Ridgewood Care Services Limited

The New Inn

Inspection report

Lewes Road
Ridgewood
Uckfield
East Sussex
TN22 5SL

Tel: 01825765425
Website: www.ridgewoodcareservices.co.uk

Date of inspection visit:
27 June 2018

Date of publication:
29 August 2018

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

This inspection took place on the 27 June 2018.

The last Inspection took place on 19 and 20 April 2017 and was unannounced. This was prompted in part by a notification of an incident following which a person died. This incident is still subject to a criminal investigation and as a result neither inspections examined the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about how the risk of choking was managed. Both inspections examined those risks and other potential risks to people.

The New Inn is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Care and support is provided for up to ten people with a learning disability, autism and/or other complex needs. At the time of our inspection, there were eight people living at the service. The service is in an older, detached building on the outskirts of Uckfield. The accommodation comprises a large, communal, open-plan sitting, dining area with access to a rear garden. People have their own bedrooms with en-suite facilities. This service is one of three services in East Sussex owned by the provider.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. So that people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in post; however, they were not currently in charge of the day to day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered provider had taken an active role in the service. They had appointed the deputy manager from another of the provider's service to work as the manager during the registered manager's absence. There was also a service manager to oversee and support all three of the provider's services.

At the last inspection on 19 and 20 April 2017 the service was rated overall Requires Improvement. This was because risks were not consistently managed safely as assessments were out of date and lacked some detail. Safety checks, such as food temperature and fire safety checks had not always been completed. Staff were not always trained with the right skills and knowledge to provide people with the care and assistance they needed. Training was out of date for some staff. Staff had not always been able to meet with their line manager for supervision on a one to one basis. When staff were recruited they were not consistently subject to checks to ensure they were safe to work in the care sector or inducted to work in the service. Where people did not have the capacity to understand or consent to a decision, the provider had not always

followed the requirements of the Mental Capacity Act (2005). Some mental capacity assessments were completed incorrectly and did not clearly record the outcome. There was a lack of meaningful and structured activities on offer to people and there was a lack of therapeutic input to people's activities. People had access to a range of healthcare professionals but were at risk of not having their health needs met as care plans were not updated to reflect guidance provided. Some health action plans contained out of date information or had not been updated regularly. There had not always been sufficient leadership in the service. Quality auditing systems had not always been effective. The registered provider had started to make improvements and changes prior to our last inspection. However, we needed to see these changes had been embedded in to practice. The provider sent us an action plan as to how these issues were to be addressed. At this inspection we found further improvements had been made.

People and staff spoke very well of the new management arrangements and of the changes that had been made since the last inspection. One member of staff told us, "It has changed for the better." Staff told us the manager was always approachable and had an open-door policy if they required some advice or needed to discuss something. One member of staff told us, "The teams a lot happier. (Manager's name) is so bubbly and it rubs off on the staff." Another member of staff told us, "She is very open and always has time to talk. She is great with the guys, good with the team. She will actively take it on and do something about it." Senior staff carried out a range of internal audits, and records confirmed this. People and their relatives and visiting health and social care professionals were regularly consulted about the care provided either through reviews, resident's meetings or by using quality assurance questionnaires.

Systems were in place to keep people safe. People told us how they felt safe with the care provided. They knew who they could talk with if they had any worries. They felt they could raise concerns and they would be listened to. People were protected from the risk of abuse because staff understood how to identify and report it. Assessments of risks to people had been developed. Staff told us they had been supported to develop their skills and knowledge by receiving training, supervision and appraisal which helped them to carry out their roles and responsibilities effectively.

People's individual care and support needs had been identified before they received a service. Care and support provided was personalised and based on the identified needs of each person. Comprehensive and detailed care plans provided staff with information about how people wished to be cared for in a person-centred way. People met with their keyworkers regularly to discuss the care to be provided. Staff were aware of, and followed the requirements of the Mental Capacity Act (2005) and had a good understanding of consent.

People told us they were happy with the care provided. One person told us, "The staff are here to help if you need it. They are all kind. They know what help I need, it's not a lot. It's a very safe place to live because they are always here, they can see to anything that happens and they give me my tablets." People were supported by kind and caring staff who knew them well and treated them with respect and dignity. They were spoken with and supported in a sensitive, respectful and professional manner. They had been supported to keep in touch with relatives and friends. One person told us, "All the people here understand me and they have been helpful to my sister too." When asked what the service did well one member of staff told us, "Care. We all have a very good professional relationship with everyone here. We all accommodate their needs really well."

There were arrangements in place for the safe administration of medicines. People were supported to get their medicine safely when they needed it. People were supported to maintain good health and eat a healthy diet.

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 Good.

People had individual assessments for identifying and monitoring risk to their health and welfare.

There were sufficient staff numbers to meet people's personal care needs. Safe recruitment procedures had always been followed. Staff knew how to recognise and respond to abuse appropriately.

People received care in an environment that was clean and tidy. Regular health and safety checks of the building and equipment had been maintained and risk assessments completed.

Is the service effective?

Good

The service was Good.

Staff told us they felt well supported. Essential training was being provided and a system to provide regular supervision and appraisal helped to ensure the quality of the care and support provided.

Staff were aware of the Mental Capacity Act 2005 and how to involve appropriate people in the decision-making process where lacked capacity to make a decision.

People were supported with their dietary and healthcare needs.

Is the service caring?

Good

The service was Good.

Staff involved and treated people with compassion, kindness, dignity and respect.

People were treated as individuals. People were asked about their individual preferences and checks were carried out to make sure they were receiving the care and support they needed.

Care staff provided care that ensured people's privacy and

dignity was respected.

Is the service responsive?

Good

The service was Good.

People had been assessed and their care and support needs identified. Care plans had been reviewed and reflected peoples current care needs and were person centred.

People were supported to take part in a range of recreational activities both in the service and in the local area. These were organised in line with peoples' preferences. Family members and friends continued to play an important role and people spent time with them.

People were comfortable talking with the staff, and told us they knew who to speak to if they had any concerns.

Is the service well-led?

Requires Improvement

The service was Requires Improvement.

The completion of documentation and updating of policies and procedures were still being worked on and developed.

The leadership and management promoted a caring and inclusive culture. Staff told us the management and leadership of the service was approachable and very supportive. Currently the registered manager was not in day to day charge of the running of the service.

Quality assurance systems used to monitor and help improve standards of service delivery had been maintained and embedded in the running of the service. People could comment on the care and support provided.

The provider monitored or analysed the information received to look for any emerging trends or make improvements to the service provided.

The New Inn

Detailed findings

Background to this inspection

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

This inspection took place on 27 June 2018 and was unannounced. Two inspectors undertook the inspection.

Before our inspection we reviewed the information we held about the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted and received feedback from the local authority commissioning team about their experiences of the service provided. We also contacted four visiting health and social care professionals and received two responses.

We used a number of different methods to help us understand the views and experiences of people, as not all were able to tell us about their experiences. On the day of our inspection, we met with the people living at the service and spoke individually with four people. We also spoke with the provider, the service manager, the manager, deputy manager and two care staff. We observed the care and support provided in the communal areas. We spent time looking at records, including three people's care and support records, five staff files, the recruitment records for two new staff and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. We also 'pathway tracked' the care for two people using the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

At our last inspection on 19 and 20 April 2017 we found that the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that people were being protected consistently against risks and action had not always been taken to prevent the potential of harm. The accident and incident book and found that incidents had not been signed off by the registered manager. This meant that possible patterns could have been missed as there was no evidence that a manager had reviewed the incidents. Risk assessments were in place but had not been reviewed regularly. People's habits, lifestyle or needs may have changed and possible new hazards would not have been mitigated. Safety checks had not been completed consistently in the service meaning that people were placed at risk. We also made a recommendation a full audit of staff files was made to ensure that all employment records meet the required standards. At this inspection we found these issues had been addressed.

Systems were in place to identify risks and protect people from potential harm. To support people to be independent risk assessments were undertaken to assess any risks for individual activities people were involved in. Each person's care plan had a number of risk assessments completed for example, to support people to participate in their preferred activities, such as travelling in the car, accessing community, family visits, cooking, finance, swimming, daily living skills, pub visits, cinema, bowling, holidays and arts/crafts. These had been reviewed. Staff described how they had contributed to the risk assessments by providing feedback to the manager when they identified additional risks or if things had changed.

Staff told us what was in place to support people who displayed behaviours that challenged others and could talk about individual situations where they supported people, and what they should do to diffuse a situation. Guidance was in place should this be needed following support provided by visiting health and social care professionals. Care staff had the opportunity to discuss the best way to support people. This was through regular reviews of peoples' care and support and from feedback, from the care staff in team meetings, as to what had worked well and not worked well. From this they could look at the approach staff had taken and identify any training issues. One person told us, "It's very safe here. The staff monitor people's behaviour. If someone starts to upset other people, the staff do ABC (The ABC approach is a way of characterising events and resultant behaviours), they say if we are on A we can do something about it and not go on to B or C, but if that doesn't work, people go off with a member of staff or go to their room. I think it's good to have people in charge so we can get on with doing what we want to do. If you are upset, you want to know they are here to help you." Any accidents and incidents were recorded and staff knew how and where to record the information. The provider also kept an oversight of any incidents to analyse this information for any trends.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. The premises were safe and well maintained. There was a maintenance programme in place which ensured repairs were carried out in a timely way, and checks were completed on equipment and services. The manager told us there were weekly checks for example, of the fire alarm system in between the regular checks and maintenance made by an external company. Records we looked at confirmed this.

Contingency plans were in place to respond to any emergencies such as flood or fire. Personal emergency evacuation procedures (PEEPs) had been completed for all people. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

The most recent environmental health visit to the kitchen had awarded the service the top rating of five stars. People were protected by the infection control procedures in place. Staff had good knowledge in this area and had attended training. PPE (Personal protective equipment) was used when required, including aprons and gloves. The provider had detailed policies and procedures in infection control and staff had been made aware of these. One member of staff told us, "It used to be very dark, dirty and cluttered. It's a lot cleaner and brighter." The manager told us there were weekly checks for example, of procedures to be followed in the kitchen to protect people. Records we looked at confirmed this.

The provider had a number of policies and procedures to ensure care staff had guidance about how to respect people's rights and keep them safe from harm. These had been reviewed to ensure current guidance and advice had been considered. This included clear systems on protecting people from abuse. The manager told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. They were aware they had to notify the CQC when safeguarding issues had arisen at the service in line with registration requirements, and therefore we could monitor that all appropriate action had been taken to safeguard people from harm. We talked with care staff about how they would raise concerns of any risks to people and poor practice in the service. They had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse. Procedures were also in place to protect people from financial abuse.

People were cared for by staff who had been recruited through safe recruitment procedures. Where staff had applied to work at The New Inn they had completed an application form and attended an interview. Each member of staff had references requested and undergone a criminal records check. This meant that all the information required was available for a decision to be made as to the suitability of a person to work with adults. Staffing levels were regularly re-assessed, this included when the needs of people changed, to ensure people's safety. The manager told us current vacancies had been recruited to with new staff due to commence work in the service. Staff absences were usually covered by existing care staff or the manager covered to ensure consistency for people. A member of staff told us, "We try not to use agency staff too much as it's stressful for the service users with new faces." On the day of the inspection, we observed The New Inn to be calm with a relaxing atmosphere. Staff members did not appear to be busy or rushing around. From our observations, people received care in a timely manner. One member of staff told us, "We are now better organised. For example, shifts are more organised time for completing paperwork. Service users are going out more, better quality of activities and life and they seem happier now."

There were appropriate arrangements in place to ensure the safe management of medicines. Care staff were trained in the administration of medicines. This was through online training, observation and competency assessments. Staff told us the system for medicines administration worked well in the service. Systems were in place to ensure repeat medicines were ordered in a timely way. A member of staff described how they completed the medicines administration records (MAR). MAR charts are the formal record of administration of medicine within a care setting. Regular audits and stock checks were completed to ensure people received their medicines as prescribed. Where people took medicines on an 'as and when' basis (PRN) there was guidance in place for staff to follow to ensure this was administered correctly. Records detailed how people liked to take their medicines, for example, if staff needed to place in the persons hand, or if a glass of water needed to be provided.

Good

Is the service effective?

Our findings

At the last inspection on 19 and 20 April 2017 there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not have effective assessments of their mental capacity and some decisions had not been recorded or had been made incorrectly. There was also a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. It had not been ensured staff had appropriate training support and supervision. The provider sent us an action plan as to how this had been addressed. At this inspection we found these issues had been addressed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. We checked whether the provider was working within the principles of the MCA. People now had effective assessments of their mental capacity and decisions had been recorded. Staff had received training and had a good understanding of the MCA and the importance of enabling people to make decisions. They had received training in this area. We observed people were asked for their consent before any care or support was provided. One member of staff told us what providing personal care was about," "Encouragement, praise, a change of staff member's face, positive behavioural support (PBS) skills and following guidance. If they have capability it's their own choice."

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are the process to follow if a person has to be deprived of their liberty in order for them to receive the care and treatment they need. The manager told us they were aware of how to make an application to deprive someone of their liberty. They talked with us about a current application which was in place and how this had been managed. Care staff had a good understanding of what it meant for people to have a DoLS application agreed. They could tell us about the DoLS applications in place and the support the person needed.

People were supported by care staff that had the knowledge and skills to carry out their role and meet people's individual care and support needs. The manager told us all care staff completed an induction before they supported people. This had been updated and incorporated the requirements of the Care Certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. There was a period of shadowing a more experienced staff member before new care staff started to undertake care on their own. A member of staff told us, about the induction "It's a lot more in depth. You really have to think about things." A new member of staff told us, "The induction was around how The New Inn works, policies and procedures, my role and how it all works."

Staff received training to ensure they had the knowledge and skills to meet the care needs of people living in the service. Care staff received training that was specific to the needs of people using the service, which included training in learning disabilities and autism, challenging behaviour, moving and handling, medicines, first aid, safeguarding, health and safety, food hygiene, equality and diversity, infection control and dementia care. The training completed was given through a mixture of online learning packages, training provided by the local authority and practical sessions. Care staff told us their training was up-to-date and had helped them understand and support people. Records we looked at confirmed this. Care staff had been supported to complete professional qualifications such as a National Vocational Qualification (NVQ) or Qualification Credit Framework (QCF) in health and social care. The PIR detailed five of the 14care staff held a qualification at Level 2 or above.

Staff told us that the team worked well together and that communication was good. They told us they were involved with any review of the care and support plans. They used shift handovers, and a communications book to share and update themselves of any changes in people's care. One member of staff told us, "We have our communication book which we read as soon as we come in. Handovers are also quite detailed." They told us they were provided with supervision and appraisal. This was through one-to-one meetings. These processes gave care staff an opportunity to discuss their performance to identify any further training or support they required. A member of staff told us, "Supervisions are a lot more regular now." There was a supervision and appraisal plan in place, which senior staff followed to ensure staff had regular supervision and appraisal. Additionally, there were regular staff meetings to keep staff up-to-date and discuss issues within the service.

Staff had a good understanding of equality and diversity. This was reinforced through training and the manager had ensured that policies and procedures were read and understood. The Equality Act covers the same groups that were protected by existing equality legislation - age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership (in employment only) and pregnancy and maternity. These are now called `protected characteristics´. Staff we spoke with were knowledgeable of equality, diversity and human rights and told us people's rights would always be protected.

Staff supported people to maintain a healthy diet. From examining food records and menus we saw that in line with people's needs and preferences, a variety of nutritious food and drink had been provided and people could have snacks at any time. People had been supported to choose the menu and where possible help with the shopping, preparation and cooking of the meals. One person told us how they enjoyed the food provided, "The food is nice. I don't like chicken kiev, so if that's on the menu I have an alternative, it's no big deal. They ask us what we like. It's a very good place to live." Staff told us they continued to monitor people's health and wellbeing and what people ate. If there were concerns they had referred to appropriate services and ensured guidance was in place for care staff to follow. Where people needed extra help, guidance had been sought and guidelines were in place for care staff to follow. Care staff could tell us about any additional support they had provided to people. Feedback from a visiting healthcare professional supported this.

The environment was clean and spacious which allowed people to move around freely without risk of harm. The manager told us there continued to be ongoing plans for the maintenance, redecoration and refurbishment of the service. Where possible people had been involved in any of the changes made. All the rooms had been redecorated and new flooring laid in people's bedrooms. Some new furniture had been purchased. The garden facilities had also been improved with a new summer house, garden furniture and a new 'Fairy' garden was being created. The registered provider told us there were no plans to change the current number of places available for people.

We recommend the provider consults with CQC, 'Registering the right support' document to ensure any planned or future alterations are in line with current guidance.

Good

Is the service caring?

Our findings

People benefited from staff who were kind and caring in their approach. One member of staff told us, "It's a lovely home for the guys. They are all well looked after and they go where they want. They have a lot more choice. It's a family environment."

A relaxed and homely feel had been maintained. During the inspection, people were observed freely moving around the service and spending time in the communal areas or in their rooms. People's rooms were personalised with their belongings and items. One person told us, "I really like my bedroom. I was able to have it decorated, I chose blue. I spend a lot of time there. The staff can come in if they ask." Another person proudly showed us around their room. They told us this had been decorated in their favourite colour and had matching accessories in the same colour.

We saw that positive caring relationships had developed between people and staff. Observations showed that staff were very kind and caring in their relationships with the people they supported. Everyone in the service had their own key worker, which is a member of the care staff who took a special interest in their care needs and regularly met with them, for example made sure their activities programme was up-to-date. Staff maintained a calm and supportive atmosphere. People were treated in a kind and compassionate way. Interactions between staff and people were observed to be positive and respectful. Staff responded to people politely, giving people time to respond and asking what they wanted to do and giving choices. We heard staff patiently explaining options to people and taking time to answer their questions. Staff were attentive and listened to people, and there was a close and supportive relationship between them. There was sociable conversation taking place and staff spoke to people in a friendly and respectful manner, responding promptly to any requests for assistance. We observed staff being caring, attentive and responsive and saw positive interactions and appropriate communication. Staff appeared to enjoy delivering care to people.

People were offered choices and had a degree of flexibility within their daily routines. People looked comfortable and they were supported to maintain their personal and physical appearance. People were well dressed and it was clear that they dressed in their own chosen style. We saw that staff were respectful when talking with people, calling them by their preferred names. Staff were seen to be upholding people's dignity, and we observed them speaking discreetly with people about their care and support needs. People were consulted with and encouraged to make decisions about their care. They told us they felt listened to. Care provided was personal and met people's individual needs. Care staff demonstrated they were knowledgeable about people's likes and dislikes. People and staff spoke positively about the standard of care provided and the approach of the staff.

People told us care staff ensured their privacy and dignity was considered when personal care was provided. Care staff had received training on privacy and dignity, were aware of the importance of maintaining people's privacy and dignity, and were able to give us examples of how they how protected people's dignity and treated them with respect. A member of staff told us, "Constant praise and checking we are getting it right. Some ladies prefer female carers."

Peoples' equality and diversity continued to be respected. Staff were observed to adapt their approach to meet peoples' individualised needs and preferences. There were individual person-centred care plans that documented peoples' preferences and support needs, enabling care staff to support people in a personalised way that was specific to their needs and preferences. People had been supported to maintain their religion if they wanted to. People had been supported to maintain links with their family and friends. One person told us, "We are arranging for me to visit my aunt's. Sometimes they visit me here, it's no trouble, but I like to go and see them when I can." For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available. The manager was aware of who they could contact if people needed this support

Information continued to be kept confidentially and there were policies and procedures to protect people's personal information. Records were stored in locked cupboards and offices. There was a confidentiality policy which was accessible to all care staff.

Good

Is the service responsive?

Our findings

At the last inspection 19 and 20 April 2017 we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The services people received were not consistently person centred as some care plans lacked personalised details. We looked at several people's care files and found several areas of support that were described and explained but the detail of how to support the person was missing. Staff did not have up-to-date information to support people. Some care documents were out of date and had not been updated in line with the registered provider's policy. Care plans did not reflect people's choices or show their involvement in the care planning process. The provider sent us an action plan as to how these issues would be addressed. At this inspection we found these issues had been addressed.

There was a detailed assessment of people's care and support needs before they began using the service. This meant staff could be certain that their needs could be met. This information had been used to develop a more detailed care plan which detailed the person's needs, and included clear guidance for staff to help them understand how people liked, and needed their care and support to be provided. Staff told us of work which had been completed to ensure all the care plans were detailed and up-to-date, and more person centred. Records we looked at confirmed this work had been completed. Documentation confirmed people or their relatives were involved where possible in the formation of an initial care plan and were subsequently asked if they would like to be involved in any care plan reviews. The care plans were detailed and gave descriptions of people's needs and the support staff should give to meet these. Each section of the care plan was relevant to the person and their needs. These had been reviewed. One person told us, "I've been involved with my plan. They know what help I need, it's not a lot." Another person told us, I've talked with my key worker about what is important to me."

No one at the time of the inspection required end of life care. The manager told us peoples' end of life care had been discussed and planned and their wishes would be respected. Staff had worked with people at a time to suit them to document their end of life wishes. Records we looked at confirmed this. Where possible people could remain at the service and were supported until the end of their lives.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS). Services must identify record, flag, share and meet people's information and communication needs. Although staff had not received AIS training they had ensured people's communication needs had been identified and met. Staff told us this was looked at as part of the comprehensive initial assessment completed. People's care plans contained details of the best way to communicate with them. Each person had a communication profile detailing their communication needs. Although people were mainly communicated with verbally, if required information was created in a way to meet other individual needs in an accessible format. For example in a pictorial format or with the use of Makaton. One member of staff who had received training had been identified to take a lead on this in the service and spoke of their plans to further develop systems already in place.

Technology was used to support people with their care and support needs. People had access to Wi-Fi connection in the service which people had used to maintain links via social media. Some people had been

supported to use computer tablets.

We were shown individual activity plans for people, which were created to promote independence. People were actively encouraged to take part in daily activities around the service such as cleaning their own bedroom, doing their laundry and keeping the communal areas clean. We observed one person was vacuuming in the service and we were told this was a regular activity. Another person told us, "I like this garden. I've got some jobs I do out here, I think it's important to keep it tidy. Lots of us do different jobs here, it makes it a nice place to come and sit. I like it that my room has a window over the garden."

Activities for people to join in had been developed and included activities inside and outside of the service. Feedback from people and staff was that there were now more opportunities to join up with the provider's other services for activities. One member of staff told us, "(Manager's name) is trying to bring in more new things to do. We do a lot more with the other homes now." Activities were individual or part of a group and was a topic discussed at the resident's meetings for ideas and agreement for activities. Minutes of the meetings confirmed this. People had been supported to access a range of activities for example, Pilates, music motivation, charity shopping, food shopping, pamper sessions, drawing, film night, garden BBQ, visiting family, rambles, bowling and visits to the pub. One member of staff told us, "We did not do that before." One person told us, "I like going to the library. I go there on my own to change my books every week, I like books about all different things. I also go to church on Sundays. I can go where I want but that's about it. Sometimes I go out with other people from here. Today we went to a party together, I liked it. We all get on pretty well really. I could go on other trips and things, but I like staying in Uckfield." Another person told us, "I go out a lot, we have cars and I've been on the bus. It's very easy to walk into town. I always have staff with me. Another person showed us the activity programme on wall, and said, "It happens but other things can take over, like today I went to a party and going to my sister is always more important. You don't have to do anything but it's good to have something planned out." On the day of the inspection most people were out at another service for part of the day at a birthday party barbeque held at one of the provider's other services. They had then had the opportunity to stay longer if they wished to join in other activities.

There were monthly 'residents' meetings with people and topics which had been discussed included evacuation procedures, safety in the house, stranger danger and health and hygiene with hand washing guidance. Weekly one to one meetings were held with people's keyworker. This enabled people to find out what was going on in the service and discuss the care provided, any concerns and proposed activities for the next month. We saw evidence of meeting minutes detailing what had been discussed. One person told us, "My key worker is (Staff member's name.) We have meetings, he wants to know how I'm getting on. I get on with all the staff, they know me well." People and their relatives were asked to give their feedback on the care through reviews of the care provided or through quality assurance questionnaires which were sent out. Questionnaires had been recently sent out to relatives and visiting health and social care professionals. These were still in the process of being sent in and had not yet been collated. We looked at some of the surveys completed and no areas of concern had been identified.

The provider had a process for people to give compliments and complaints. The procedure was also available in a pictorial format. Five concerns had been raised in the last year and had been dealt with appropriately. A suggestion box and forms to complete had also been positioned as you came into the service.

Requires Improvement

Is the service well-led?

Our findings

At the inspection on 19 and 20 April 2018 we found that improvements had been made in relation to quality assurance systems and the cleanliness of the service. However, these improvements had not been fully embedded into practice in the service. We also recommended that the registered provider sought guidance about providing staff and management support in order to drive improvements in the culture of the service. At this inspection we found improvements had been made. However, we found improvements were still ongoing in the updating of policies and procedures and documentation.

Policies and procedures were in place for staff to follow. Senior staff were still in the process of updating these to ensure staff had current guidance to follow. They could show us how they had sourced current information and good practice guidance, which had been used to inform the regular updates of the services policies and procedures. Care plans were detailed and person centred. The senior staff spoke of ongoing work for example to complete information in relation to life history which had not yet been completed. This was to ensure care staff had all the information required to help support people. Following an update of the electrical wiring certificate in 2017, remedial work had been highlighted to be completed. Senior staff told us work had been completed to rectify the issues highlighted and provided copies of receipts for work undertaken. However, there was no up-to-date certificate following this. The provider has subsequently confirmed one is currently being sought. These are areas in need of improvement.

There was a registered manager, but they were not in day to day charge of the service. There was a clear management structure with identified leadership roles. The senior staff promoted an open and inclusive culture. The provider with the support of the service manager oversaw the service. The manager was supported by a deputy manager and two senior members of care staff. The senior team met monthly and undertook weekly management checks for example, for staffing, home improvements and health and safety. The manager told us they had just finished their Level 5 management diploma. The registered provider and a senior care staff told us they had also just commenced their Level 5 management diploma.

The management team promoted an open and inclusive culture by ensuring people, their representatives, and staff could comment on the standard of care and influence the care provided. Care staff said they felt well supported within their roles and described an 'open door' management approach, and had received regular supervision and appraisal. Records we looked at confirmed this. They told us the manager was approachable, knew the service well and would act on any issues raised with them. Staff commented that they all worked together and approached any concerns as a team. One member of staff told us, "The provider comes in quite often and interacts with the guys." Comments in relation to the manager, included, "(Manager's name) knows her staff, legislation and the guys well. There is a good team behind her supporting her. The service is now better organised for example, there is more organised time to complete paperwork. Service users are going out more, there are better quality activities and of life and they seem happier now," "(Managers name) has turned the place over. It's a lot cleaner, the guys are happier and they do a lot more." and" She (The manager) is easy to talk to. You can go to her and she listens. She looks after the guys. If they want something she is on to it."

The provider and service manager carried out monthly audits of the service. They looked at a range of issues to ensure compliance with the regulations which included, staff and service user records, incidents and accidents, finance, maintenance etc. Senior staff carried out a range of internal audits, including care planning, checks that people were receiving the care they needed, medication, health and safety and infection control. They could show us that following the audits any areas identified for improvement had been collated into an action plan, work completed to address any shortfalls and how and when these had been addressed. Remedial action was taken and any learning outcomes were logged. Steps were then taken to prevent similar events from happening in the future. People and their relatives had had the opportunity to comment on the care provided through quality assurance questionnaires. They were encouraged to ask questions, discuss suggestions and address problems or concerns with management including any issues in relation to equality, diversity and human rights. Staff supervision, appraisals and staff meetings had provided the opportunity to both discuss any problems arising within the service, as well as to reflect on any incidents. For example, the need to improve recording had been discussed. These provided staff with the forum of making any suggestions or raising any concerns. Staff confirmed that any suggestions were listened to and acted upon. The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. When asked why the service was well led one member of staff told us, "We all work well together and aim for the same goal. We get on very well, and we are all here for the best interest of the guys."

Staff had ensured systems to monitor the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. The recruitment process and regular supervision ensured that the care staff understood the values and expectations of the provider. Staff meetings were held regularly and had been used to keep care staff up-to-date with developments in the service.

Feedback from a visiting health and social care staff received by staff in service detailed, 'There have been significant improvements made to The New Inn over the years feel the home is going from strength to strength. As far as accommodation, garden, staffing and resident care goes.'

The manager was committed to keeping up to date with best practice and updates in health and social care. They were also aware of the CQC's revised Key Lines of Enquiries that were introduced from the 1st November 2017 and used to inform the inspection process. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.