

Normanshire Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Normanshire Care Services Limited is a residential care home which provides accommodation and personal care to up to six people. At the time of the inspection four people were living at the service. Normanshire Care Services Limited is a care home set up in an adapted residential building with a garden.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. The model of care provided to people focused on giving choice and promoting independence. However, we found the service did not always meet all of the principles. This meant people's quality of life was at risk because they were not always getting the right support they needed. We have made a recommendation in relation to placement referral and assessing people's needs.

Relatives felt people were well looked after and safeguarding procedures were embedded in the service. Systems for recording incidents and accidents and complaints were in place and learning from these were recorded.

The provider assessed people's health related risks to protect them from the risk of avoidable harm. Staff were aware of their responsibilities and knew what action to take should they suspect any form of abuse. People were protected from risks associated with the spread of infection.

Systems were in place to support staff in their role including supervision.

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. The provider and staff understood the need to obtain consent before delivering care.

Staff demonstrated how they got to know people and their care needs once they started living at the service. The provider involved people in choices and decisions about their day-to-day care. Staff provided a service that met people's diverse needs. Support staff took steps to promote people's privacy, dignity and independence on a daily basis, however, the provider's systems were not effective enough to always support people's dignity and independence.

Care plans were personalised. Staff understood how to provide a person-centred service. People's

communication needs were met. The service had a policy in place to provide people with end of life care if required.

Staff spoke positively about the changes in leadership in the service, the team leaders and the new service manager. The new service manager was settling into the service and keen to make improvements. The provider had systems to capture feedback from relatives about the quality of the care provided.

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 12 November 2019) and we served a warning notice in relation to safe care and treatment and there were multiple other 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 12 November 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection and concerns raised in relation to management of the service.

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

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?

Requires Improvement ●

The service was not always 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Normanshire Care Services Ltd

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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. We took this into account when we inspected the service and made the judgements in this report.

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.

During the inspection

People using the service had complex needs, some of whom were non-verbal. During our visit we observed aspects of support being provided. This enabled us to see how care was delivered to people living at the home. We spoke with one person living at the service.

We spoke with five staff including the, service manager, team leader, activity coordinator and one support worker.

We reviewed a range of records. This included three people's care records and associated risk assessments. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including infection control and prevention audits, complaints and incident and accident logs. We also completed an infection prevention and control (IPC) tool, used to assess IPC practice at the home.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested further documentation related to recruitment, staff supervision, service audits, risk management, deprivation of liberty safeguards (DoLS) and quality assurance. We spoke with the local authority and a healthcare professional. We spoke with the registered manager and service manager. We also called staff providing support and managed to speak with three. We contacted three relatives, unfortunately we were not able to speak to any during this inspection.

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.

Assessing risk, safety monitoring and management

At our last comprehensive inspection in August 2019, we found the provider had failed to robustly assess the risks relating to the health safety and welfare of people. 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

- Risks to people and the environment had been assessed. The fire risk assessment had been updated and fire drills took place. The service manager told us the maintenance service to the fire equipment due in April 2021 had been delayed due to a COVID-19 outbreak at the service and the service had been rescheduled.
- Records showed all relevant safety checks had been completed by the provider. This ensured the building and appliances were safe for people living at the home.
- Risk assessments were individualised and covered areas such as, being out community/road safety, personal care, travelling in a car and behaviours that challenged the service.
- Staff we spoke with understood their roles in managing risks posed to people. They were able to explain some of the risks and how to mitigate these.
- Most people had a PBS plan in place to assist staff to manage behaviours that challenged the service, including triggers. Staff and records confirmed this.
- Records showed ABC charts were completed and the service manager and team leader completed an analysis of them to track trends in people's behaviour and make changes to support where possible.

Preventing and controlling infection

At our last comprehensive inspection, we found people were placed at risk of harm and acquiring an infection as the provider failed to follow good infection control practice. 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 had met the warning notice and was no longer in breach of regulation 12.

- There was a visible difference to the physical environment since our last comprehensive visit in November 2019. The service had carried out various improvements to the home to keep people safe. For example, the laundry room had been reorganised and new appliances to reduce the risk of the spread of infection by

separating soiled laundry. The service had purchased a lockable cabinet where control of substances hazardous to health (COSHH) material were kept. This ensured people were safe from the risks of exposure to or ingestion of hazardous substances.

- Infection control policies and procedures supported infection prevention and control practice within the home. We observed staff wearing masks and staff told us they were provided with sufficient personal protective equipment (PPE). A staff member told us, "We have enough PPE. Our mask is always on when on the floor [on duty], when giving personal care we wear gloves and apron as well as a mask."
- Visitors to the service were required to use the side entrance and to complete a lateral flow test before entering the main part of the building. People were supported to see their family members. Therefore, we were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- People using the service and staff took part in regular testing for COVID-19. People were required to complete monthly testing and staff carried out weekly tests. This included a lateral flow test, this allows the service to receive results within 30 minutes. This helped the service to reduce the risk of spreading infection and allow them to closely monitor and act immediately to ensure government guidelines can be followed where positive test results were discovered.
- Where possible the service encouraged social distancing utilising the space available within the home.
- Cleaning schedules were in place and infection control audits were carried out. However, we noted some areas required additional cleaning to help minimise the risk of spreading infection. We observed staff cleaning frequently touched areas such as door handles.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

At our last comprehensive inspection, we found people were placed at risk of harm. This was a breach of regulation 13 (Safeguarding People from Improper Treatment or Abuse) 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 13

- Systems were in place to safeguard people from possible abuse and to ensure all relevant parties were notified of allegations of abuse at the service.
- Staff and records confirmed they had completed safeguarding adults training. A staff member told us, "I would report [any abuse] straight away, I know that's the right thing to do." Staff knew about the whistleblowing policy and the external authorities they could report to, including the local authority, CQC and the police. A staff member said, "I'm aware of that [whistle-blowing policy], I need to make sure when I see something that is not right or if I feel a service user [person using the service] is being abused I need to say, I can take it further I can report to the local authority or CQC."
- Staff provided examples of abuse and actions they would take if they suspected someone had been mistreated. This included reporting any suspicions of abuse in the first instance to the manager.
- Records showed there had been one potential safeguarding incident since in December 2020. The service had worked with the local authority who decided not to treat the incident as a safeguarding matter. A CQC notification of the incident was submitted by the registered manager.
- Although most people at the service were not able to communicate verbally, one person was able to communicate with the help of the activity coordinator. They told us they were, "Good," and would talk to,

"CQC," if anyone hurt them. To the question has anyone hurt you, they responded, "No."

Staffing and recruitment

At our last comprehensive inspection, we found people were placed at risk of harm as safe recruitment practices were not followed (Fit and proper persons employed). This was a breach of regulation 19 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 19.

- The service had employed more skilled staff, including an activity coordinator and team leader.
- Safe recruitment practices were followed to ensure staff employed were of good character to work with the people they care for.
- Staff recruitment records showed necessary checks were carried out prior to staff working with the service. Such as, references and criminal record checks.

At our last comprehensive inspection, we found people were placed at risk of harm as staffing levels were insufficient to meet their needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18

- At the time of our inspection we found staffing levels were sufficient to meet people's needs. Staff rotas showed the number of staff on duty were present at the time of our visits to the service.
- Following concerns about staffing levels at the weekends, we visited the service on a Saturday and found not all staff listed on the rota were present on that day. Although there were enough staff on duty, agency staff had replaced two permanent staff members who were not able to work that day.
- We asked the service manager about this and they told us staff had called in absent and they required agency staff to cover.
- A staff member told us staffing levels had improved recently, in the past the service was very short staffed, they now have staff providing cover for breaks. Another staff members said, " Yes I feel there is enough staff to meet people's needs."

Using medicines safely

At our last inspection we recommended the provider sought advice and guidance from a reputable source in relation to PRN and topical creams medicine management in care homes. At this inspection we found the provider had made improvements.

- Systems were in place to safely manage medicines at the service. Controlled drugs were kept in a locked cabinet fixed to the wall and staff completed the register accurately to be assured that the amount of medicine was correct.
- Medicine administration records) were signed and up to date indicating medicine had been administered to people as prescribed.
- The service manager told us, and audits showed, errors were identified and addressed.
- Protocols for PRN 'as and when required' medicines were in place.

Learning lessons when things go wrong

- Accidents and incidents were recorded in a log and learning from these were documented. This included an evaluation and sharing learning from these with staff.
- Records showed changes had been made to the service following an analysis of accidents and incidents. This enabled the service to pinpoint specific times incidents had occurred and identify triggers. For example, the service manager had identified specific times when behaviours that challenged the service had escalated for one person and they had introduced additional activities to help staff to manage and better support the person.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

At our last comprehensive inspection, we found no evidence that people had been harmed, however, the care and treatment of people did not always meet their needs. This was a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9. However, further improvements were required to ensure people's needs were fully assessed for them to achieve the best possible outcome.

- The provider did not always follow national standards and guidance to inform their practice. For example, the service failed to demonstrate all the principles which underpin the right support, right care and right culture guidance.
- The guidance sets out that autistic people and people living with a learning disability can expect, amongst other things, to live a meaningful everyday life, have a choice about where to live, get good care and support from health services and get access specialist health and social care support in the community.
- The provider had not met these expectations for a person living at the service. The provider had not made a full and adequate assessment of one person's needs to be assured the service could meet their needs before the person moved in. The needs assessment completed by the service was vague and lacked important detail about the person's behaviours that may challenge the service putting them and other people already living there at risk of harm.
- The new service manager sent records demonstrating that the provider had made multiple attempts to engage with the commissioning authority psychology input, without success. Records showed a meeting took place with specialist in March 2020, however, there had been no further specialist support.
- The provider had made improvements in providing the right care and had created a sensory room and sensory garden patch to support people's needs.
- People were supported with their physical healthcare needs. For example, records showed people had attended various appointments, such as the opticians and dentist. These were recorded in people's health files.
- Records showed the service worked closely with the dietitian where people had specific needs in relation to their weight and nutrition.

- People had an oral care and hygiene support plan and risk assessment to help staff support people to maintain their oral health. A staff member told us, "Everyone has an oral health plan, they get a dentist review yearly for dental check-ups." One person's oral health documentation included incorrect medical information however the service manager told us they would update it.
- Following our inspection, the provider submitted evidence of an initial meeting held in March 2020 with psychologist. Despite chasing further request for psychology input, no further psychology input was provided.

We recommend the service seeks guidance and support from a reputable source in relation to referral and assessment of needs process

Staff support: induction, training, skills and experience

At our last comprehensive inspection, we found people were placed at risk of harm as staff were not trained and supported to effectively carryout their role. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Records showed staff had completed on-line training in other subjects, including, health and safety, mental health, dementia and learning disabilities, nutrition and wellbeing, dignity and respect, effective hand hygiene, emergency first aid, equalities, diversity and inclusion, food safety and hygiene and fire safety. This was confirmed by staff.
- "Staff also told us they had completed specialist training in the management of actual or potential aggression (MAPA). Staff were able to explain how the training had helped them to manage behaviours that challenged the service."
- Staff reported that agency staff were often used to cover gaps and felt there was not always enough time for them to complete a full induction putting people at risk of not receiving effective care in line with their needs.
- Following our inspection, the provider told us online training refresher training was completed every 12 months, however they recommended staff completed training every six months as evidence of good practice.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last comprehensive inspection, we recommended the provider sought advice and guidance from a reputable source in relation to working within the requirements of the Mental Capacity Act (MCA) 2005. At this inspection we found this had improved.

- Where people had been restricted of their liberty the relevant DoLS authorisation was either in place or an application made for renewal.
- Mental capacity assessments had been completed as part of the DoLS assessment and best interest decisions made in relation to COVID-19 testing and vaccination
- Staff we spoke with understood the importance of obtaining consent and the principles of the MCA. A staff member told us, "You have to assess someone's mental capacity, whether they can make decisions for themselves, that's when DoLS comes in. You can't say someone lacks capacity, you must always assume everyone has capacity... most residents [people using the service] have DoLS and doors are locked for their safety."
- An advocate told us the service had facilitated a best interest meeting which went well, and resulted in the person being supported to have their vaccination.

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

- People's nutritional needs were being met and their choices for food and drink accommodated.
- Each person had a menu plan in place which included food and drinks they liked.
- Staff were familiar with people's food likes and dislikes and prepared meals chosen by people using the service. A staff member told us, "They [people using the service] do have their choice of meals, they have a menu, but don't strictly follow this. If [people] don't want this would pick an alternative meal which is cooked for them. Menu is based on people's likes and dislikes or based on way [person] is feeling or what they want to eat on that day."
- People with special dietary requirements had this documented in their care plan and appropriate exercise equipment had been put in place to support a person's dietary needs.

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

- The home fitted into the local residential area, however there was a staff desk and medicine cupboards in the relatively small communal dining and lounge area. These would not be in a private home set up and therefore limited the way people could choose the way they lived their lives on a daily basis.
- The service had made a number of improvements around the home since our last comprehensive inspection in December 2019. The garden area had been redesigned with colourful fencing. A designated area had been painted to represent a zebra and pedestrian crossing to help support people's road safety.
- A new office building had been built and provided more office space for staff.
- People's rooms had been decorated and personalised to meet their individual needs. This included artwork and pictures of people they liked.
- Following our inspection, the provider told us the desk had been placed in a safe area for the team leader and staff who monitor the service, and to ensure the safety of people living at the home, who also used the desk area. One person offered a job opportunity within the service used this to complete their tasks.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people well. We observed some good interactions between staff and people using the service. Staff spoke in a caring and kind manner. We asked one person whether staff treated them well and they told us, "Yes."
- Staff records showed they had completed training in equalities and diversity and said they treated people with equality. We asked how they would welcome people from the lesbian, gay, bisexual and transgender (LGBT) community. A staff member told us they would, "Treat [people from the LGBT community] with respect and equality."...We would welcome [people from the LGBT community] and make them feel wanted and needed, not to make them feel any different about themselves."
- People's diverse and cultural needs were met, for example, one person who preferred halal food was provided with this.

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

- People were supported with decisions about their care from their families, advocate and professionals.
- Staff provided examples of how they involved people in their care, such as, giving people choices about the meals they ate and the activities they participated in.
- An advocate told us, "Communication is good. I get regular weekly updates on activities, more than I can keep up with."
- Monthly newsletters produced by the activity coordinator showed people had been involved in decisions about their care, including participating in various activities.

Respecting and promoting people's privacy, dignity and independence

- Other than the circumstances discussed in effective, people's dignity was respected, including closing doors when providing personal care. A staff member told us, "I make sure the door is closed when giving personal care and cover the person." Another staff member said, "I always ask for permission, and privacy maintained at all times. Make sure the door is locked when giving personal care."
- Most people's independence was encouraged, and their privacy and dignity maintained.
- The service manager told us one person using the service had been employed to carry out auditing tasks to develop their skills and promote their independence and http://crmlive/epublicsector_oui_enu/images/oui_icons/cqc-expand-icon.png records confirmed this
- Staff told us where people were able to participate in care, this was encouraged. For example, encouraging people to undertake domestic tasks, such as washing their plate.

- People's confidentiality was maintained, and staff were aware personal data was secure. Care files containing sensitive information about people were kept in a locked cabinet.

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 requires improvement. At this inspection this key question has now improved to 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

At our last comprehensive inspection, we found no evidence that people had been harmed, however, people did not always receive personalised care that met their needs. This was a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People had care plans that were person-centred and had been regularly reviewed. Care plans included people's preferences for care.
- Staff we spoke with knew people well and were able to tell us how they provided care and ensured people's preferences and choices were being met.
- Staff were aware of people's changing needs and this was reflected in people's care records.
- During the inspection we observed some positive interactions between staff and people using the service.

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.

- People's communication needs were identified and documented in their care records.
- Staff understood people's communication needs and told us they used body language and communication aids such as Makaton, a unique language programme that uses symbols, signs and speech to enable people to communicate. Staff also used, picture exchange communication system or PECS. This allows people with little or no communication abilities to communicate using pictures.
- A member of staff told us how they had supported a person to learn to say two words which supported their communication.

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

- Since our last comprehensive inspection, the provider had employed an activities co-ordinator to support people with various activities. This enabled the service to provide activities tailored to meet people's individual preferences.
- People participated in activities of their choice. During our inspection we observed people going out into the community to the shops. We also observed one person baking a cake with support from the activity coordinator. They were keen and enthusiastic about participating in this activity.
- People were supported to communicate with their families on a regular basis.
- Each person has an activity programme detailing activity they liked to participate in. The activity coordinator told us people had the choice to change this if they wanted to do another activity. Records and pictures confirmed this.

Improving care quality in response to complaints or concerns

- Systems for dealing and acting on complaints were in place.
- The service manager told us there had been ongoing complaints from neighbours regarding noise levels at the home. Records showed the service had responded to these.
- An analysis of complaints showed identified particular times when noise levels were at their highest.

End of life care and support

- The registered manager told us people had an end of life care plan which involved them.
- No one at the home was currently receiving end of life care, however, the provider had an end of life policy in place should this care be 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last comprehensive inspection, we found people were placed at risk of harm, systems for monitoring the quality of the service were ineffective. 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. However, further improvements were needed and time for changes to the management structure to be fully embedded.

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

- The provider's monitoring systems were not always robust enough to lead to improvements in care quality and to ensure each person achieved the best possible outcomes regarding their quality of life. People's needs were not always fully assessed prior to admission to the service. The service had not always implemented care in line with the right support, right care and right culture guidance.
- At our last inspection the provider was required to submit a monthly action plan showing how the service was improving and meeting the standards required to ensure people were safe. Although the provider had met the improvements outlined in their action plan, these had not been submitted to us in line with the timeframes required.
- There had been changes to the management structure over the last six months and these changes required time to be embedded.
- A new service manager joined the service in March 2021. Prior to this the service was managed by a temporary service manager and team leader following the departure of the previous service manager in December 2020. They were supported by the registered manager who had overall responsibility for management of the service but was not heavily involved in the day to day running of the service.
- The new service manager told us they were still finding their way and keen to continue to improve the service. They had been responsive to requests for information as part of this inspection.
- The new service manager told us regular audits were carried out on the service and covered areas such as, infection control, medicines, health and safety and care records. Records confirmed audits had identified areas for improvement, for example, medicine audits had ensured people received medicines safely. However, further improvements were needed in areas highlighted in this report such as needs assessments process.

Working in partnership with others

- The service worked with other healthcare professionals to ensure people received appropriate care.
- The provider had been working closely with the local authority who had conducted a number of unannounced visits to the home. The local authority told us the provider had made huge improvements since our last visit and this had been noted during our inspection.
- Health care professionals spoke positively about the service. A health professional told us they felt the service had been responsive in notifying them of incidents and their request for input from a psychologist. Another health professional provided feedback to the service welcoming their plans to open a day centre and noted the improvements made by the activity coordinator.

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

- Staff told us they felt supported by the new service manager who was approachable and still finding their way. One staff member told us, "Luckily the manager is very good."
- Another staff member told us the registered manager was, "A good leader, comes often, most times does what they need to and go."
- Staff told us the service had begun to make improvements. One staff member told us, "The service manager, with support from the team leaders, managed to do what was needed [to improve the service]."
 - Staff we spoke with were committed to providing person centred care to people to ensure good outcomes, although the information the outcome for one person had not been fully assessed.
 - The provider told us of their plans to open a day centre in the summer for people using the service. This would be managed by the activity coordinator currently employed by the service and would provide people with the opportunity to take part in further activities outside the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities in relation to duty of candour and the importance of transparency and notifying relevant stakeholders when things went wrong and submitting notifications to CQC for notifiable incidents.

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

- People, relatives and staff were asked for their views of the service and the care provided.
- A relative survey carried out between December 2020 and January 2021 showed relatives were happy with the service and the improvements made.
- A staff survey carried out in October 2020 showed that overall staff were very satisfied with the support they received, and they felt listened to. Most felt involved in future plans at the service.
- The provider had introduced a staff forum to allow staff working on the ground to communicate with senior staff, including the provider and directors. A staff member told us, "Currently developed a staff forum; a medium where we can speak to other senior staff, managers and director who are there to listen to staff and complaints."
- People using the service were involved in the running of the service. For example, records showed one person had been involved in the recruitment of staff. Records confirmed this. This empowered the person to undertake tasks and develop their independence. The service manager told us this person had become a paid employee at the service.