

EL Marsh Care Home Ltd

EL Marsh Supported Living

Inspection report

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Date of inspection visit:
07 April 2022

Date of publication:
06 June 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

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

EL Marsh Supported Living is registered to provide personal care to adults in their own homes. People had differing support needs including learning disabilities, mental health conditions and physical disabilities. At the time of inspection nine people were receiving the regulated activity.

Not everyone who used 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. At the time of the inspection six people were receiving support with personal care.

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

Right Support

The staff supported people to have the maximum possible choice, control and independence over their own lives. People were supported by staff to pursue their interests. The provider worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative. Staff did everything they could to avoid restraining people. The service recorded when staff restrained people, and staff learned from those incidents and how they might be avoided or reduced. Staff supported people to take part in activities and pursue their interests in their local area and to interact online with people who had shared interests. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. People and those important to them, including advocates, were involved in planning their care. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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 23 November 2021) and there were 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 23 November 2021. 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 undertook this inspection to assess that the service is applying the principles of Right support right care right culture. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for El Marsh Supported Living on our 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 safe.

Details are in our safe findings below.

Good ●

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 responsive findings below.

Requires Improvement ●

EL Marsh Supported Living

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

Two inspectors carried out the inspection.

Service and service type

This service provides care and support 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection the manager in post was in the process of registering with the CQC.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure someone would be in the office to assist our inspection, also people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before 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 annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We communicated with three people who used the service and two relatives about their experience of the care provided. Some people who used the service who were unable to talk with us used different ways of communicating including using Makaton, pictures, photos, symbols, objects and their body language.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with one person to tell us their experience.

We spoke with five members of staff including the manager, carers, senior carers, care coordinator and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

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 Good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure effective infection control measures were in place to keep people and staff safe. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- Our last two inspections found concerns about the lack of guidance for staff to support people who had epilepsy. This inspection found people's epilepsy specific risk assessments and care plans were detailed. The staff team understood the risks around people's epilepsy and how to manage these effectively.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.
- Our last inspection identified that not all staff were trained in how to safely support people who may require the use of physical restraint. This inspection found staff had completed physical restraint training and people's freedom was restricted only where they were a risk to themselves or others, as a last resort and for the shortest time possible.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. Staff considered less restrictive options before limiting people's freedom. For example, incident report records identified the proactive strategies staff attempted before having to use restraint a last resort. A family member told us, "The staff know [person] so well, they know the risks to [person] and the risks [person] causes and they do manage it well."
- A plan was in place to reduce restrictive intervention. Each person's care and support plan included ways to avoid or minimise the need for restricting their freedom. A staff member said, "We have clear plans to follow and we focus a lot on redirection to avoid the need for restraint. We keep highlighting [person's] goals from and consistently focus [person]."

Using medicines safely

- Our last inspection found protocols for emergency 'as and when' medicines for management of seizures contained conflicting information. This inspection found protocols for 'as and when' medicines for the management of seizures were clear, concise and detailed to provide staff with all the information needed to know when to administer these medicines.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of

people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

- People were supported by staff who followed systems and processes to, administer, record and store medicines safely. Staff followed effective processes to assess and provide the support people needed to take their medicines safely. A staff member said "We [staff] know how each person prefers to take their medicines, senior staff order the medicines on a cycle. We have trained staff to administer medicines and head office provides training to staff regularly."

Preventing and controlling infection

- Our last inspection found staff were not part of the provider's regular testing regime for COVID-19 to minimise the risk of infection. During this inspection we found staff were carrying out daily testing for COVID-19 prior to each of their shifts in line with government guidance and this was co-ordinated by a nominated member of staff.

- Our last inspection found staff did not always wear personal protective equipment (PPE) when supporting vulnerable people, did not know how to don and doff PPE properly and policy relating to PPE was not being followed. During this inspection we saw that all staff were wearing appropriate PPE and knew how to don and doff their PPE in line with guidance.

- The provider used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. These included the promotion of hand hygiene and frequent cleaning of the touchpoints in people's homes.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. A staff member said, "If I had any concerns anyone was being abuse in any shape or form such as physical. I would raise this to my line manager and if I didn't get the appropriate response, I would raise this above or externally." A family member told us, "The staff know and understand [person] very well so they keep [person] as safe as possible both in their flat and out in the community."

- Staff had training on how to recognise and report abuse and they knew how to apply it. A staff member said, "We have safeguarding and whistle blowing training annually online and we have further discussions with our managers about safeguarding too."

- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern. A family member said, "We are in constant contact with the managers and staff, we could raise any concerns and they would be acted on, but we haven't had any because [person] is safe here."

Staffing and recruitment

- We found gaps in the employment history of some staff members and the explanation of these gaps had not been sought. The provider took immediate action to review the employment history of all staff members and seek explanations for gaps identified.

- The provider had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. A staff member told said, "We support people to go out to the hydro pool, to the park to listen to the animals and birds and other places. We always have enough staff to support these activities."

- The numbers and skills of staff matched the needs of people using the service. One family member told us, "The carers they pick for [person] are very good [person] has their own allocated staff they know and trust them." However, another family member told us there have been times the staff teams have been moved and this has meant staff have not always been consistent.

- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff

knew how to take into account people's individual needs, wishes and goals.

Learning lessons when things go wrong

- The provider learned lessons following the concerns we found during our last inspection. The manager updated records to make them clearer and introduced new processes to ensure Infection prevention and control measures were followed.
- Staff recognised incidents and near misses then recorded and reported them appropriately. Managers investigated incidents which occurred and shared the lessons learned to help keep people safe.
- People received safe care because staff learned from safety alerts and incidents. Staff recorded all use of restrictions on people's freedom, and managers reviewed use of restrictions to look for ways to reduce them.

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.

Our last inspection found failure to ensure records are complete, detailed and accurate. 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.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Our last inspection found the provider had not always kept accurate records in relation to decisions made on behalf of people. This inspection found clearly recorded assessments and records were in place for people assessed as lacking mental capacity for certain decisions.
- Our last inspection found where assessments had been completed, they lacked detail to evidence how the person had been involved and how each decision had been assessed. Recording of best interest decisions had been found to be inconsistent. This inspection found staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. A staff member said, "People may lack capacity to make decisions in some areas but not others, we know people well and encourage them to make decisions where they can no matter how they

communicate."

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

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after.
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, trauma-informed care, human rights and all restrictive interventions.
- When staff had to use restrictive practice, teams held debriefing meetings and reflected on their practice to consider improvements in care, this was because staff put their learning into practice. Staff were knowledgeable about and committed to deploying techniques that promoted the reduction in restrictive practice. A staff member said, "We do a debrief with the staff and the person after the incident and they have calmed."
- Updated training and refresher courses helped staff continuously apply best practice.

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

- People received support to eat and drink enough to maintain a balanced diet. People were involved in choosing their food, shopping, and planning their meals. A staff member told us, "We ask the person what they want to eat and we support them to cook where they can. We also have a takeaway night each week which is their choice."
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals. People could have a drink or snack at any time, and they were given guidance from staff about healthy eating. A person indicated through talking mats they were happy with mealtimes and the support they received.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. For example, where people had specific diets or required specific equipment these were provided to support people to be as independent as possible.

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

- People had health passports which were used by health and social care professionals to support them in the way they needed. People's health passports included all the information about people's health needs as well as their sensory, communication and behavioural needs.
- People played an active role in maintaining their own health and wellbeing where they could. People were supported to attend annual health checks, screening and primary care services. A staff member told us, "We support people to attend hospital and GP when needed."
- Multi-disciplinary team professionals were involved in support plans to improve a person's care. People were referred to health care professionals to support their wellbeing and help them to live healthy lives. For example, when a person needed surgery the staff and management team maintained contact between the person's GP, the hospital, social worker and family to ensure the hospital treatment would be successful and

the person received good aftercare.

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 good. At this inspection this key question has remained the same. 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 received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff were calm, focused and attentive to people's emotions and support needs such as sensory sensitivities. A staff member said, "[Person] doesn't like noise they get afraid by loud voices and dogs barking. So, we are always careful with noise and how we interact as well as the places we go to make sure they are suitable."
- Staff were mindful of individual's sensory perception and processing difficulties. We saw people had sensory equipment in their homes such as lights and speakers so they could feel the beat of music. When staff communicated with people, they considered the extra time some people needed to process information.
- People felt valued by staff who showed genuine interest in their well-being and quality of life. Staff members showed warmth and respect when interacting with people. A family member said, "The carers know [person] and they are great, I'd be lost without them." Another family member told us, "[Person's] staff are very kind and know [person] so, so well."

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

- Staff supported people to express their views using their preferred method of communication. Staff took the time to understand people's individual communication styles and develop a rapport with them.
- People were enabled to make choices for themselves and staff ensured they had the information they needed. Staff took the time to understand people's individual communication styles and methods and used these positively. For example, people's communication care plans and grab sheets detailed how people communicate and make choices. One person was able to use their preferred communication method to choose their holiday for the summer.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics. We saw one person was able to discuss their interests with staff and arranged visits to churches of interest to them.
- Staff supported people to maintain links with those who were important to them. A family member said, "We have regular contact with [person] and the staff support this. We can call and visit when we can."

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. Records showed people were supported to be as independent as possible and to access the community to engage

with the public while enjoying activities.

- Staff knew when people needed their space and privacy and respected this. A staff member said, "We maintain people's confidentiality." Another staff member said, "We give [person] space when they need 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 good. At this inspection this key question has remained the same. 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

- People's goals were meaningful and staff spent time with people understanding how they could be achieved. We saw people were supported in ways that met their personalised needs while encouraging choice and independence. For example, we saw people using their computers and listening to music in ways they preferred.
- People learnt everyday living skills and understood the importance of personal care by following individualised learning programmes with staff who knew them well. People had clear care plans in place which identified their needs and how they preferred to be supported to maintain and develop their living and personal care skills.
- Relatives told us they were involved in planning their care and their choices and preferences were included in care plans. One family member said, "We reviewed [person's] care plan a few weeks ago which is up to date."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff ensured people had access to information in formats they could understand. For example, we saw people had different communication systems available to them in their homes and people's care plans included pictures and symbols where necessary.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. Staff were trained and skilled in using personalised communication systems.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. For example, we observed a non-verbal person make a vocalisation and the staff member supporting them knew exactly what the person was communicating and responded accordingly.

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 were supported to participate in their chosen social and leisure interests on a regular basis. A staff member told us, "[Person] likes lots of activities though likes to do things in quick bursts as [person's] attention is short."

- Staff provided person-centred support with self-care and everyday living skills to people. People's care plans were individual and detailed the skills people had, the areas they needed support and how they preferred to be supported.
- People were supported by staff to try new things and to develop their skills. Staff helped people to have freedom of choice and control over what they did.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. A family member told us, "I have complained when needed and they always resolve it."
- The manager treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them. For example, people's key staff meet with them to support them to feedback about the service they received and make changes to the support they received as needed.

End of life care and support

- People had a specific end of life plan in place which communicated their wishes.
- The provider had policies and procedures in place which required end of life care plans to be held in people's records when required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection systems and processes were not enough to demonstrate safety was effectively managed. 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

- We found the managers oversight failed to identify the need for competency checks related to the administration of insulin to ensure staff were implementing their training and following the correct procedures. The manager took immediate action to address this shortfall and arranged for competency checks to be implemented.
- The providers systems and processes failed to identify the gaps in staff employment records we found during inspection. The manager took action to address the identified gaps and explained the interviews were now carried out by managers for care rather than human resources and this process being developed.
- The newly appointed manager who was in the process of registering with the CQC had the skills, knowledge and experience to perform their role and had begun to introduce new oversight systems. These new systems to provide oversight of the services they managed were being developed and embedded into the service. For example, managers had begun to use and familiarise themselves with a new workbook which had been introduced to provide oversight of service delivery.
- Our last inspection found audits of care records had failed to identify conflicting information and incomplete records. This inspection found oversight had been improved and was more robust therefore information in care records was clear and records were complete.
- During our last inspection we found mental capacity assessments had not always been completed. During this inspection we found capacity assessments had been completed and care records updated reflect the outcomes.
- Our last inspection found there had been ineffective oversight of staff training to meet people's needs and use of PPE. This inspection found improved oversight of training and PPE use. A staff member said, "We get the training we need, and we have lots of training and refreshers." A family member said, "They [staff] always use PPE even when we turn up unannounced."

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

- People, and those important to them, worked with managers and staff to develop and improve the service. A relative said, "There was a dip in the quality however there has been a change in the management now, during the pandemic with the old managers it wasn't good but now it is far better and they have started to keep everyone involved." Another relative said, "The managers are better than the previous management though there is still room for improved communication with us."
- Staff encouraged people to be involved in the development of the service. For example, people who could were involved in the interview process for new staff that would support them.
- The provider sought feedback from people and those important to them through meetings and questionnaires. The last questionnaire findings identified that people were generally happy and accessed the community for the activities they wanted to do and felt the food was good and staff are good and people like the way they are treated.

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

- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. A staff member said, "The managers are very supportive."
- Staff felt able to raise concerns with managers without fear of what might happen as a result. A staff member said, "The managers are very good, and I have good contact with them. If I was not happy, I could see the managers about it."
- Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives. The new management structure has implemented new processes for regular training and development and hold meetings with staff where staff can reflect and develop. A staff member said, "We have staff meetings which updates me on the developments and changes in the company and we have supervision to look at our development."

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 duty of candour places a legal responsibility on organisations to act in an open and honest way when things go wrong. The manager and nominated individual were open and transparent, being fully receptive to feedback throughout the inspection process.
- The manager and nominated individual understood their responsibility to apologise to people when things go wrong.
- The rating from our last inspection was displayed and the manager understood their responsibility and when to submit statutory notifications to CQC.

Continuous learning and improving care

- The provider invested sufficiently in the service, embracing change and delivering improvements. A new management structure has been implemented since our last inspection and this structure is embedding into the service delivery.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. The provider has developed and implemented an action plan since our last inspection and is continuing to develop and improve areas of their systems and oversight.

Working in partnership with others

- The manager and staff worked well in partnership with other professionals which helped to give people

using the service a voice and maintain their wellbeing and ensure they received the care they needed. A staff member said, "[Person] has a regular visit from the occupational therapist to assess for new equipment." A professional told us, "There was a dip in the quality however there has been a change in the management now. [Staff] provide a good level of support to people. They communicate well with us and they are very responsive."