8 November 2022 and ended on 22 November 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also liaised with the local authority to source feedback. We used all this information to plan our inspection.

During the inspection

We visited over two days at different times of the day and evening meeting the day and night staff. We spoke with one person using the service, observed the care provided, and spoke with two family members of people using the service. We spoke with two permanent agency staff, one member of the night staff, and three care staff. We met and spoke with the assistant manager, the registered manager, the area manager and the regional manager. We reviewed one care and support plans and various other records relating to the management of the business.

Following the service visit, we continued to seek clarification from the provider to validate evidence found.



Is the service safe?

Our findings

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

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

At our last inspection the provider had failed to ensure there were sufficient numbers of staff at all times to ensure people's needs could be met safely in line with the regulated activity. This was a breach of regulation 18 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.

Staffing and recruitment

- There were enough staff to meet people's needs in a responsive way. Since the last inspection staff recruitment had been ongoing and there were no current staffing vacancies at 6 Lamberts (Foxglove). Staffing levels at night had been reviewed and currently there was a lone working member of night staff at Foxglove. Additional support was sourced from the sister service as required, which was less than a minute away. We were assured staffing was kept under review in line with people's needs and occupancy rates.
- Further thought should be given to the allocation of staff for each registered location. At the time of our inspection there were two agency staff working together at Foxglove and although experienced and competent it was not clear who the shift lead was and who would take overall responsibility for decisions made.
- Staff members spoken with stated, that sickness still had an impact on the service, but shifts were now always covered adequately and there was a greater emphasis on teamwork, a staff member told us "All staff were pulling in the right direction". Relatives agreed that there had been recent improvement in the staffing levels.
- Staff recruitment processes were robust which helped ensure only suitable staff were employed and they had been vetted to ensure they had suitable references, right to work in the UK, and that a DBS check had been completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. A full employment history and identification check was also carried out.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. There were also significant concerns about cleanliness.

This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

regulation 12.

Preventing and controlling infection

- We were mostly assured that the provider was preventing visitors from catching and spreading infections. On our first visit we had not been asked to complete a form to ascertain if we had knowingly been in contact with any one with COVID 19 or had any of the known symptoms. Information collated helped staff make informed decisions about admitting visitors safely to the service.
- Staff mostly observed good hygiene practices, but we observed several staff not wearing their masks appropriately and sought assurance from the provider about how they monitored staff and promoted social distancing when appropriate to do so.
- There was lots of PPE around the service, hand wash and guidance about infection control. Cleaning products were safely locked away. Premises were fit for purpose and regular cleaning regimes meant the service was kept clean
- COVID 19 risk assessments and the providers infection control policy helped ensure procedures were followed and staff and people using the service were appropriately vaccinated.

Visiting in care homes

- The provider had ensured people were able to maintain contact with relatives which now included visiting on and off site ensuring any relevant government guidelines were being followed.

Assessing risk, safety monitoring and management: Learning lessons when things go wrong

- Risks associated with the environment and people's individual needs were clearly documented and vast improvements were noted at this inspection. However, during our inspection, we met the fire safety officer and have subsequently received their fire safety report. Some areas of concern remain and identified as a moderate risk. The provider confirmed they were taking immediate actions to address this.
- We looked specifically at fire safety and staff had received adequate training, were clear of the procedure and had been involved in fire drills.
- Risks were well managed which helped ensure people's safety was promoted. The standards of the house and the levels of cleanliness had vastly improved since the last inspection. Regular audits helped to ensure high standards were maintained and helped to identify any shortfalls. A staff member told us, " Things are much more organized now and we know what is expected."
- Individual risk assessments helped to identify what actions staff needed to take to keep people safe. These were reviewed in line with people's changing needs. Risk assessments were cross referenced with other relevant documentation and provided staff with clear guidelines.
- Accidents and incidents were recorded and reviewed, and lessons learnt were discussed with staff as necessary.

Systems and processes to safeguard people from the risk of abuse

- There was an open culture of learning where staff were encouraged to speak up and supported to improve practice should mistakes be made.
- People were protected from potential abuse as staff understood their needs and knew what actions to take if they suspected a person was subject to harm or abuse.
- The culture of the service had improved since our last inspection, and staff felt more empowered to raise concerns.
- Management teams were on site and monitored staff practice. Concerns were raised as appropriate to the safeguarding team and CQC. Families were also notified when applicable.

Using medicines safely

- Permanent staff were trained in all aspects of medicine administration and assessed as competent to administer people's medicines. On the first day of our inspection two agency staff were working together who had not been trained to administer rescue medicines. They told us they could summon urgent assistance and the provider assured us all staff were being trained, including agency staff.
- We reviewed one person's medicines, and this was stored appropriately, safely and there was clear guidance for staff to follow
- Medicines were safely stored in people's rooms and given in a time sensitive way.
- We reviewed people's as required (PRN) protocols which gave information about how and when people should have their medicines, any side effects or specific instructions. This helped ensure people received their medicines as prescribed.
- We noted one person was prescribed (PRN) medicines for anxiety induced by certain aspects of their health care but there was no best interest decision in place for this. Staff advised this medicine had not been used for months but agreed to review it in line with their needs.
- Regular auditing and review of medicines helped ensure adequate stock and meant any errors would be quickly identified so appropriate actions could be taken.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the last inspection we made a recommendation that the provider implemented an individualized monitoring arrangement for people's weight and maintains required weighing equipment.

- At this inspection we found improvements had been made in relation to monitoring people's weights. People were appropriately supported with their hydration and nutrition and both were recorded so this could be monitored. Where weight loss had been identified appropriate action had been taken by the provider.
- Some people had specific requirements around the meals they could safely eat and this was clearly documented with input from the speech and language team, the GP and dieticians where necessary. Staff were familiar with guidance around people's eating and drinking needs.
- Meal choices were promoted around mealtime and people were supported to shop for meals and be involved in food preparation in line with their abilities. Staff told us, "One person pushed the food trolley around the supermarket and people were growing vegetables and using them in cooking." We observed an individualized approach to mealtimes.

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

- Assessments of people's needs were undertaken before admission and kept under review to ensure the appropriateness of the service in meeting these needs. Recent local authority reviews resulted in some changes in people's hours of support. One person's needs had changed significantly, and staff were proactive in accessing the right support for them.
- Care plans and risk assessments helped inform staff what support and care were necessary. Management had good oversight of these and ensured staff appropriately recorded people's needs and this helped management to identify risk or changing or unmet needs.
- Guidance was available to staff which was in line with best practice. For example, right care, right culture, right support. Policies were kept up to date to reflect any legislative changes in policy and procedure.

Staff support: induction, training, skills and experience

- Staff were supported with regular access to training and support. Staff spoken with felt training had improved recently and there was more face-to-face training and training around providing person-centred care. A staff member told us, 'There's lots of external training, we provide person-centred care, the training is very empowering.'

- Staff had opportunity to discuss all aspects of their work and personal development and reviews of their performance and career progression were being rolled out.
- Staff had been internally promoted and roles and responsibilities were being clarified with the reintroduction of work place champions being considered.

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

- Extensive refurbishment across the house had meant people now had a comfortable, safe space in which to live. Living standards had improved and were in keeping with people's needs.
- The kitchen had been completely refurbished and we found it was clean and tidy. Fresh food and homemade food were in the fridge and freezers, and it was all spotless and all open food was labelled appropriately. People freely accessed the kitchen with staff support.
- People's bedrooms were personalized and there was appropriate signage throughout the service. It had a homely feel with people's personal things, and toys and games spread out. One person had sensory items in line with their needs.

Supporting people to live healthier lives, access healthcare services and support:

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

- People were supported to maintain good health and access health care services as required. We did however discuss with the manager that a more holistic approach was necessary to ensure all health services worked together to thoroughly explore reasons for changes in people's health. Staff were advocating for people, but health care professionals were working in silos and a collaborative approach was necessary.
- Hospital passports and personal profiles were in place recording important information about people's needs and shared where necessary to help promote continuity of care. We advised staff to ensure records which had been superseded due to changes in need were archived to reduce any confusion.
- Oral health assessments were in situ and linked to best practice around oral health care.
- Families had growing confidence within the service with one telling us they had seen recent improvements in their relative's health and felt staff were able to identify any changes and get timely support.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves? The MCA 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 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).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorizations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorizations were being met.

At the last inspection we made a recommendation that the provider assesses and records people's wishes, needs and preferences, in line with MCA and make best interest decisions.

At our latest inspection we found the provider had done so and was able to demonstrate how they had considered people's needs and preferences and acted accordingly.

- Staff promoted people's choices and involved them in decision making. We noted people were spoken with directly and one person was encouraged to use sign language which staff were also learning.
- Most people were subject to a deprivation of liberty (DoLS) and applications had been made and chased at appropriate intervals. Where a person was not able to make an informed choice, decisions were made collectively in the persons best interest with the involvement of staff, other professionals and discussions with family. We reviewed decisions made and these were appropriate but in the case of one medicine PRN protocol this had not been followed up and the service agreed to review 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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

- Staff valued people and enjoyed supporting them to achieve what the person wanted too and in line with their plan of care. The manager gave examples of value recruitment and how they hoped to match people using the service and staff with similar interests so they could share experiences.
- Staff told us how they were listened to and had increased confidence to speak up for people where necessary and ensure they had equality of opportunity.
- Relatives had noted a change in the service and felt more involved. one stated "My family member has gone out more and there appears to be more staff. "They felt management were responsive and felt less worried about the care being provided and more informed.
- Over both days of our inspection we observed staff offering and promoting choices to ensure people were spending their time as they wished. We saw staff and people enjoying each other's company and people seeking out staff to spend time with them. Staff engaged meaningfully with people.

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

- People were supported by staff who were familiar with their needs. Staff understood people's communication needs, routines and behaviours. They involved people in day-to-day decisions and involved people's families.
- Regular meetings were held with people to discuss what they wanted to do and day to day choices were promoted. People had clear objectives around what they wanted to do and achieve. These were measured to show progress towards achieving their goals.
- A family member told us they wished to be more involved with the service and have regular updates about the service and the wider issues affecting the provider.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to do what they could for themselves, and staff were mindful of people's needs and abilities. Staff told us they had seen a difference in people's behaviour as they were getting out more and trying new experiences. Staff told us people now went out regularly using both local resources and further afield. This helped to develop people's skills and promote their physical and mental wellbeing.
- Staffs observations and interactions with people were positive. Conversations were personalized evidencing that staff knew people well. People were given time to respond and given choices about what they wanted to do. Christmas preparations were underway, and people had recently celebrated Halloween.
- We spoke with one person and two family members who told us that staff were kind, and we observed a lot of laughter and appropriate physical contact.

- We reviewed people's records and saw they contained respectful information about people's needs and how they wished to be treated. Language used by staff both written and oral was respectful, and we observed staff enjoying people's company.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organization and delivery.

At the last inspection the provider was not ensuring that people received personalized care, tailored to their individual wishes' needs and preferences.

This was a breach of regulation 9 (Person-centered care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

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

- Care plans were in place and kept under review. These were individualized and gave us a good oversight of people's needs including physical and mental health care needs. An 'About me' showed at a glance important aspects staff should know before supporting the person. This was shared with other professionals on a need-to-know basis.
- Specific risks assessments were in place for any health care needs such as epilepsy so staff would know how to support people safely.
- We noted care plans described people's routines but there was nothing specifically in place around people's night care routines which were as equally as important as their day routines. This was discussed with the management.

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

- Experiences have improved for people living at the service since our last inspection. Staff told us what people enjoyed doing. They had all recently been to a hydrotherapy pool and were trying to get a regular slot. One person's horse riding had been reinstated and relatives told us staff supported people to visit them which was greatly appreciated. A staff member told us, "People had lived restricted lives during the pandemic which had affected people's mental health." They said things had significantly improved.
- A staff member told us, "The service is much more person centred with lots of trips, safari, zoos, meals, joint activities such as celebrations for Halloween." They said, "We are always trying different things and people are making small achievements."
- Relationships between staff and relatives had improved and activities with other registered services were encouraged in line with people's preferences. People also had the opportunity to take part in activities with other members of the community.

Meeting people's communication needs

Since 2016 all organizations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organizations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had varying communication needs and training was being rolled out to help ensure all staff had effective skills in different communication methods. Some communication tools were being used such as using pictures as a frame of reference and giving people appropriate choices.
- Familiar staff were aware of people's communication needs and could respond to people's needs, this was more difficult for agency staff, and it would be advantageous if they could receive additional support in this area. Staff were aware of when people's behaviour was unusual for them. People had communication plans, which provided a description of how people expressed themselves, such as they were in pain.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints procedure which was accessible. Most people would need support to raise their concerns but were regularly involved in supportive conversations about the care and support they received.
- Staff acted in people's best interest but also recognized the importance of engaging with families and involving advocates where appropriate

End of life care and support

- Staff supported people as long as it was appropriate, and they were able to meet people's needs. Staff worked in conjunction with other health care professionals and sought advice.
- People's last wishes had been taken into consideration and recorded and wider family members had been asked for their input.
- Recently a person passed away and had lived in the other registered service. People received support with this and attended the persons funeral.

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.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served and had improved the overall rating.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection the provider had poor governance and oversight arrangements in place to maintain standards and drive improvement at the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Quality assurance systems were in place, and we were mostly assured of the effectiveness of the new management structures and ways of working.
- We identified a number of concerns in safe but sought immediate assurances from the management team. Some of the issues identified by the fire officer should have been identified by the provider to ensure the safety of people using the service.
- A robust action/ improvement plan had been implemented and they were working on a five-year environmental plan to ensure maintenance and refurbishment was planned and equipment renewed as necessary.
- Since the last CQC inspection there had been a change in management and nominated individual with a greater oversight and vision for this service. Remedial actions had been carried out and the care and culture had improved.
- Relatives told us their trust had been reinstated and they hoped this could be maintained and felt it important that they had a greater stake in how the service was managed. They wished to be consulted and included in the outcome of the most recent survey. Staff told us of many improvements. One Staff described the manager as 'firm but fair' and all management as 'hands on and approachable.'
- Risks associated with people's care were effectively monitored and management had a greater involvement in the service and were empowering staff through support and training to record effectively and report any concern.
- The environment took into account people's needs and helped ensure people's safety could be upheld. Regular monitoring of people's needs helped to identify where the gaps were and how these could be rectified.
- Records were kept under scrutiny so any unidentified or changing need could be flagged up at the earliest

opportunity. It also meant that any unprofessional conduct demonstrated through negative language could be quickly identified.

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

- The previous culture of the service was poor, and the service rated inadequate. All staff spoken with as part of this inspection told us things had improved and attributed this to responsive management, improved environment, working conditions and being able to support people out into the community much more. A family member told us staff had a 'can do attitude and understood better 'positive risk taking and what they could and couldn't do.'
- We observed respectful practice and communication, and staff demonstrated an openness towards the inspection. Teamwork was improving with daily oversight and in the absence of management a shift lead was in place.

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

- People and families were involved in different aspects of the service and people had more control over their daily lives. Care reviews, house meetings and individual reviews were just a few ways people were involved.
- Quality was measured by what people achieved and staff had set goals with people which were measurable. Progress towards these were monitored and recorded. Families asked if this could be shared with them so they could see what their relative was achieving.
- People were present in their local communities and were encouraged and supported to spend time with their families and friends.
- Recent surveys had been issued to people, families and staff get wider feedback. This hadn't happened with any regularity before, but families were aware of the previous rating and improvements being made. We discussed with the manager about developing a family forum to help shape the service fit for the future.

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

- Incidents were monitored so lessons could be learnt and shared. We found staff and management were open. Mistakes were used to identify improvements in practice rather than used punitively. Greater accountability and understanding of the importance of records had empowered staff to take responsibility for what they did. Learning and incident oversight across the organisation was being better developed.
- The last inspection identified people had experienced poor outcomes of care for some time. The provider acknowledged this and worked hard to improve standards of care. The nominated individual at the time met with families to listen to their experiences and apologized, sharing with them the outcome of the CQC visit and plans to put it right.

Continuous learning and improving care

- The new manager and senior management team have worked hard to ensure all levels of the service provision has improved and people receive good outcomes of care.
- A robust action plan was in place, and this was communicated with relatives and staff, so everyone was working to the same goal. Staff were pleased with the changes and said the changes had led to a person-centred culture of care.

Working in partnership with others

- Changes had been achieved in the service by greater partnership working particularly with families who

now felt the service was more inclusive. The manager had a significant role to play in helping ensure people received joint up care.

- A letter from a GP complimenting the staff demonstrated how much this service was improved and staff were more proactive and confident in raising concerns and accessing support on people's behalf.