

Craegmoor Homes Limited

Priory Supported Living Kent

Inspection report

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Date of inspection visit:
08 June 2022
09 June 2022
24 June 2022
12 October 2022

Date of publication:
11 November 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

About the service

Priory Supported Living Kent provides a supported living service to people living in their own home or in shared accommodation in four locations across Kent and East Sussex. The aim is for people to live in their own homes as independently as possible. People's care and housing are provided under separate contractual agreements. People being supported had a range of needs and included people with a learning disability and autistic people. The service supported 23 people across all locations. Some people lived on their own and some people lived in shared accommodation. In the shared accommodation people had their own bedrooms. Shared facilities included bathrooms, lounges, kitchens and outside areas. The shared accommodation had a room for staff who provided overnight support.

Not everyone who used the service received personal care. The Care Quality Commission (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. 15 people were receiving personal care at the time of our inspection.

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

Some documentation lacked information and specific detail. Although this did not have a direct impact on people there could be a risk staff that were new or unfamiliar with people would not have the guidance to support them safely. The registered manager had taken action to improve records and documentation, but further improvements were needed.

There were enough staff to support people with their individual needs. Staff received training to support them in their roles and were offered supervision meetings with a manager to discuss any areas they were concerned about or wanted to improve. Staff understood the process for reporting safeguarding concerns and risks to people were managed well. People were supported to take their medicines safely.

People's health needs were supported and other healthcare professionals provided advice and support. People chose what food and drink they wanted, and staff offered advice about healthy food choices.

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

Staff spoke to people in a respectful and caring way. People and their relatives feedback positively about the care and support they received. People's individual preferences and rights were respected.

People were supported to pursue interests and activities. Some people had aspirations and goals, staff helped people plan how they would achieve their goals. People were able to make complaints about the service which were responded to. Information was provided to people in a variety of ways to meet their

communication needs.

Staff were positive about the registered manager and direction of the service, they told us there had been an improvement in the culture and they felt more engaged and supported. There were auditing processes in place to keep oversight of the service, audits identified shortfalls so improvements could be implemented. People and staff were asked for their feedback about the service so continuous improvement could be made.

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.

Right Support:

People were supported by staff to pursue their interests. Staff supported people to achieve their aspirations and goals. 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

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. 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.

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

Rating at last inspection

The last rating for this service under the previous provider was good (published 22 February 2022). At this inspection we found the provider remained good.

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 review the effective, caring and responsive domains not reviewed at our last inspection in February 2022. However, we received concerns in relation to the management of risk, financial management, staffing and accidents and incidents. Professionals working with the service reported a lack of responsiveness from the managers when following up on concerns. As a result, we undertook a comprehensive inspection to review all key questions.

At our last inspection we found that the provider and registered manager needed to address the negative, closed culture amongst staff and improvements to quality assurance, auditing and reporting processes were

required. At this inspection we found the culture in the service had improved. Staff told us they felt well supported and the service had improved.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Priory Supported Living Kent

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

This inspection was carried out by three inspectors.

Service and service type

This service provides care and support to people living in four 'supported living' settings, so that they can live as independently as possible. 20 people lived in shared supported living settings and three people lived alone in their own homes. 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 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

We gave a short period of notice of the inspection. This was because it is a small service and we needed to

be sure that the provider or registered manager would be available to support the inspection. We also needed to be sure that people were aware that we would be visiting, so they could decide if they would like to speak with us or not. Inspection activity started on 8 June 2022; we visited the office location on 9 June 2022. We continued with our inspection activity to ensure we could make robust judgments about the service and re-visited the office location on the 12 October 2022.

What we did before the inspection

We reviewed information we received about the service, including things the provider must notify us about, for example, accidents or safeguarding concerns. We sought feedback from the local authority and other professionals who work with the service. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with six people who used the service. We spoke with 10 members of staff including the registered manager, deputy manager and administrator. We received additional feedback from three staff who work for the service either by email or by telephone. We received feedback from one professional who had visited the service.

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 good. The rating for this key question has remained Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and the risks of abuse; staff knew what constituted abuse. They told us the registered manager was approachable and always listened, they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away. They knew where they could go outside of the organisation to raise their concerns if necessary.
- People were relaxed and happy when spending time with the staff members supporting them. People told us that they felt safe. A person said, "This is a good house. Everyone is kind, they look after us well. They are a good group of staff. I always feel safe."
- People's finances and how they were managed had been reviewed. Meetings had been held with the local authority. Management and oversight of people's finances was being transferred to the local authority to ensure people's monies were managed safely and effectively.

Assessing risk, safety monitoring and management

- People were supported to identify and mitigate risks associated with their care and support. The registered manager and staff assessed risks to people and supported them to lead the lives they wanted whilst keeping the risk of harm to a minimum.
- Action was taken to reduce risks from occurring. Some people were at risk of choking, others had seizures or were at risk of falls.
- Staff we spoke with knew what situations to avoid reducing the risk of a person having seizures. Staff kept records and monitored the person's seizure episodes so they could identify any triggers and take action. People at risk of falls had the equipment they needed to keep them safe and staff prompted them to use it. Referrals had been made to specialist services, when needed.

Staffing and recruitment

- Staff had been recruited safely. Records were maintained to show that checks had been made on employment history, references and the Disclosure and Barring Service (DBS). 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.
- There were enough staff to support people's needs well. Staffing levels were calculated day to day, some people received one-to-one hours of support to take part in the activities they enjoyed.
- Staff responded quickly when people asked for support or assistance. Staff told us, "We have enough staff now to make sure people do what they want. People are always safe, and they are always cared for" and "I think enough staff. Not much agency is used but the ones we do use are good".

Using medicines safely

- Medicines were managed safely; some people managed their own medicines and other people were supported by staff.
- Medicines were stored safely in locked cupboards in people's bedrooms. Safety checks were conducted each day to ensure medicines were correct and in order.
- Regular audits were conducted by designated staff and the registered manager to ensure there was good oversight and any errors were identified and acted on quickly.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. There were arrangements for keeping people's homes clean and hygienic.
- Staff followed the providers' infection control policy and procedure and kept up to date with the latest government guidance. Regular environmental audits were conducted which included infection control.
- Staff told us, they had completed training in infection control, including for COVID19. Staff used personal protective equipment (PPE) effectively and safely.
- Shared accommodation looked clean and uncluttered. People in shared accommodation told us they helped with cleaning in the communal areas and washing up. Staff supported them with these tasks.

Learning lessons when things go wrong

- Staff knew how to respond to and report accidents and incidents. All significant events were reviewed and analysed by the registered manager. Any patterns or trends were identified, and action taken to reduce the chance of the same things reoccurring.
- The management and staff teams had reflected on past situations when they could have acted differently. They described the things they had learned and put in place to help minimise the same happening again. Lessons learned were shared.
- There had recently been a medicines error. This was fully investigated and the reason for the error identified. This was shared with the staff team to reduce the risk of it re-occurring. Staff members had received further training and their competency was re-checked to make sure they were safe to administer medicines.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection in February 2022 this key question was not rated as we only inspected the safe and well-led domains. Since the last comprehensive inspection in 2018 our rating for this key question has remained Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people started using the service, the registered manager carried out an assessment of their needs. This reviewed the support people needed, and if the service could provide this support. The assessment took into consideration people's protected characteristics, like human rights and communication. Relevant guidance was followed such as positive behaviour support guidance on how to support people who are communicating a need, expressing feelings or an emotional reaction.
- Assessments involved people and their representatives such as family and social and health care professionals. Assessments focused on what each person hoped to achieve by using the service. Such as to be more independent and to take part in day to day activities.
- The registered manager assessed if the person would be compatible with the people already living at the service, and considered their communication needs, and if these could be met by staff prior to accepting any new people.
- The most recent person to move into the service had a successful transition. Best interest meetings had been held and the move had been carefully planned. The person had settled well at the service. Aspects of their life had improved, and they were taking part in things which they had not done for the previous two years.

Staff support: induction, training, skills and experience

- Staff we spoke with told us they had the training and support to do the best job they could. Staff told us they had recently completed training in what to do to prevent choking and the action to take if someone did choke. A staff member said they were confident supporting people if this did occur. A staff member said, "Get a mixture of training and there's plenty. Face to face and e-learning depends what it is. Additional training for things like advanced medicines. Yes, got training in learning disabilities and autism and there is training in Makaton you can do (Makaton is a unique language programme that uses symbols, signs and speech to enable people to communicate)."
- When staff first started work, they received induction training. This lasted for a period of three months. Progress and learning were monitored throughout this period. New staff had time to get to know the people they would be supporting. They shadowed more experienced staff and received training in mandatory courses like first aid, safeguarding people from abuse and health and safety.
- Staff told us the registered manager or deputy visited the different locations people lived in regularly. Staff said visits had increased over the past few months and they felt more supported then previously. The

registered manager listened to staff and acted if there are any concerns. For example, when a staff member needed to move from a service location for personal reason their request was granted.

- Staff told us that they received regular supervision from senior members of staff, and they had an annual appraisal. Staff said, "We have monthly supervisions and any problems or concerns raised are promptly dealt with, we also have regular governance meetings that we participate in. I feel the training we receive is good and if we request anything more specialised then they try to have this arranged" and "Support has improved a lot. If you had asked me this question a few months ago I would have said 'No, I don't get the support I need. Now I can call management and there is always someone at the end of the line to help."

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

- Staff assisted people to attend a variety of healthcare appointments and check-ups. Staff and the registered manager worked closely with a variety of health care professionals such as occupational therapists, speech and language therapists and specialist nurses to ensure that people received the best care possible. When people's needs changed staff sought advice from appropriate sources promptly to ensure their guidance was up to date and people's care and support could be changed if needed.
- There was information in place for people to take with them if they were admitted to hospital. This laid out important information which healthcare staff should know, such as how to communicate with the person and what medicines they were taking. People had health action plans in place detailing their health needs and the support they needed.
- People were supported with their oral care. They had regular dental appointments and their care plans contained guidance on how to support people to clean their teeth in the way they preferred.

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

- People were supported to eat healthy and varied diets to help them to stay at a healthy weight. Specialised training was undertaken by staff to support people with conditions that significantly impact upon their relationship with food which could lead to serious health problems. There were risk assessments around how to support these people and they told us how well staff supported them and the positive affect it was having on their health.
- Staff worked with dieticians and speech and language therapist to support people to eat and drink safely. Staff were aware some people had allergies, or conditions that restricted what they could or could not eat.
- People were involved in choosing their food, shopping, and planning their meals. Staff supported people to be as independent as possible when shopping but worked with people to look at their choices and suggest healthier alternatives.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way and we saw people preparing meals on inspection. Mealtimes were flexible to meet people's needs. People could have a drink or snack at any time.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported to make their own decisions as much as possible. Staff knew about people's capacity to make decisions through verbal or non-verbal means and supported people to make their own choices about their daily care and support.
- Staff explained how they could assess from people's body language, behaviour and reactions if they consented to their care and treatment.
- Some people had certain restrictions in place to support their safety. The registered manager had shared information with care managers so applications could be made to the local authority to apply for DoLs with the court of protection. The registered manager kept restrictions on people under review and this was discussed with care managers at people's reviews.

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 in February 2022 this key question was not rated as we only inspected the safe and well-led domains. Since the last comprehensive inspection in 2018 the rating for this key question has remained Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Staff spoke about people with fondness. A staff member said, "[Person] has a brilliant sense of humour. It is great working with them." Another staff member said "[person] is amazing. They are doing so well. They are doing so much more since they came here."
- Staff knew people well and understood how they liked to spend their time. Staff were mindful of individual's perception and processing difficulties. People were given options, but some enjoyed the same routines, such as going out for long walks, shopping and paying for their groceries.
- Staff recognised when people became anxious and offered them emotional support. Staff spoke with people calmly, gave them assurances and the time to respond at their pace. A relative said, "Staff love [person], the staff I have met are good, they contact me regularly and send updates and pictures of [person]".
- People were smiling, happy and relaxed. They chatted easily with staff. Staff told us, "[name] always say they are happy. They are always smiling and laughing. If they were not happy, they would stay away from people. People were valued by staff who showed genuine interest in their well-being and quality of life.

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

- People were supported to express their views and be involved in decisions. A person told us, "The staff care about what I do, they are interested and ask me questions." People were enabled to make choices for themselves and staff ensured they had the information they needed.
- Staff had developed a rapport with people. They supported people to express their views using their preferred method of communication. People were able to inform staff about what they wanted. People were given the time to listen, process information and respond to staff and other professionals. Staff were calm, focused and saw people as their equal.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences. People, and those important to them, took part in making decisions and planning of their care and risk assessments.
- Staff supported people to maintain links with those that were important to them. A relative said, "The difference in the last few months is amazing. They are like a different person. [Person;] is always laughing, happy to come home but importantly happy to return and has even asked to go back! Staff have taken their

time to get to know [person] and have asked us for advice when required. We do feel that we are kept updated with things."

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. Staff understood the level of support people needed to be as independent as possible. Staff encouraged people to do things rather than assume they could not do them.
- People were encouraged to do as much for themselves as possible. People who wanted to, helped prepare meals, Hoover and clean the house. One person was being supported to increase their independence. Staff were supporting them to manage their money independently. The aim was for the person to be able to manage and spend their own money when and how they wanted. People were supported to budget, do their own shopping and choose the food they preferred.
- Staff supported people to maintain their dignity and independence when supporting them with personal care and other activities. A staff member said, "[Person] threw a drink in their room the other day and I asked them to clean it up with me rather than just doing it for them. I think it's important for building independence."
- Staff knew when people needed their space and privacy and respected this. People were able to spend time alone if they wanted to.

Is the service responsive?

Our findings

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

At the last inspection in February 2022 this key question was not rated as we only inspected the safe and well-led domains. Since the last comprehensive inspection in 2018 the rating for this key question has remained Good.

This meant people's needs were met through good organisation and delivery.

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

- The registered manager and staff recognised the importance of supporting people on an individual basis. They understood the importance of promoting equality and diversity and respecting individual differences.
- Care plans were detailed with regards to people's preferences, likes and dislikes. Staff had the information available to help ensure people received consistent care to meet their individual needs. A relative said, "We have been involved in deciding which activities take place and I am happy that [person] lives in a stimulating and caring environment. I often hear [person] laughing and giggling in the background when I call."
- Staff provided people with personalised, and co-ordinated support in line with their communication plans, assessments and support plans. Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. Each person had a care plan that detailed the care and support that they needed in the way they preferred and suited them best. Staff had the skills and knowledge to support people with their individual needs.

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 maintain important relationships. Some people who were living away from their local area were able to stay in regular contact with friends and family via telephone, Skype or social media. Staff supported people to travel to different parts of the country to meet up with friends and family. A relative said, "Yes, we can just turn up to visit [person] we don't have to call them, but we do in case they are out."
- People and staff worked together to organise holidays based on their needs and interests. People at one of the shared locations had recently been on holiday to the New Forest. They said they had a great time and were looking forward to going again.
- People were supported to participate in their chosen social and leisure interests on a regular basis and staff encouraged people to broaden their horizons and develop new interests and friends. People went bowling, to different clubs and discos and staff identified new activities people would enjoy. A Relative said, "Yes, [person] does a lot, they go for carriage rides, to the sea life centre and music therapy in a community centre. They seem to take [person] out a lot not just stay in and do nothing." A staff member said, "They do their own activities but also do things together. Tonight, I am taking two people to the disco."
- People were encouraged and motivated by staff to reach their goals and aspirations. For example, a person dreamt of watching their football team play in person. Staff planned to achieve this with the person.

Staff worked with them, to find the right staff member and considered every aspect of the plan to minimize anxiety. Management sought advice from the stadium, who provided more accessible seats, and enabled the person to enter and leave the stadium at different times to the general public to avoid over-stimulation.

- Staff also told us since the increase of staff they were able to organise more activities and spend more time with people. People told us they were happy with the activities they did. One person said, "We can try new things if we want to, but I like what I am doing at the moment."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations 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 were supported to communicate in their preferred way. Some people used tablet computers or objects of reference as a way to communicate. Easy read documents were available for people should they need them, and some people used pictures of reference to assist their communication.
- Staff told us some people used Makaton to communicate and staff could undertake Makaton training to support this.

Improving care quality in response to complaints or concerns

- The registered manager told us all complaints were taken seriously no matter how small. This had been discussed with staff in governance meetings. For example, one person had complained that their favourite juice was not available. This was immediately addressed. Another person had complained that they had been unable to a jigsaw when they wanted to as the table was being used. Staff resolved this by getting another table in the room.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them. People were regularly asked whether they had any concerns or thoughts about the support they received and if it could be improved in any way. This process was referred to as 'You said, we did'. People had requested environmental changes, such as; changing the colour of the tiles, or redecorating bedrooms, which was accommodated by staff.
- People, and those important to them, could raise concerns and complaints easily. People could fill out a 'tenant complaint form' that was passed to staff and escalated.

End of life care and support

- No one at the service was currently being supported with end of life care.
- Staff understood the importance of having these difficult conversations and had considered how to approach people but admitted it was a difficult task as it would cause people anxiety or distress.
- People's care records included space for people to discuss their end of their life 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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

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

- We identified some shortfalls in documentation. Care plans were cumbersome and contained a lot of information that made it difficult for staff to easily find the relevant information they needed. New staff and agency staff would not be able to find information quickly if they needed it. The provider was in the process of transferring people's plans onto an electronic system. Staff told us this would improve accessibility to information they needed.
- Although there was guidance in place on how to reduce risks associated with people's health needs such as epilepsy, choking and falls, the risk assessments did not include full step by step guidance for staff on what action to take if the risks occurred. For example, if someone started to choke or had a seizure. However, staff were able to tell us the necessary action they would take when the risks had occurred. Personal emergency evacuation plans (PEEPs) did not include specific information to instruct staff on how to support people in an emergency. This is an area for improvement. After the inspections the registered manager told us they had started to update and improve documentation.
- Recruitment records were not all kept together. One staff recruitment file only contained one reference; the other reference was at the provider's central office. Staff interview notes were not kept in their files. These were also kept at the central office. Auditing of the files was difficult as different pieces of information were kept in different places and because of this there was a risk that something important may be missed. The registered manager said this was due to the system for managing recruitment records being updated and they had already taken action to improve this.
- The registered manager and staff understood their roles. The registered manager monitored the service to identify areas that could be improved, and lessons learnt. For example, there had been a safeguarding incident which had not been reported immediately to the registered manager. This caused a delay and meant action to keep people safe was delayed. The registered manager took action to improve reporting processes and met with staff to remind them of the importance of immediate reporting. The registered manager had improved oversight of this area by implementing more robust measures to monitor safeguarding concerns.

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

- Staff told us the service had improved over the past few months. They said they work together as a team to support people. One staff member said, "Staff get on well now. The atmosphere has improved before it was divided. We are back to be a good team. We are here for the people who need support, that is our priority. We are working together as a team and conflicts had been resolved."
- The registered manager was supportive and listened to what staff said and had taken action to resolve issues. Some staff had left the service and others had moved to different supportive living services within the organisation. A staff member said, "At present the culture is really good, the team, in my opinion all get along well. It was not good earlier in the year, things have really improved since then. I do get all the support I need from management" and "It's a service that I am proud to work in. The staff have gained more knowledge of people and have become fond of them. It has been a positive environment to work in."
- The registered manager understood the importance of people open and transparent when things went wrong. A relative told us, "The manager is excellent, there was an incident with an agency worker, but we were happy that they (the registered manager) acted straight away and told us what had happened."

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

- Regular meetings with staff were conducted to discuss information which was important relating to people and the running of the service. Meetings were an opportunity for the team to feedback what audits had identified and where improvements were needed. For example, the meeting in September 2022 had identified that complaints were not being recorded well although staff were responsive in resolving any concerns people had. The registered manager discussed with staff what should be recorded and the different ways in which people could be supported to make a complaint when they had different communication needs.
- People were encouraged to engage and be involved with how the service ran. For example, some people were involved in interviewing new staff. The registered manager had identified that although people were asked for their feedback formally there was a low completion rate. To improve this, they planned for staff who did not directly work with the person to support them to complete surveys. They hoped people would feel more comfortable sharing their feedback particularly if there were any negatives.

Working in partnership with others

- The registered manager and staff worked with others to encourage positive outcomes for people. A health professional said, "I had a visit recently and both the manager and deputy were keen to help. They kept me informed prior the visit about my client as their needs have increased. Both managers had good knowledge about my client's needs, wishes, they were aware about the care and support plan. My client is receiving quality care and support, and all carers were made aware of what he needs at all times, including following a food diet."
- Relatives told us they felt well informed and updated about their loved ones. One relative said, "I have meetings with the deputy, if I was concerned, I'm sure they would listen." Staff said, "See manager and deputy most weeks. Can text them, call anytime, they come here can email, someone is always available even out of hours. There is an on-call manager and they answer straight away."