

Assure HealthCare Group (South) Ltd

Willow Brook

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

Willow Brook is a domiciliary service that provides care and support for people with mental health needs, a learning difficulty and physical care needs. The service provides personal care to people living in five 'supported living' houses. Staff provided support to people in each of the houses on a 24/7 basis. At the time of our inspection the service was supporting seven people with personal care needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

'As required' medicine (PRN) protocols were not always detailed and PRN protocols were not completed for one person. Care plans and risk assessments did not always contain enough information to guide staff.

Best interest decisions had not always been recorded following a mental capacity assessment.

People were not always supported effectively with their communication needs. We made a recommendation about this.

The provider and the manager had taken steps to improve the service and ensured people received safer care. An action plan to address the warning notices issued by CQC had been implemented. All the requirements of the warning notices had been met.

Arrangements were in place for obtaining, storing, administering and disposing of medicines in accordance with best practice guidance. Staff knowledge had improved, and people received their medicines as required.

People were safeguarded from abuse and significant events were being reported to CQC as required.

An effective system had been developed and put in place to record and respond to complaints. Lessons learnt were shared throughout the staff team.

Recruitment was managed in line with the provider's policy to ensure suitable staff were employed.

We observed people were treated with dignity and respect throughout the inspection.

End of life care plans were in place and managed in line with best practice guidance.

Systems and processes were in place for quality assurance and monitoring, these were being improved

further. These needed to be embedded into practice.

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 service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 19 December 2019) when there were six breaches of regulation.

Following our last inspection, we served a warning notice on the provider. We required them to be compliant with Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and, Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 8 February 2020. The provider sent us a monthly action plan detailing how they are going to progress and improve. 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 started as a targeted inspection based on the warning notices, we served on the provider following our last inspection. CQC are conducting trials of targeted inspections to measure their effectiveness in services where we served a warning notice. However, due to the significant improvements that had been made we moved to a comprehensive inspection which meant we looked at all five key questions.

We undertook this inspection to check the provider now met legal requirements.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

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 ●

Willow Brook

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by two inspectors on day one and two of the inspection, and one inspector on day three of the inspection.

Service and service type

This service provides care and support to people living in five 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with the Care Quality Commission. This means the provider is solely responsible, legally, for how the service is run and for the quality and safety of the care provided. However, a manager had applied to register with the Commission and their application was being processed.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We interacted with, and had limited conversations with, two people who used the service. However, most people using the service were not able to verbally express their views. We spoke with 10 members of staff including the manager, two operational managers, a deputy manager and some care workers.

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

Is the service safe?

Our findings

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

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

The purpose of this inspection was to check if the provider had met the requirements of the warning notice. Enough timely action had been taken and the provider was no longer in breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, they needed more time to embed their new systems and procedures into practice.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to operate effective systems to prevent abuse of people using the service and to conduct effective investigations into allegations of abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, enough improvement had been made and this was no longer a breach of regulation.

- The provider had policies and procedures in place to protect people from the risk of abuse. Since our last inspection a lot of work had taken place to ensure these were effective and were being followed by managers.
- The manager told us, and documents confirmed that allegations of abuse were now being reported to the local safeguarding authority and CQC.
- A professional emailed us saying, "I have recently completed follow up quality audits as part of our continued work with them [service] and on the whole things have greatly improved in terms of the patient files – most have the new documentation and the detail and layout is much better than before, we now have greater confidence in their incident reporting and safeguarding responses and MCAs." They did tell us, "there is still a way to go" and they would review again in a few weeks.
- The provider had put effective systems in place to collate, analyse and monitor allegations of abuse and ensure they were reported appropriately.
- People's relatives told us they felt their family member was safe. One relative told us, "I would say he is safe, I have complete confidence in who looks after him." Another relative said, "Yes she is safe, we weren't happy previously, but they have really stepped up, they know her well now."
- All staff spoken with had a good understanding of what to do to make sure people were protected from harm. Staff had confidence their concerns would be listened and responded to. One staff member told us, "I would report any abuse to my line manager, CQC, police and safeguarding." Another staff member told us, "I would report it [abuse] to my managers, or above if necessary. The manager would report it to the correct safeguarding teams and investigate and if necessary, suspend [staff] to make sure service users safe."
- The manager had implemented face to face safeguarding training for all staff. Posters were in place to

remind staff of their responsibility and a new safeguarding policy had been implemented since our last inspection.

- Where people were continuously supervised by staff the provider had informed the local authority that they were depriving people of their liberty. The local authority is responsible for making the applications to deprive people of their liberty in supported living settings. We saw documented evidence that the registered manager had continued to speak to the local authority regarding applications on a regular basis.
- People who had behaviours that affected them and those around them had positive behaviour support plans in place. These gave guidance to staff on what triggers to look for and how to respond to the person to minimise the risk to people and reduce the risk of using physical interventions.
- Significant improvements had been made and more time was required to embed them into practice.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, enough improvement had been made and this was no longer a breach of regulation.

- Some medicines are subject to additional controls by law; these are called 'controlled drugs' (CDs). At the last inspection, we found staff did not follow the provider's recording procedures when a person went out and they took the person's CDs with them. This meant they were unable to account for where the medicines were. At another of the house's CD records were not always accurate. At this inspection we found improvements had been made. The process for recording medicines taken out of the house had been updated, all medicines records were accurate, and people had received their medicines as prescribed.
- Care staff told us, and documents demonstrated staff received medicines training and had their competency checked to ensure their practice was safe.
- Most 'as required' medicines (PRN) protocols were clear and detailed although some required a bit more detailed information. For example, one PRN protocol advised take one to two tablets. However, this did not guide staff when to administer one tablet or when to administer two tablets. Another person's PRN protocol advised the medicine was for pain relief. It did not identify how the person lets you know they are in pain. The manager was responsive to this and made immediate arrangements for this to be updated. One person did not have PRN protocols in place. An operational manager was able to demonstrate these were in process of being developed for the last person.
- During the inspection, we observed staff supporting people with their medicines in a safe and unhurried manner. We observed good practice and staff demonstrated they had good knowledge of people's needs.
- Procedures were in place to ensure medicines were ordered, stored, administered and disposed of safely.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Some care plans contained detailed explanations of the control measures for staff to follow to keep people safe. We did see in one supported living service, some care plans which required more detailed information. For example, one person had a care plan about behaviours that challenge others which advised staff to use de-escalation techniques, however, did not describe what these techniques were. We spoke to an operational manager about this who took immediate steps to add more detail to plans that required it.
- People's records were checked to monitor the information was up to date and accurate on a monthly basis by the manager.
- The provider had quality assurance procedures in place to check the safety and effectiveness of the service. A range of audits were undertaken such as, fire safety, medicines management, and care plans. These enabled the manager and provider to monitor and identify any shortfalls in the quality of the service

people received. A detailed action plan was completed to identify any improvements required as a result of service audits and quality checks by the provider and manager. This showed action was taken in response to the findings and monitored for completion.

Staffing and recruitment

- Staff were recruited safely, and all the required checks were carried out to protect people from the employment of unsuitable staff. For example, disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment were completed prior to staff starting work in the service. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- New staff were introduced to people prior to providing any support and worked alongside more experienced staff to learn about people's needs.
- People's relatives told us there were enough staff and one relative told us there is, "I believe there are enough staff." Another relative told us, "I presume there are enough staff, we are getting lots of photographs and calls." We reviewed the rota and made observations during the inspection. There were enough staff to support people safely and to ensure people's needs could be met. This included staff support for participating in activities and outings. Staffing levels were calculated according to people's needs.
- The manager told us staff shortfalls were mostly covered by their own staff doing overtime or through their bank staff and agency staff. The manager said, "Agency use has been reduced by a huge amount, where it is used, we use regular agency staff to maintain consistency."

Preventing and controlling infection

- Staff had undertaken training and were aware of their responsibilities to protect people from the spread of infection. There was an up to date infection control policy in place.
- The manager had effective systems for prevention and control of infection in place.
- Staff told us they were provided with personal protective equipment (PPE). We observed staff using gloves and aprons when required throughout the inspection.

Learning lessons when things go wrong

- The manager had put effective systems in place to check incidents and understood how to use them as a learning opportunity to prevent future occurrences. Risk assessments and care plans were reviewed following incidents to prevent reoccurrence.
- Incidents, accidents and near misses were clearly recorded, acted upon and analysed. The manager told us, "All incidents are reviewed, it is put on a spread sheet, we pick up on trends and staff teams pick up on trends." They told us they try and reduce levels of incidents and report to the relevant authorities.
- The manager also told us they were a great believer in reflective practice. They said, "There have been some frank conversations with staff, we utilise reflective practice sessions...We discuss themes and things I would like the person doing the reflective practice sessions to focus on."

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

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 inspection the provider had failed to ensure people were cared for with the consent of the relevant person and in accordance with the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, enough improvement had been made and this was no longer a breach of regulation.

At our last inspection the provider had failed to use restraint without taking account of the person's capacity to consent to such treatment and to ensure people were not deprived of their liberty, for the purposes of receiving care or treatment, without lawful authority. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, enough improvement had been made and this was no longer a breach of regulation.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice that was served in relation to this breach. Enough timely action had been taken and the provider was no longer in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection the MCA had not been followed and there was no evidence of mental capacity assessments and best interest meetings to demonstrate that the decisions staff had taken were in the person's best interests and were the least restrictive option.

- At this inspection we found where some people lacked capacity to make certain decisions for themselves, this was referenced in their care records, capacity assessments had been carried out. These had associated best interest decisions recorded which reflected other people's input, including family's involvement. However, we did identify that there was no mental capacity assessments and best interest decisions in relation to consent to care and support and restrictive practice for one person. Following the inspection, we were sent a copy of a mental capacity assessment and best interest decision in relation to personal care however, this did not cover restrictive practice.
- We spoke to the manager about this and could see that a lot of work had taken place around MCA and best interests. The manager told us, they were working through all the actions following the previous inspection and were in the process of completing all mental capacity assessments and best interest decisions for people, we could see that this had mostly been completed.
- Staff were aware of the need to ensure people were supported to make their own decisions and understood how to apply the principles of the MCA.
- The scrutiny and oversight of the use of restraint by the provider had improved and showed where restraint was used, it was a proportionate response to the likelihood of harm and the minimum amount of force was used for the minimum length of time.

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

- People's needs were assessed before they started to use the service. Once this information was gathered, it was used to develop people's support plans and risk assessments with the support of people and their relatives.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed. Staff had a good understanding of people's support needs and how they could meet them.
- Staff made appropriate use of technology to support people. For example, an epilepsy sensor was placed under the mattress for one person to alert staff if the person experienced a seizure while in bed; this meant they could be supported promptly if needed. At the time of the inspection this was being replaced, in the interim period staff were completing regular documented checks and used a listening device to alert them to any seizures. This had been appropriately assessed under the MCA.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed a wide range of training to meet their needs. Staff spoke positively about the quality of the training and records confirmed it was refreshed and updated regularly. Staff told us that they had been supported to develop. One staff member told us, "The training has changed to face to face training which is so much better as it is face to face, it has different benefits, hearing other people's stories helps."
- Relatives were positive about the skills of the staff. One relative told us, "The staff she has at the moment do a good job, but I would be concerned if they left." Another relative told us, "They [staff] work very hard, they manage [challenges] very well, he also has [a medical condition] and they definitely manage it well."
- However, one relative had a concern that staff were not trained in a person's communication method and one staff member told us they could benefit from learning a person's communication method. Other staff told us they had a good understanding of the person's communication method. This meant that this person may not always be able to express their needs if a staff member was on duty who had not received the necessary training.

We recommend that the provider reviews people's communication methods and provides recognised training for all staff to ensure people's communication needs are fully and effectively supported.

- Staff told us they felt supported in their roles by managers. They had regular supervisions which included feedback about their performance and enabled them to discuss any concerns as well as training and development needs.

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

- People's dietary needs were met. They were provided with a nutritious and balanced diet that met their needs and preferences.

- People appeared to enjoy their food and relatives were positive about the meals they received. One relative told us, "They do home cooking and they are all supported to cook, they help him with his diet."

- People were offered a choice of food and drink and throughout the inspection we observed people received a variety of food and drink according to their preferences.

- People were protected from risks of poor nutrition, dehydration and swallowing problems. The staff were aware of people's speech and language therapy (SaLT) guidelines and people's likes, dislikes and preferences which were detailed in their care plans.

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

- People were supported to access services to maintain and improve their health. A relative told us, "[Person] is supported to the doctor, dentist, epilepsy nurses and neurologist."

- Any changes in people's health were recognised promptly and support was sought by external healthcare workers when necessary. A relative told us, "We have good contact, they [staff] let me know what happens at appointments."

- Staff told us they worked well as a team and took part in daily handovers and communicated well with each other to ensure good outcomes for people.

- The manager told us they work with other agencies and, "We work closely with the local authority, utilising everyone's knowledge around me, listening to concerns and working on improvements."

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

- People's relatives spoke positively about the support people received from the staff. One relative told us, "I do think they are caring...we are thrilled with the way [person] is looked after," and another relative told us, "Most of the [staff] I speak to do care."
- We observed staff interactions with people which showed people were treated with kindness, compassion, dignity and respect. Staff knew people well and understood their likes, dislikes and preferences.
- The Equalities Act 2010 was designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. Their diverse needs were detailed in their care plans which included their needs in relation to culture, religion, diet, and gender preferences for staff support. The manager told us, "We do listen to people and include people's thoughts and feelings. Here one person's family would like them to integrate more into their religious culture. Staff are now talking to [person] about it. Day to day we share information of what is going on locally."
- People's relatives confirmed that they were treated in line with their preferences.

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

- Staff recognised what was important to people and respected this. One relative told us, "They respect his decisions and give him lots of opportunities to do different things, they ask what he likes to do."
- During the inspection we observed people being offered regular choices such as, what to drink, what to watch on television and where they wanted to go.
- People and their relatives were supported to be involved in care planning; relatives and documents confirmed this. The manager told us, "We are rebuilding a lot of our relationships, we listen to feedback" and, "I sit down, and I talk to them [people], I ask people to tell me their likes, dislikes what they like to do where they like to go. We try and get people who have capacity to sign [their care plan]."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. For example, we observed staff consistently knocking on doors and waiting for a response before entering people's rooms.
- Staff told us, and people's relatives confirmed how staff protected people's privacy and gave examples such as closing doors and curtains when assisting with personal care and keeping them covered when supporting people with personal care.

- Staff respected and promoted people's independence. One staff member told us, "We always try and encourage [person] to be involved in tasks like making her own lunch, choosing between two choices. She goes and picks her own food shopping...If she does choose non gluten and dairy products we would support her to find a gluten free version."
- Staff had a good understanding and were keen to ensure people were supported to maintain their dignity and independence.

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

- Care plans were reviewed monthly, or when people's needs changed and were up to date. Documents demonstrated that people had been involved in this process.
- Staff demonstrated they had good knowledge and awareness of people's needs and could explain how they supported them in line with this knowledge.
- We observed throughout the inspection that people were offered choice and control through all aspects of their lives.

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.

- The manager had good knowledge about the AIS and had cascaded this to all staff.
- Staff were knowledgeable about the accessible information standard. One staff member told us, "[Person] has PECS and social stories, if we are communicating new information or a routine has changed, we use that. We also have easy read versions of the complaints policy." The Picture Exchange Communication System, or PECS, allows people with little or no communication abilities to communicate using pictures. Social Stories are used to explain social situations to people with autism spectrum disorder (ASD) or a learning disability.
- We saw information was provided in the most accessible way for people. For example, there were easy read policies available for people, pictures were used where relevant and several other documents were available in the easy read format.

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 provided with a range of activities, both within their home and externally. Activities available to people included shopping, horse riding, swimming, going to Marwell Zoo, going to the new forest and wildlife park passes were in use. One relative told us, "They [staff] take him out, he has a car, he loves trains and buses, they take him to train and bus stations" and, "He goes for walks by the sea and for a cup of tea or food. Staff also support him with puzzles, drawing, watching television, he likes to watch birds outside. He can view horses from his bedroom."
- Relatives and friends were welcomed at any time. Relatives told us about various activities their family

members were involved in and were positive about what was on offer.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to operate effective systems to identify, record and respond to complaints. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, enough improvement had been made and this was no longer a breach of regulation.

- Where a relative had cause to complain they told us in the past this had not always been dealt with effectively. They did say they had more confidence now that things were improving. They told us, "I feel positive that things are going to get better." Another relative told us they had not had cause to complain. However, they felt sure if they had a complaint it would be dealt with appropriately.
- The complaints policy was accessible to people, their relatives and staff. The staff members we spoke with knew their responsibilities when receiving complaints or concerns. They were aware of the provider's complaints policy and procedures and where to find them.
- The manager and operational managers could detail the process and there was a folder being developed in all houses which contained the complaints policy and details of complaints received, when they were responded to and the outcome of the complaint. This needed time to be embedded into practice.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. Care records demonstrated that discussions had taken place with people and their relatives and their wishes were clearly recorded.
- We saw one person had a completed 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) form and plans for end of life care, which showed people's wishes had been discussed with them and their relatives.
- Care staff understood people's needs and were aware of good practice and guidance around how to deliver safe and compassionate end of life care. They respected people's religious beliefs and preferences and had received end of life training.

Is the service well-led?

Our findings

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

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

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

At our last inspection the provider had failed to notify CQC of all significant events. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection, enough improvement had been made and this was no longer a breach of regulation.

At our last inspection we issued a warning notice to the provider because they had failed to operate effective systems to assess, monitor and improve the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The purpose of this inspection was to check if the provider had met the requirements of the warning notice. Enough timely action had been taken and the provider was no longer in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider had put effective systems in place to monitor and assess the safety and quality of the service. These included monitoring training, incidents and accidents and complaints; recording the immediate action taken to address the individual issues, lessons learned and any potential themes.
- A professional sent us feedback via email, they told us, '[Manager] has done a huge amount of work on writing and implementing new policies, processes, documentation and she has done this in collaboration with myself and other professionals, I have supported with checking through policies and providing feedback. [Manager] is very responsive to support/guidance offered and happily asks for our opinion.'
- Medicines were being monitored and recorded appropriately and staff were aware of their responsibilities.
- Management of the MCA had improved, and mental capacity assessments were taking place. Documenting of best interest decisions had started to be worked on.
- Following the last inspection, a significant amount of work had taken place to improve the service and this was evident throughout the inspection. The manager had been working on systems and processes in place for quality assurance and monitoring to further improve them. Once completed they will need to be embedded into practice.
- There was a comprehensive action plan in place following the previous inspection and this clearly identified what improvements had been made and where improvements were ongoing. This action plan had been shared with the local authority and CQC on a regular basis.
- Records confirmed the manager reported concerns to the relevant local authority and CQC and undertook

investigations where these were required.

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

- Relatives told us their family member received personalised care and were happy with the service. Comments included: "We are delighted where it is, it suits [persons] personality. The house he lives in is lovely. He is settled and has less incidents than he used to. We couldn't wish for him to be anywhere better, we are very happy with the placement there." "They respect their decisions and give them lots of opportunities to do different things, they ask what they like to do" and, "[Person] is always happy to go back there."
- Our observations indicated that people were treated equally, with compassion and they were listened to.
- Staff felt respected, valued, supported and that they were fairly treated. One member of staff said of the management team, "Yes, everyone is very accessible, we have on call. The manager and operational managers are always available for advice and we have a really good team, always full of ideas and support, we work well together." All the staff we spoke to believe the service aimed to provide good quality, person centred care to people. One staff member told us the, "The culture is good, a lot more positive, there have been a lot of changes, we really want to make it work, it is a lot more positive."

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 previous inspection ratings were displayed in a prominent position in the office and on the provider's website.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements. The relevant people were notified of all significant events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had effective arrangements in place for gathering people's views of the service and those of people acting on their behalf.
- People's relatives told us they had opportunity to feedback to the manager and service managers. One relative told us, "[Manager] seems really switched on."
- Staff were encouraged to contribute to the development of the service through meetings and supervision. Staff told us they felt valued and listened to.
- Appropriate and up to date policies were in place to ensure people's diverse needs were considered and supported. We observed that people and staff were treated fairly and individually respected. People's relatives and staff confirmed this.
- The staff team worked closely with other professionals to ensure people received effective, joined up care, and documents confirmed this.

Continuous learning and improving care

- The manager told us they kept themselves up to date with developments by keeping up to date with the CQC website and emails, information sent internally as well as through various training opportunities.
- The manager responded and acted during and after our inspection to rectify any shortfalls found during the inspection and had made significant continuous improvement since the last inspection.
- There was a clear, robust action plan in place to address concerns found in audits and from feedback and this evidenced continuous improvement. The manager told us, "I ensure I listen to staff, what they want,

what they need to enhance themselves, through supervision, emails, chats and look at what is viable and what isn't. We have been open and transparent with everyone. We follow our performance management systems."