

# Pepperhall Limited

# Valley Court

## Inspection report

Valley Road  
Cradley Heath  
West Midlands  
B64 7LT

Tel: 01384411477

Date of inspection visit:  
14 February 2023  
16 February 2023

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09 March 2023

## Ratings

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

# Summary of findings

## Overall summary

### About the service

Valley Court is a nursing home providing personal and nursing care to up to 69 people. The service provides support to older adults and people living with dementia. At the time of our inspection there were 56 people using the service. The home accommodates people on 2 floors. One floor specialises in the care of people with nursing care needs. The lounges and dining areas are situated on the ground floor.

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

There was a manager in post who had commenced the process to become a registered manager. However, they were on holiday at the time of the inspection. The deputy manager and quality manager were present throughout the inspection. The management team had made positive changes. Overall, people, staff and relatives spoke positively about the management team. Regular meetings were held so they could share their views on the home and help develop the support they received and the environment they lived in. Systems had been improved to ensure people's care needs were being met and any areas for improvement were identified. Some of these systems had recently been introduced and required time to become established to continue to drive improvement.

People and relatives told us they felt safe and cared for. Staff had received safeguarding training and concerns had been raised and acted on appropriately. Medicines were managed safely, and we observed good infection control practices. The provider's recruitment process had not always been followed; however, this was being addressed by the quality manager. We saw there were enough staff to meet people's needs.

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.

People were happy with the quality of the food and choices available. Staff received training appropriate to people's needs. People were supported to access healthcare professionals when required. Healthcare professionals we spoke to were complimentary about the staff team and support provided.

People told us they felt respected and had their privacy and dignity maintained. They also told us staff were kind and caring. People and relatives were involved in decisions about their care and their independence was encouraged. Overall, care plans contained personalised information about people and staff knew people well. End of life care plans were in place and staff had received training. People told us and we saw that activities took place daily including group sessions and one to one in people's bedrooms. People told us they knew how to raise any concerns if needed and felt they would be listened to.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 21 April 2022). 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.

### Why we inspected

We carried out an unannounced inspection on 10 and 15 February 2022 when breaches of legal requirements were found in relation to; person centred care, safe care and treatment and good governance. Following this inspection, we asked the provider for an action plan to demonstrate how the governance issues found would be addressed and monitored.

We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements.

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.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Valley Court

## Detailed findings

### Background to this inspection

#### The inspection

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

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.

#### Inspection team

The inspection was carried out by 2 inspectors and a specialist advisor who was a nurse.

#### Service and service type

Valley Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Valley Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, a manager was in post and had applied to register with us. We are currently assessing this application.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 14 February 2023 and ended on 21

February 2023. We visited the location on 14 February 2023 and 16 February 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 12 people who lived at the home and 5 relatives about their experience of the care provided. We spoke with 16 staff including the deputy manager, quality manager, nurse, care staff, activity coordinator, administrator, housekeeping staff, maintenance staff, chef and kitchen staff. We also spoke with 2 visiting health professionals.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 12 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. Systems to protect people in the event of an emergency were not sufficient and people were at risk of harm. This was a breach of regulation 12 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.

- People had personal emergency evacuation plans (PEEP) in place. This meant in the event of an emergency, staff would have clear guidance to help support people appropriately in the event of an emergency such as a fire.
- There was an emergency response kit to support people and staff in the event of a fire. This meant in an emergency staff were able to provide all the information the emergency services might need.
- People's risks had been assessed and were regularly reviewed when the level of support changed. Staff were aware of people's risks and were able to tell us how they supported people to keep them safe.
- Environmental checks were completed to ensure people were kept safe, this included checks on fire and mobility equipment within the home. Any issues identified were addressed and appropriate actions taken.
- The quality manager had introduced daily flash meetings with staff from each department to discuss concerns, share information and any actions which need to be taken that day. This included discussions about bowel monitoring, medication, food and any incidents. One staff member told us, "We have flash meetings every day and since we have had these any concerns are picked up quickly and shared, everyone knows what is going on."

### Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place. These systems had identified 3 safeguarding incidents had occurred, but they had not been referred to the local authority or CQC. These were submitted retrospectively, prior to the inspection. We found appropriate actions had been taken at the time of the incidents to ensure people were safe.
- Safeguarding concerns were investigated, and action taken to reduce risks to the people. Staff told us they felt confident if concerns were raised with the manager they would be addressed.
- People and their relatives told us they felt safe and cared for. One person told us, "They [staff] are really good, if I have any worries or am not happy about something, they listen to me." A relative said, "I feel he is safe and that's the biggest thing for me. He would tell me if they didn't treat him right."

- Staff had received safeguarding training and understood how to recognise the signs of abuse and how to report any concerns. One staff member told us, "Safeguarding is about keeping people safe. Not only looking for physical signs of abuse but also the non-verbal signs, like becoming more withdrawn or changes in behaviour when being supported."

### Staffing and recruitment

- Recruitment processes involved checks to ensure newly appointed staff were suitable to support people. This included Disclosure and Barring Service (DBS) checks and references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, the provider's recruitment process to ensure references were verified was not always followed. This had been identified by the quality manager and was being addressed.
- There were enough staff to meet people's needs. People and relatives told us staff responded to their call alarms. One person said, "There was one time I waited to go to the toilet and had to wait a while. I had to wait for another staff member as I need two [staff], so I understand. I did not have to wait long." A relative told us, "There always seems enough staff as I can always find staff if I need them or I have any questions, or I want to speak to a nurse."
- Some staff felt that increased staffing would give them more time to spend with people. One staff member told us, "We said we needed extra staff in the morning, and they have increased staffing and breakfast support, it is much better. The management are listening to what we say, and they do make changes." The quality manager told us they were recruiting for an additional housekeeper as staff had raised how difficult it was to carry out their duties.
- The provider continued to recruit permanent care staff to reduce the use of agency staff. The same agency staff were used where possible, to provide a consistent approach. The provider had systems to ensure new agency staff had an induction which included safety, such as fire procedures and systems used in the home.

### Using medicines safely

- Medicines were managed safely and in line with good practice guidance. People and relatives/representatives told us they were happy with how medicines were being administered.
- The administration of people's medicines was recorded appropriately, and medicines were stored safely. Where people had medicines prescribed on a 'when required' basis (PRN) there was supporting information to help staff to know when to give the medicine.
- Staff received training and had their competency to administer medicines assessed.
- There was an electronic system to record medicine administration which sent an alert if there were any missed medication. Medication errors were investigated, and appropriate action taken to reduce future risks.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.



- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People were supported to maintain contact with their relatives and friends in line with the current government guidance.

#### Learning lessons when things go wrong

- The management team completed audits in relation to all aspects of the service. This included accidents and incidents. Audits were analysed to identify any themes or trends to help drive improvement. The quality manager also had oversight of these audits and ensured appropriate action was taken.
- Where things did not go well, the manager and the team reflected on where improvements could be made to help reduce such incidents in the future.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this. Shared living areas were now accessible to all people living in the service and the amount of staff who had completed training had improved.

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

- People's needs were assessed prior to them moving into the home. This meant the manager could ensure they could meet people's needs and preferences. People and their relatives were involved in the assessment.
- Care plans included information about people's religious needs and their sexuality. People's life history, what was important to them and their preferences had been explored.
- Staff were knowledgeable about people's preferences and could tell us where they could find information if they did not know.

Staff support: induction, training, skills and experience

- Staff received an induction and training which included online and face to face training.
- New staff completed The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- People and relatives told us they felt staff were well trained and competent. A visiting health professional told us, "The new nurse who is on today is clinically very knowledgeable."
- Competency assessments were used to ensure staff had the skills and knowledge to support people. This included assessing how staff supported people with medicines and with their mobility.
- Staff told us they received supervisions, and some had received appraisals.
- Feedback on the support staff received from the manager was mixed. Some staff told us they felt listened to and supported by the management team, but others did not feel as supported.

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

- There was a system to monitor people's weights and action was taken to review weight loss concerns with the doctor.
- People and relatives told us they were happy with the food. People were offered two choices of what they wanted to eat and additional options such as sandwiches or jacket potatoes were always available. People were supported to make choices and alternatives offered if they did not want what was on the menu.
- Care staff had a good understanding of people's dietary needs and personal preferences. The chef and kitchen team were knowledgeable about people's individual dietary needs and how to keep them safe from any risks such as choking and specific health conditions.

- One person required a modified diet but had previously enjoyed a weekly Chinese takeaway. Their favourite takeaway meal was now prepared to meet their dietary requirements by the chef. The person told us how much they enjoyed still being able to eat their favourite 'takeaways'.
- Mealtimes were relaxed, and people were not rushed. Care staff supported people to eat with in line with their assessed needs. Records of people's dietary needs were accessible for all staff.

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

- People were supported to access external health professionals. On the day of our inspection we saw the speech and language therapist (SaLT) was visiting 4 people to carry out assessments or reviews and the GP was also carrying out their weekly visit.
- Feedback from visiting health professionals was very positive. One health professional told us, "The staff are really good here at recognising acute illness so if they request a visit/review outside of the weekly round I know it is appropriate." Another told us, "The staff are really good, they know the residents really well. Referrals are always appropriate and made in a timely manner."
- People and relatives told us they felt confident staff would contact health professionals should they need a consultation. Records also evidenced that people were supported to see the dentist, optician and chiroprapist.
- People had oral hygiene plans in place and records demonstrated they were supported to maintain good oral hygiene.
- Systems ensured staff were made aware of any changes in people's needs. This included shift handovers, daily flash meetings and access to people's care records and risk assessments on the handheld care planning devices.

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

- People's bedrooms were personalised, and they told us they had been involved in how they wanted their room to look. One relative told us, "Dad was recently moved rooms, a nicer room became available and he is happy there."
- Lounge and dining areas were situated on the ground floor. These were bright and comfortable.
- There was an audit of the environment and an action plan generated based on the findings. The action plan identified areas of the home requiring decoration or maintenance, to improve the environment for people.
- There was signage around the building and individual pictures on people's doors to help people living with dementia to orientate around the building. However, the quality manager told us how they planned to support the manager to develop the environment further to make it more suitable for people living with dementia.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

- The provider was working within the principles of the MCA and people's rights were protected. There were decision specific capacity assessments and best interest decisions for people who lacked capacity and had restrictions in place including bed rails and sensor mats.
- People told us staff gained consent before supporting them. We also observed staff gain consent prior to providing any support.
- DoLS applications were submitted to the local authority, as necessary, to ensure people had appropriate legal authorisations in place. The manager and deputy manager had oversight of DoLS authorisations and when they were due to expire. This ensured timely renewal applications were submitted.
- Staff received training in MCA and DoLS and could tell us who had a DoLS in place and what this meant regarding the support they received. One staff member said, "You always assume someone has capacity. If they have an assessment and don't have capacity, they have a DoLS in place to make sure we support them in the least restrictive way. It makes sure they are treated fairly."

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care. Robust systems and processes had been implemented to ensure people were respected and received good care.

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

- People, relatives and health professionals told us that staff were kind and caring. One relative told us, "We haven't looked back [since she moved in] they looked after her really well and she rallied round. The staff are lovely, really caring and nothing is too much trouble." A visiting health professional told us, "All the staff are really good, really hard working and really care about the residents."
- We observed lots of light-hearted, kind and respectful interactions between staff and people. People had good relationships and felt comfortable in the presence of staff members. Staff told us how their aim was to provide the best care they could and how they enjoyed working at the home. One staff member said, "It's about going that extra mile for people, making their life enjoyable."
- People's care plans contained information about their wishes and preferences and there was consideration of people's diverse needs. One person whose religion was very important to them had this detailed in their care plan. This included what their individual beliefs were and how they chose to practice their religion.
- Weekly bible readings were introduced for those who were unable to attend their place of worship or simply wished to attend these events. The deputy manager told us these weekly readings had been very successful.
- Staff received equality and diversity training and there was information available about equality and diversity which included LGBTQ+ community. The quality manager told us they had plans to celebrate PRIDE, to hopefully help people feel more engaged and relaxed to speak about their sexuality.

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

- Most people or their relatives told us they had been involved in decisions about their care. Their views had been sought via resident's meetings, relative meetings and quality surveys.
- Care review meetings were held with people and/or their relatives to discuss changes and improvements they would like to see regarding the support they received or wanted. We saw evidence of changes made as a result of their feedback.
- The electronic care planning system which has been implemented had the additional function for people and their relatives to access their care records. This meant that people and relatives could see the support and interaction received.
- People told us they could choose where they wanted to stay during the day, whether that be in their room or one of the communal areas. We saw people walking around inside the home and using the garden freely.

## Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Staff knocked on people's doors before entering, even if the door was open. Staff ensured that once consent was gained to enter and provide support, the door was closed to preserve the person's dignity and privacy. One staff member told us, "I treat people how I would expect myself or a relative to be treated."
- People were encouraged to maintain their independence where possible. This included encouraging people to make decisions about their day-to-day life, as well as supporting someone to maintain their independence with dressing. One person told us that although they could not stand, they could still brush their own hair and carry out their own personal hygiene.
- People told us they could choose where they wanted to spend time during the day, whether that be in their room or one of the communal areas.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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 inspection the provider had failed to fully consider and involve people in significant changes to their care and their environment. This resulted in limitations to the choices available to them. This was a breach a 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.

- Care plans reflected people's needs and preferences and overall staff knew people very well and how to support them with their needs and wishes. However, we found some terminology recorded in daily notes was not in line with the provider's guidance or training. When this was brought the quality manager's attention, this was immediately addressed via supervision and refresher training.
- The care provided was person centred and reflected what was important to people including time to practice their religion, choices about the gender of staff providing care, how people wanted to dress and meals they liked.
- People's individual needs were considered which included the need for specialised equipment to enable them to have control over things such as eating and drinking.
- One person had been supported to maintain their independence and visit local shops by themselves, when able to do so. This meant the person had the freedom to choose to go out when they wished, without support from the staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported and encouraged to maintain contact with relatives and loved ones. One relative told us how staff kept in regular contact with them, so they were informed of any changes.
- People spoke positively about the activities within the home. and some told us how they liked to participate in group activities. The activities coordinator provided one to one support to people who were unable to participate in group activities due to their health and said, "If the day goes to plan and I can go up to do one to ones for an hour before lunch and again after lunch. Some just want a little chat or to hold their hand. It can make a big difference."
- We observed lots of interactions and engagement during the group activity sessions which included singing, gentle exercise sessions, reminiscence and cup cake decorating, which they then ate for afternoon

tea. One person told us, "I look forward to seeing what is going on each day, we have fun and laugh together."

- There was an activities board which had the planned forthcoming activities for the month. Pictures of activities were displayed within the home, including a recent visit from alpacas. For those unable to go to the communal lounges, the alpacas went to people's bedrooms. The pictures showed people really enjoyed seeing and petting the alpacas.
- The home developed close links with the local school and they regularly exchanged letters and cards.
- There was a calmness within the home and people were relaxed enjoying time together. We saw one group of people who spent time chatting in the lounge and enjoyed their meals together. They clearly had a good friendship group which was encouraged and supported by staff.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication care plans. This included guidance for staff on how to effectively communicate with people such as writing information down, whether people used hearing aids and how to ensure the environment was suitable when communicating with them.
- Information such as the complaints procedure was available in easy read and large print.
- Electronic care plans contained pictures and symbols to facilitate people's understanding when making choices about their care and support needs.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. Copies of the procedure were available, so people knew how to escalate any complaints they had.
- People and relatives told us they knew how to raise a complaint if they needed to. One relative told us, "I have no complaints about the home, it's always clean and the food is good. If I had to complain I would speak to the management."
- We saw a record of complaints were kept by the management team to analyse any themes or trends. This information was then acted on and used in flash meetings and supervisions to reduce the risk of such complaints occurring again. Most people we spoke with told us they had not had to raise any complaints and were happy.

#### End of life care and support

- Staff completed end of life training. Staff members we spoke with were able to tell us what the key points they had learnt from the training were. One staff member said, "We make them comfortable, free from pain and make sure we follow what is their last wish really. Some might want relatives, others might want a priest, it depends on them."
- Advanced decisions were in place for most people and staff had access to this information. Staff knew how to support people appropriately when they approached the end of their lives. This included working with healthcare professionals and involving the person, friends and family to make sure people's wishes were followed.



# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we found that systems had not been established to monitor the risks to people's health and safety. 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.

- The provider's governance systems were not entirely effective as there had been a delay in the provider notifying us of safeguarding concerns. These were submitted retrospectively. Although appropriate actions had been taken at the time of the incidents, the systems in place failed to identify CQC had not been notified, until the quality manager carried out an audit several months later. Assurances were provided by the quality manager that systems had been improved since they identified these shortfalls.
- An action plan had been developed by the management team, prior to our inspection. This identified most of the concerns we found during the inspection and demonstrated the newly implemented audits were helping to improve the service. However, more time is required to ensure the audits are embedded and used effectively.
- At our last inspection we had concerns about environmental risks. This included risks relating to fire safety which had not been addressed. At this inspection we found improvements had been made, with systems in place to reduce the potential for future such concerns.
- During the last inspection we identified shortfalls with the recruitment process. At this inspection we found a system had been implemented to identify missing information in relation to safe recruitment. However, we identified the provider's processes had not always been followed regarding obtaining references from the most recent employers, in line with best practice. This was actioned by the quality manager following the inspection.
- The deputy manager and quality manager were clear about the improvements still required and demonstrated learning from the previous inspection.

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 management team understood their responsibility under the duty of candour and the requirement to be open and transparent when something goes wrong. Relatives told us they had been informed and kept up to date when incidents or accidents had occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Feedback from staff members about the manager was mixed. Some felt the manager was approachable whilst others did not. One staff member told us, "My main concern is [Name] manager, she is not consistent with all staff and will make changes which are not communicated with everyone. Often I find out something has changed from other staff and I am unclear on what is current and what is not."

- There were systems to ensure people, relatives and staff had the opportunity to be involved in changes about their own support or running of the service.

- People and relatives consistently told us they felt the service, although previously good, had improved further under the new management team. This was due to the improvements to the environment, communication and activities.

- However, another staff member told us they had raised that staffing needed to be increased in the morning and the management had now implemented this change. The provider had just introduced 'employee of the month'. People and staff members had the opportunity to vote for staff who have gone 'above and beyond' their roles to make a difference. The nominated staff member received a certificate of recognition.

- People and relatives consistently told us they knew how to raise any concerns or complaints they had and felt these would be acted on.

- People and relatives were invited to meetings to discuss their needs and wishes, and complete surveys about the service they received. People told us they found these meetings helpful and we saw that people's requests had been actioned, such as more and varied activities.

- At the last inspection, new monitoring systems had been implemented and as these were being used the management team identified shortfalls and implemented additional audits and monitoring systems. This demonstrates the management and provider continued to learn from their findings and make changes to improve the service.

Working in partnership with others

- The management team and staff worked closely with a variety of health care professionals to improve and meet people's healthcare requirements.