

Cygnet Learning Disabilities Midlands Limited

Walkern Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service: Walkern Lodge is a small care home for up to four people with learning disabilities and/or autistic spectrum disorder aged 18 years and over. There were two people living at the service at the time of inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

Improvement action plan issued following the previous inspection

Following the previous inspection on 20 April 2018 we rated the service 'Requires improvement.' The provider sent us an improvement action plan following the last inspection, that told us what they would do and by when. We found at this inspection that some of these improvements had been made. However, we found continued concerns with how the service had been managed, and how staff had been supported. Although recent changes to the management team had demonstrated some improvement we identified a breach of regulations in relation to the governance of the service and keeping people safe from harm or abuse.

People's experience of using this service:

The service was not consistently well led. Effective audits to maintain the safety and quality of care had not been consistently provided. Audits and checks were not consistently robust and did not fully capture the issues relating to risk management. People were happy with the management of the home, however staff felt unsupported at times, and for some staff morale was low.

People felt safe and were supported by staff who knew how to identify when a person was at risk of harm. However, where concerns were raised that put people at risk of harm, these were not responded to in a timely manner. Where incidents were reported, investigations were not consistently documented to ensure people were not at risk of harm.

Staff were provided with training in some key areas, and the training provided had been reviewed since the previous inspection. However specific training did not always meet people's specific needs. We have made a recommendation that supervision and appraisal encourages staff to develop their skills to specifically meet the needs of people they support.

People's nutritional needs were known and assessed but not consistently supported by staff.

People were supported by sufficient numbers of staff at this inspection. However this had been poorly managed prior to this inspection. We have made a recommendation that managers proactively plan for staff absence and review contingency arrangements for staff cover.

Staff were employed following a robust recruitment process.

People received their medicines as the prescriber intended and medicines were safely managed. Regular reviews of people's medicines were undertaken.

People's consent was sought and processes were followed to ensure consent was obtained in line with the legal requirements.

People lived in a purpose built environment, however work was ongoing to ensure the home was reflective of the people who lived there, and more of a homely environment.

People received support from a range of healthcare professionals when needed. Staff supported people to attend these appointments, and ensured actions arising were followed up.

People's privacy and dignity was met, and people felt the staff were caring and attentive. People were provided with good support to communicate and staff knew people well.

People were involved in developing their care plans and ensuring the care and support they received reflected their personalities and preferences. People were supported to be part of a wider community and engage in a range of activities and interests they enjoyed.

People felt able to raise any concerns or complaints to the staff or managers.

The service met the characteristics of Requires Improvement in some areas. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Requires improvement when we inspected on 20 April 2018 (the report was published on 12 June 2018).

Why we inspected: This inspection was a scheduled inspection based on previous rating.

Follow up: This is the second time the service has been rated 'Requires improvement.' We will therefore meet with the provider to seek assurances they will meet the characteristics of a 'Good' service and maintain those standards. We will visit the service again in the future to check if they have made these changes to the quality of the service. We will refer our findings to the local authority.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always Effective

Details are in our Effective findings below

Requires Improvement ●

Is the service caring?

The service was Caring

Details are in our Caring findings below

Good ●

Is the service responsive?

The service was Responsive

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was not always Well Led

Details are in our Well Led findings below

Requires Improvement ●

Walkern Lodge

Detailed findings

Background to this inspection

Background:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Walkern Lodge is a care home without nursing. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who had submitted their application to be registered with the Care Quality Commission. 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.

Notice of inspection:

Notice for this inspection was not given.

What we did:

Before the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as allegations of abuse. We assessed the information contained in the providers information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the action plan the provider sent us that told us how they would make the required improvements found at the last inspection in April 2018. We contacted the local authority commissioning and safeguarding teams for their views about the service, along with health professionals who visited the service.

We used all this information to plan our inspection.

As part of the inspection we:

We spoke with one of the two people who lived in the service. We also spoke with four staff, two health professionals, the registered manager, two regional managers and the provider.

We looked at care records relating to the people who lived in Walkern Lodge.

We reviewed medicine administration records for people, along with records of accidents, incidents, training and complaints, and reviewed documents relating to the management of the service such as audits and quality assurance reports including those relating to fire safety.

Is the service safe?

Our findings

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

Requires improvement: 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.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to identify when a person may be at risk of harm or abuse. Staff received regular safeguarding training. All staff were aware of the whistle-blowing process and who to contact if they had concerns about people's care or safety.
- There was easy to read information on display around the service to tell people about abuse and keeping safe, although this wasn't in a format people may be able to understand.
- However, the providers safeguarding systems that were in place to protect people from the risk of abuse were not always effective. We were made aware during the inspection that concerns had been raised by health professionals. The provider was made aware of this at the earliest opportunity. However, they delayed taking any action to ascertain whether people were at continued risk.
- We raised this during the inspection, and the provider subsequently followed their policy and took action. However, no actions were taken prior to our discussion.
- At our previous inspection we found staff reported concerns, but the registered manager did not review people's care or report concerns when needed. At this inspection we found some improvements had been made with responding to incidents reported, however the process was disjointed and not cohesive. For example, we found one incident in the folder that recorded a person returned from hospital with a number of bruises or marks. There was no record of investigation to ascertain the cause, and the manager and regional manager were unaware of the incident. The team leader recalled the event and assured the management team that the marks were caused by medical treatment, however there was no evidence to support this at the time. Further incidents that were not reviewed or signed off related to behavioural incidents and where people had been seen to have health concerns such as cracked heels.
- The gaps within incident reporting meant that the risk of those incidents and suspicions of harm may go unidentified. The regional manager had recently implemented a monitoring system that reviewed monthly incidents, accidents and injuries within the service. Although this recorded the type of event, it did not further analyse times, dates, triggers, or staff present. They agreed that by fully assessing the themes, this would enable them to more robustly review incidents in the home and assure themselves incidents were fully reviewed and responded to in a proactive manner.
- Safeguarding systems and processes were not being operated effectively to investigate, immediately upon becoming aware of any allegation of abuse or harm. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff felt staffing levels in the home had not been consistently well managed. One staff member said, "On paper we have enough, but for some reason we don't. Some shifts are short, maybe it's sickness. We still have staff doing double shifts. Personally, I have done a 22-hour shift waking (night shift)." Another staff

member said, "The other week I did a 28-hour shift, [Sleep in shift] that was very hard, but was because [Person] was in hospital. Sometimes others have done 24-hour shifts or sleep ins when something happens, and we can't change or get people in."

- Rotas showed that in the three months prior to the inspection there had been occasional instances where staff had worked excessively. However, since the recent managerial changes staffing was better managed, and gaps in the rota were filled in a planned way. Although we did find two occasions where staff worked excessive shifts.
- However, it was clear that staff felt there were issues with the deployment or availability of staff to cover things like leave, sickness or when there are changes in the service. We recommend that the provider reviews the staffing levels and deployment in the home, and effectively plans contingency measures to support people in the event of planned or unplanned absences or emergencies.
- Staffing where it worked well was arranged flexibly and where people needed one to one or two to one support this was provided.
- Staff were recruited safely having supplied professional references, evidence of identity and right to work and undergone Disclosure and Barring Service (DBS) checks. These were completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Assessing risk, safety monitoring and management

- The person spoken with told us they felt safe. They said, "I like it here, it's my home and I am happy." Staff were knowledgeable about risks associated with people's daily living. They were able to describe to us in detail how they supported people. They were aware of people's changing needs and how to provide the care people required.
- Risk assessments were in place for people's individual risks, having been recently reviewed and developed by the regional manager and staff team. Where previously risk assessments were not consistently completed, this had improved. Where people may present a risk of harm to others or to staff, additional assessments were in place that clearly guided staff how to manage this.
- Positive behaviour support [PBS] plans were used to manage those behaviours, such as aggression either verbal or physical. These contained personalised strategies which focused on the behaviour such as triggers and how the person may act. They also contained proactive actions staff could take to reduce the likelihood of the behaviours recurring. Central to the PBS plans were strategies to encourage the person through engaging them with things important to them. Staff were all aware of these strategies and how to proactively use them. One staff member said, "With [Person], I know when we ask them if they want personal care and they refuse, or talk about their weight, that's a trigger. It's important we give them their space, that's very important. Because we know [Person] we can avoid some incidents by following the plans."
- Further guidance was available to staff with areas such as nutrition, skin integrity, and personality disorders. Assessments and care records were reviewed as people's needs changed, and with a multi-disciplinary team of professionals when required.
- People were kept safe because the equipment had been maintained. Fire safety had been reviewed regularly and the service had a fire risk assessment in place which had been reviewed with actions arising. We confirmed with the regional manager that these had been completed.
- Fire drills were regularly completed and staff confirmed the procedure for how to evacuate people in the event of an emergency. Each person had a personal emergency evacuation plan (PEEP) in place to detail what level of support they would require to evacuate the service in a fire. People were also involved when fire drills and evacuations were carried out.

Learning lessons when things go wrong

- The provider continued to develop their systems to monitor accidents and incidents, learning lessons from these to reduce the risks of issues occurring again. This included organisational learning from incidents

which had either occurred in other services owned by the provider or from incidents and events that had occurred nationally and had been reported about within press releases.

Using medicines safely

- Medicine administration records (MAR) were complete and accurate and people received their medicines as prescribed. MAR charts didn't always record the amount of medicines carried forward from the previous month however, and this made it difficult to track medicines. We spoke with the managers about this and they agreed to review and revise.
- Staff followed good practise when administering medicines; such as checking prescription labels before dispensing.
- Where people had 'as and when' medicine such as pain relief there was information for staff such as how often the medicines could be taken, why and when it may be needed.
- Medicines were checked and audited frequently. Where errors had occurred, appropriate action was taken immediately to review and ensure people were not at risk. Medicines were stored securely and at the correct temperature.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff had received appropriate training to learn how to minimise the risk of infection spreading.
- Staff told us they followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare-related infections where necessary. We observed staff using PPE during the inspection.

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

Requires improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- People could choose what to eat and drink and when. Staff supported people to shop for their food and cook within their own living space but did not always support people to make healthy choices.
- Prior to the inspection concerns were raised by one person's family that staff had taken food to the person that was not healthy for them to eat. At the time, this person was not considered to be able to make wise, informed decisions about their intake. Staff were asked to not provide unhealthy options, but to promote a healthy choice, due to the person's health needs. Staff were all aware of the need to ensure this person was encouraged to eat a healthy diet but took the decision to not follow this guidance. The provider took appropriate disciplinary action.
- Staff had a good awareness of people's dietary needs and preferences and monitored people's nutritional intake when needed. For example, staff were supporting one person to lose weight. However, records of what this person ate were not consistently maintained.
- Where people required specialist assessment, for example dietician or speech and language input this was sought. We saw staff followed appropriate guidance and people experienced good outcomes.

Staff support: induction, training, skills and experience

- Training records showed staff had received training in areas such as safeguarding, medicines administration, positive behaviour support and autism. However, key training had not been provided in areas such as skin integrity or hydration and urinary tract infection [UTI] management and prevention. Lack of training and awareness placed people at risk of their condition deteriorating and staff not being aware of these changes. Both people living in the home required support with these areas. The regional managers had identified this since being in post and had organised training to be delivered.
- Staff were not at the time of inspection being encouraged to develop their skills or knowledge further. All the staff spoken with told us they had asked over the past twelve months to access further specific training. Some was in relation to infections and skin integrity. They had been told this would be looked into further, however no training or update had been provided to staff.
- Staff were committed to providing good care and were enthusiastic about developing their skills or knowledge. The regional manager told us they were developing champion roles which would enable staff to each be trained in a key role, such as autism, and then support colleagues and champion good practise.
- Staff told us they felt supported by the team leaders and regional managers. Staff told us the team leaders had managed them well during unsettled periods when the previous registered manager left. One staff member said, "When [Previous manager] left it was difficult, a lot was up in the air. The team leaders have been brilliant though, I can go to any of them and they will help me with anything I need." A second staff member said, "Since [Regional Manager] started a couple of months ago I feel supported again by

management."

- Staff although feeling supported were not provided with regular supervision. The regional manager identified this and had begun to provide structured supervisions where they could plan staff development and discuss matters relating to their role.
- We recommend that staff are supported to keep their knowledge updated in line with the needs of the people they support. Furthermore, that staff have effective and regular mentorship, support, supervision, appraisal and training that enables them to develop their skills.

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

- People's needs were assessed and regularly reviewed. Multi professional meetings supported the assessments people underwent before moving to the service to ensure the support and care they required could be safely provided. However, limitations with training for staff meant outcomes for people were not consistently reviewed against recognised care standards to ensure best practise.
- The service had been developed in line with the principles and values that underpin Registering the Right Support. This ensured that people who use the service live as full a life as possible and achieve the best possible outcomes. We saw the provider had held meetings with the local authority recently as referrals made to the service were considered inappropriate. The regional manager told us that when referrals were made, consideration had not been made to how people would live together. As a result, the provider had reviewed the process for referrals and admission to ensure care could be provided in line with care standards and the law.
- Staff reviewed people's care regularly with a range of health professionals and specialists to provide care in line with best practice guidance.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Where DoLS authorisations were granted the conditions of this were being followed, and where these were removed, people were free to live their life without restriction.
- Where an application was awaiting authorisation, a risk assessment and care plan was not in place to manage the restriction. The regional manager and manager reviewed this following our inspection.
- We saw the regional manager had submitted a DoLS for the use of restraint for one person, due to their behaviour.
- The appropriate process had been followed, and an advocate had been found to represent the person's views. Managers and staff were clear that restraint would be used only in exceptional circumstances, and at the time of the inspection there had been no reason for staff to use this.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- People were actively encouraged to make day to day decisions, and staff checked that people gave consent before they provided any support.
- Staff had received training in relation to capacity and consent and understood the basic principles of the

MCA.

- Where DoLS authorisations were granted the conditions of this were being followed, and where these were removed, people were free to live their life without restriction.
- Where an application was awaiting authorisation, a risk assessment and care plan was not in place to manage the restriction. The regional manager and manager reviewed this following our inspection.

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

- People's care was reviewed by a vast range of health professionals. These included GP's, dieticians, nursing teams, social workers, crisis intervention teams, behavioural and autism specialists among others.
- People were supported to attend health appointments when required with staff supporting them to attend.
- The regional manager had recently reviewed people's care with health professionals and kept in regular contact with people's social work teams. Any changes were reported, and interventions quickly put in place to meet people's needs swiftly. One health professional said, "I won't comment on the previous management regime, it wasn't very robust, but I can say that [Name of regional manager] has been very good and quick to share their views."

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

- The service was purpose built. It was bright and airy, and people had access to both their own living areas and communal spaces. Adaptations to the design of the service were made when required and based upon each person's individual needs at that time.
- People's bedrooms were personalised and reflected their personal interests and preferences.
- Staff were in the process of redecorating the home and tidying the garden. However, the home had a cold and sterile feel to it lacking any items or decoration to make communal areas feel like it was a home and not a hospital setting. Signage in the home did not meet people's communication needs and further development was needed to ensure the home met people's diverse needs.

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed people being treated with kindness and compassion. Staff responded quickly to people and when they spoke with people they did so in a patient, calm and friendly way.
- People were comfortable around staff. We saw people looking for staff to spend time with socially, and both staff and the person enjoyed the time they spent together.
- People told us they liked the staff. One person said, "The staff are nice, I like them a lot." We observed one person talking about their day with one staff member. They were clearly comfortable in their presence and the person referred to the staff member as, "My grandma," when talking with them. Staff had clearly developed meaningful relationships with people.
- Staff had considered people's diversity needs and taken action to improve people's lives. For example, staff utilised their autism training to adapt to each person's needs.

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

- People were supported to express their views in a way which suited them. People had keyworkers who they regularly spent time with. Keyworkers are staff who take the lead in coordinating a person's support.
- Regular meetings were held with people to discuss concerns, requests, meal planning, activity planning.
- Staff were developing the use of communications aids to assist people to communicate where this was appropriate.
- People were encouraged to have the support of an advocate to independently assist them with making decisions about their care. The manager was in the process of supporting one person to access an advocate to help make key decisions about where they moved to.

Respecting and promoting people's privacy, dignity and independence

- We observed that staff treated people with dignity and respect.
- Staff respected people's privacy. Staff did not enter people's rooms without knocking first and being invited in. Staff told us how they supported people with their personal care in a dignified manner to ensure the person's privacy was maintained, such as making sure doors and curtains were closed.
- People were supported to maintain important relationships. People were supported to stay in touch with their relatives and see them when they wanted to. When people did not want to see their relative's staff respected this but encouraged them to do so.
- People were encouraged to be independent. Support plans included information about how much a person could do for themselves. Staff shared information about helping people to increase their independence.
- People's records were stored securely to protect their privacy.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported in an individual and personalised way. Staff knew people well and understood their likes and dislikes and were aware of people's preferences.
- We saw on both days of the inspection that staff understood how people wanted to be supported. One person liked to spend time in their room. Staff respected their privacy and discreetly observed them when necessary so not to distress them.
- People regularly reviewed their support. Records showed that reviews were outcome focused, with people participating in tasks and activities to demonstrate that they had achieved their desired outcomes and wishes.
- People were supported to access whatever activities they wished to do either that day or that week. Staff planned people's week with them, but this was subject to change depending on what each person wanted to do. On the day of inspection, one person decided they wanted to go shopping, to the cinema and have a meal out, which staff readily supported them to do.

Improving care quality in response to complaints or concerns

- People had information about how to complain should they wish to.
- We observed that people and staff had a good rapport; people felt comfortable to approach staff and ask questions or raise concerns or grumbles.
- Staff told us how they recognised if people were unhappy and explained that people's behaviour may change, people may become withdrawn or act differently. This would alert staff, who all confirmed they would report this and explore the reasons for this.
- Complaints that had been raised had been investigated and responded to.

End of life care and support

- The service was not supporting anyone at the end of their life.

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.

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- There were systems in place to check the quality of the service including reviewing support plans, medicines, safeguarding, maintenance and health and safety. Prior to the appointment of the new management team areas for improvement had not been consistently identified or responded to.
- Until the appointment of the new management team, the provider had not ensured the service improvement plan following the previous inspection was acted upon. Robust action had not been taken by the provider to ensure people received safe and high quality care until an incident in the home at the beginning of this year. This led to changes in the management of the home and an increased presence by senior managers to support the improvement in the home.
- Although this new team had quickly established themselves and identified key areas for improvement, the systems to check the quality of the service were not embedded, and until recently had not identified concerns.
- Staff told us they did not feel supported by the provider. People had not been supported as they expected by the provider. For example, one person was left without a cooker for a significant period of time. It was the providers responsibility to repair or replace, but this was not followed up for several months. Staff told us that they had not seen effective management from the provider until the appointment of the new management team. .
- Policies and procedures had been amended and reviewed since the last inspection to provide updated guidance and support to staff.
- The newly appointed manager at the time of this inspection received appropriate support from the provider and the senior management team.

However, the provider had not ensured a robust system of governance had been in place since the previous inspection to improve the quality and safety of care provided. Effective management had not been embedded in the service to promote quality care and the management culture and oversight did not support staff to consistently perform in their roles and feel supported to do so. This was a breach of regulation 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There was not an open and transparent culture within the service. Staff were not informed of changes to the service that affected them. For example, staff were not informed of concerns recently raised by the hospital. This lack of transparency led to a team leader unknowingly allocating a staff member to work

unsupervised without any knowledge of the concerns raised.

- Staff said they felt supported by the team leaders, and told us, "They [Team leaders] held things together when [previous registered manager] left, without them doing the extra this place would have fallen apart." However, staff told us their morale was low. One staff member said, "I am going through a stage where I don't want to come to work, we don't get information or training." A second staff member said, "I know some people are thinking about leaving."
- The manager understood their responsibilities to ensure compliance in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment. Subsequent to the inspection the manager sent in a copy of their action plan to support their registration with CQC. This action plan identified and addressed the concerns found at this inspection and also sought to further improve and develop the service.
- The person we spoke with commended the care and support they received. They said, "I am very happy with my care, it's very good and I am happy with all the managers." Staff told us the new management team were responsive and supportive. One staff member said, "Since [regional manager] there is a better feel to things."

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

- People were engaged in the service and asked their opinions. People were asked for feedback through weekly house meetings.
- Staff meetings took place regularly although staff told us they had not felt listened to. They said that had changed since the new regional managers were in post. Staff said they hoped the new manager would continue to listen to their views and opinions. During the inspection, the new manager developed a standard item agenda and would seek staff feedback when setting that agenda.
- Staff told us they now felt better supported by new management structure. Since the departure of the registered manager staff had not had regular access to support.

Continuous learning and improving care

- The provider told us that learning and improving care was an area they were developing and working with staff across the region. They gave us an example where they had met with the local authority commissioning team to discuss referrals and admissions to the service. The provider had reviewed recent admissions and concluded that some people had been inappropriately referred or admitted. This had led to a breakdown of the placement. They had implemented the new criteria and in future the provider would have the final authority on authorising new placements.
- Staff told us they had not been given sufficient time to debrief or learn lessons when things went wrong. Staff reflected on a recent person that resulted in them moving on from Walkern Lodge. Staff told us they felt it would have benefitted their learning if they were able to reflect on the placement and how they could develop their knowledge.

Working in partnership with others

- The service works in partnership with people, their relatives and health and social care professionals.
- Staff demonstrated that they also worked in partnership with the provider's positive behaviour support team.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Regulation 13 (3) Established processes were not operated effectively to investigate, immediately upon becoming aware of any allegation of abuse.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1) (2) (a) (b) Systems and processes that were established were not effectively operated to ensure the quality and effectiveness of the service was reviewed. Systems did not ensure that staff views and opinions were identified and actions taken to improve the wellbeing of staff employed.