Care Quality Commission

Valeo Limited

Templefields

Inspection report

Temple Road
Dewsbury.
WF13 3QE.
Tel: 01924 461056
Website: www.caretech-uk.com

Date of inspection visit: 18 May 2015
Date of publication: 06/08/2015

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?	Good

Overall summary

The inspection of Templefields took place on 18 May 2015 and was unannounced. We previously inspected the service in May 2014 and found the service to be non-compliant with regard to assessing and monitoring the quality of service provision. This was because the inspection team were not provided with the audit files on the day of the inspection but this was remedied soon after.

Templefields is a care home which specialises in supporting adults with a learning disability. It is registered to provide accommodation and support for up to 14 people. People had a range of complex physical and cognitive disabilities as well as verbal communication difficulties. The home is spilt into two units; the main house accommodates up to 9 adults and there is an annex to accommodate up to four people, including a connecting flat which accommodates one person. There is also an extensive enclosed garden with summer house. On the day of our inspection there were thirteen people living at Templefields.

We found that people were being cared for safely by staff who had a good understanding of safeguarding and how

Summary of findings

to manage people with more complex behavioural and communication needs. Staff were able to identify areas that might be perceived as safeguarding and knew how to report such concerns.

There were completed risk assessments written in a way to support the individual safely rather than restrict their freedom and enough staff on duty to ensure that people could have their needs met in the way they chose to.

Medicines were administered safely and appropriate records were maintained to ensure that people received their medicines in accordance with the prescription.

Staff received a comprehensive induction and were appropriately supported and trained following this. They demonstrated in-depth knowledge about the people they were supporting and were actively encouraged to seek further training and qualifications when they expressed a wish to do so.

The home had a sound understanding of the Mental Capacity Act (2005) Deprivation of Liberty Safeguards (DoLS) and made every decision in conjunction with the individual concerned, even where communication was limited. We saw staff used sign language and other techniques to engage with people, and ensure they understood their wishes. People were supported to make their own decisions as much as possible and these were recorded appropriately.

We found staff to be caring and knowledgeable about the people they were supporting, showing that the service was focused on enabling people to do as much as possible for themselves. The service was flexible to people's needs encouraging people to decide which activities they wished to partake in.

There was a registered manager in post. 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 manager demonstrated the values of the service by their leadership, ensuring that staff were supported, valued and encouraged as much as possible always endeavouring to meet people's needs in the manner they preferred. They had responded to some recent serious concerns about the service in a robust manner by looking at key areas in depth and developing a coherent action plan to address these concerns. Staff were confident in their leadership and were able to develop as a result.

Summary of findings

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.

People were safeguarded from abuse as staff demonstrated how to defuse potentially escalating situations and there was a robust procedure in place for handling accidents and incidents.

Risk assessments were detailed and appropriate evidencing that people were suitably supported.

The service was sufficiently staffed and medicines were administered correctly and safely.

Good

Is the service effective?
The service was effective.

We found that staff had a comprehensive induction and in-depth supervision and training enabling them to be very proficient in their roles.

The service was adhering to the Mental Capacity Act (2005) Deprivation of Liberty Safeguards and had a sound understanding of the process.

People's nutritional and health care needs were being met as they were being assisted to access support when needed.

Good

Is the service caring?
The service was caring.

People were being supported by staff who had a relaxed but professional approach, enabling them to build strong relationships with people. The service demonstrated that staff knew people well.

The service was entirely structured around the people living in the home, focusing on their individual needs and providing appropriate responses.

People had their privacy and dignity respected by staff as they showed consideration for someone's wish to be quiet or knocking and waiting for a response before entering people's private rooms.

Good

Is the service responsive?
The service was responsive.

The service was person-centred as all of the activities undertaken were led by the people themselves. We saw that staff were flexible and co-operative in meeting people's needs, willing to amend plans and helping to support people where necessary without being overly protective.

We saw that complaints had been dealt with thoroughly and in a timely manner.

Good

Is the service well-led?
The service was well led.

We found the registered manager reflected the service's values and ethos in all their interactions. They focused on the individuals within the home and took this as a starting point for any decision that was made.

Good

Summary of findings

There were robust and effective systems in place for audits of numerous aspects of the service which showed that concerns were dealt with promptly and praise shared when received.

Staff were highly valued and this was demonstrated through the interactions we observed during the inspection.

Templefields

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 18 May 2015 and was unannounced. The team comprised of two adult social care inspectors.

Prior to the inspection we reviewed information from notifications, the local authority commissioners and safeguarding. We inspected the service due to concerns we had received following a series of safeguarding meetings around the culture within the home. We had received an action plan outlining what work was underway to resolve these issues and were keen to ensure this was actually taking place. We had received a provider information return which detailed evidence of how well the provider thought they were meeting the requirements of each of the five areas we inspect.

We spoke with five people who used the service, five staff including three support workers, one senior support worker and the registered manager. Communication with people using the service was limited due to their particular difficulties but throughout the day we sat in communal areas and observed staff interactions with people using the service. We observed the handover meeting.

We looked at five care records including daily records and four personnel files. We also reviewed quality audits including medication management and audit records, accident and incident logs, complaints and risk assessments.

Good

Is the service safe?

Our findings

The staff we spoke with told us they had received training in safeguarding and they knew about the whistleblowing policy. Two staff members had experience of dealing with abusive and safeguarding situations. They told us what actions they had taken and how the problems had been resolved satisfactorily. All staff were confident that the safeguarding issues they raised would be dealt with by the registered manager and could also explain the actions they would take if they were not.

We were confident that people at Templefields were safe because we observed staff interpreting peoples' specific needs and defusing with considerable skill the potential distressful and antagonistic situations that arose during the day. There was appropriate reporting of incidents and robust action plans developed where concerns had been raised. All staff were given debriefs and supervision following more difficult incidents, allowing time to reflect on what may have triggered a certain situation and perhaps how to support someone differently in the future.

We saw evidence in the four care plans we reviewed that appropriate risks were assessed and reassessed monthly. For example, behaviours, travelling, road safety, use of bedroom key, personal hygiene and nutrition. The risks were easily identifiable in red on the new pictorial support plan alongside the assessments and were signed by people using the service wherever possible. We also saw that each person has a missing persons notification form and photo ID that could be used should the need arise.

Staff told us that they had received first aid training and when asked could explain how they dealt with accidents and incidents. We undertook a review of the incidents that had been recorded in the last five months which totalled 55. We noted that they were mainly related to events arising from behavioural distress which had been appropriately dealt with to ensure staff and people's safety.

The home has appointed a support worker as a fire marshall and staff told us that they had received training in fire evacuation and that fire alarms were tested weekly. This was also reflected in staff meeting minutes where regular feedback was recorded about any issues. We saw evidence of appropriate personal emergency evacuation plans for people who lived at the home.

Most of the staff we spoke to had been in post for several years. We spoke with one staff member who had recently been recruited. They told us they had received an interview and initial training before undertaking their induction programme which was still ongoing. This demonstrates the service was keen to support staff at the commencement of their employment and ensure they had a sound understanding of the role and expectations.

We looked at permanent staff files. These were detailed and appropriately completed. We saw the most recently appointed member of staff had all the necessary checks undertaken and contained a record of their first supervision which was one week after starting. This was reflective in style and evidenced a shared conversation ensuring the new staff member felt supported and had the confidence to ask where they were not certain about specific areas. It was also noted that the registered manager had spent time discussing the importance of understanding safeguarding and whistleblowing.

The service was staffed appropriately on the day we inspected which included people having one-to-one support. We asked the registered manager how sickness cover was arranged and were told this was done through a central team who arranged agency cover. We were told the majority of staff were permanent; any agency staff that are supplementing at the current time are from six or seven regular people who know the home and its people well. We saw there was timely planning for agency cover. We were aware prior to our visit that some staff were currently suspended due to ongoing disciplinary action and until this was resolved agency cover would be required.

We were shown the agency worker induction file which comprised a profile of each worker and their training certificates. We saw four files of newly inducted agency workers all duly completed within the past month. There was also a very specific agency worker introduction schedule to Templefields incorporating key information such as layout of the building and fire procedure, introductions to each of the people living there and their specific support requirements, expectations listed around recording of information and the importance of relevant handovers.

On the day of our visit the home was clean and there were no discernible odours. Staff told us people had sufficient personal supplies in order to undertake their personal care

Good

Is the service safe?

safely. We also saw personal protection equipment being used during the day, and noted that there were sufficient hand washing equipment for staff use in the communal areas such as in the dining rooms, bathrooms and toilets.

Staff told us they had received training and updating in infection control and we noted that staff supervised the people who lived at the home when they were using the kitchens to ensure that they complied with the hand hygiene rules. We also observed cutlery being washed prior to use to ensure it was clean as sometimes people using the service, who had full access to the kitchen, hadn't always washed items.

When we visited the home the senior support worker was completing a scheduled medication round. We observed that the rooms we entered had a locked medicine cabinet mounted on their wall. The medicines were supplied by a local pharmacy and we saw they were stored appropriately. They were kept in the locked medical room, which had a drugs fridge and Controlled Drugs cabinet and other store cupboards used to house medical equipment. The room and drug fridge temperatures were monitored and kept within expected limits.

We noted that the stock control and management of medicines and controlled drugs were in order and audited every shift. We noted the signatures of staff who administered prescribed medicines. There was a photographic record and Medicines Administration Record (MAR) sheets of the people who were prescribed medicines. There were photographs of the people who lived at the home and the senior support worker was knowledgeable about the drugs being dispensed.

Loose drugs are kept in specific areas of the locked cabinets and controlled drugs in a separate locked cabinet. We undertook a check of this type of medication as it was dispensed for people differently to the scheduled tablets and found them to be in order. People who lived at the home were supported to be involved in taking the drugs that they were prescribed. We observed the staff checking and signing the MAR sheets and safely administering the medicines. Staff told us they had received training and we saw evidence of this in the records.

Good

Is the service effective?

Our findings

Staff spoke with us about their induction which was a comprehensive four day programme. This was followed by the opportunity to shadow other staff on shift for up to two weeks. An integral part of the induction was 'MAYBO' training which was training in how to manage conflict and to de-escalate situations through staff member's actions. We saw evidence of a comprehensive induction checklist ensuring all new starters had a 'learning champion' which was a member of staff to specifically support them through their initial weeks.

We spoke with the most recent member of staff who told us they had received an in-depth supervision discussing the importance of safeguarding and how to support someone with complex behaviour in the service. We reviewed this in their supervision file.

We looked at other staff files and found evidence of reflective supervision. Staff were receiving in-depth management support as their welfare was looked at as well as those of the people using the service. Concerns raised through these supervision sessions had been picked up and acted on, leading to the recent safeguarding investigation into the home's culture. We were confident that robust and effective supervision had helped to identify these areas of concern to enable action to be taken.

The registered manager did acknowledge that formal supervision had not occurred as often as it should have over recent weeks partly due to pressures on the service but had plans in place to increase frequency. The service had records detailing 'live' supervision which was where specific issues were discussed, and there was also planned supervision which was more in-depth. This was complemented by team meetings. The provider's policy said that six formal sessions were to be offered in a year. We saw that sessions were planned with all staff in the forthcoming weeks. Some staff told us they had not received an appraisal because of the turnover of managers in the past but again, plans were in place to address this.

Staff told us they had received training and updated this where necessary, in order to continue to carry out their role effectively. For example, fire safety, moving and handling, food handling, and infection control. The registered manager told us that all staff completed training in the Mental Capacity Act 2005 (MCA). and Deprivation of Liberty Safeguards (DoLS). Most of the staff we spoke with told us they had national vocational qualifications in care.

Staff were encouraged to complete their e-learning training in a number of ways. They were given access to the computer in the office before their shift or could access from home if that was preferred. They were also allowed to book a training day on the staff rota. We noted that some training in staff files had recently expired but this had been identified in supervision sessions, and staff were in the process of updating their knowledge. This was also scrutinised by the locality manager who completed a monthly overview.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 (MCA). They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

The registered manager told us that one person had a DoLS in place and another application had been made to the local authority. This person was having support on a one-to-one basis for some part of the day. We saw evidence that this had happened and where orders were in place we saw that there was a review date. Staff we spoke with understood and could explain the implication for people who lived at the home who had a Deprivation of Liberty Safeguard in place.

During our inspection we observed staff supporting people to make decisions throughout the day through discussion and interaction wherever possible, including through the use of Makaton (a sign language for people with communication difficulties). It was evident that staff knew people well and were able to encourage them to decide on what they wished to do.

We inspected the kitchens, and saw that they were well maintained and that appropriate

checks were maintained to ensure safe preparation and handling of food. Staff told us that they had received food handling training as part of their mandatory updates.

We saw evidence in the support plans we reviewed that people had their nutritional status assessed, were weighed

Good

Is the service effective?

and had their plans reviewed. We were also told how people had their nutritional care implemented. We were told how one person was in charge of shopping, cooking and their photograph was placed on the door so that other people who lived at the home knew who was in charge of food preparation for them.

People could then choose what they wanted to eat from a pictorial menu board. The pictorial display was arranged by the people in charge of cooking for the day but with input from the other people who lived at the home. We saw people making their own drinks or asking for them from the serving hatch. If they did not like what was planned on the menu, we saw people making other food or meals that they did want to eat and at times they preferred. A number of people who lived at the home also went out for coffee and some people told us of their planned meals out in local restaurants or cafes.

There was evidence from the support plans that people were accessing the appropriate health and social care support when required. There were good links with the social work team, occupational therapy and community nurses where needed. We saw that one person was managing their diabetes with support from staff by ensuring they had interpreted the test results correctly.

Good

Is the service caring?

Our findings

People who lived at the home appeared relaxed. One told us it was "good here" and another said "it's ok".

The staff told us they enjoyed their work, and said it was "good" or it was really "nice" as the people they worked with were lovely. We observed staff to be helpful, polite and sensitive in their dealings with people through the day. We also heard a number of mutual friendly exchanges between the people who lived at the home and staff, as well as between the staff themselves.

There were a number of difficult moments during the day when people's behaviour changed as they became aware of our visit. These situations were dealt with skillfully by staff who deflected the conversations to ensure we were helped to engage people in positive exchanges. For example, we were helped to communicate with a person predominantly via signing which allowed us to see their room and understand how they kept in contact with their relatives by Skype over their personal computer.

We overheard one staff member talking to someone in a sing-song style voice. We asked the registered manager if this was an appropriate way to talk to someone and they said it was an agreed part of this person's care package as they found it soothing and enabled positive engagement which we saw. This was observed later over dinner where a different member of staff was doing the same. We heard another talking to someone about their shirt in very positive and encouraging language. There was also good interaction between people using the service, evidencing mutual respect for each other.

We observed over lunch time that staff were patient and engaged with people living at Templefields. People shared a communal dining table and had a freshly prepared chicken salad, or sandwiches as they preferred. The registered manager also sat down to eat with people and talked to them about their day. Each person was acknowledged as they came into the dining room and then spoken to as much as that person wished to engage. It was very evident that all staff knew each person very well and that people responded positively to the staff. The atmosphere was very informal and vey welcoming.

One person became a bit excitable over lunch and was asked politely to use their 'indoor voice'. This was obviously an agreed term as the prompt was effective and the person responded positively. Later, in the afternoon, we observed one person eating a sandwich they had prepared themselves. They had chosen to have a 'lazy' morning and staff came in the dining room to check they were settled.

Peoples' dignity and diverse health and psychological needs were respected. We saw how staff dealt sensitively with people during the day and this helped promote a calm and relaxed atmosphere.

The registered manager told us that staff were in the process of completing some role paly workshops which focused on person-centred care. This area had been identified from a recent safeguarding situation and the provider had responded quickly and effectively to the concerns raised. We observed staff being focused on the people in Templefields throughout the day and it was evident that all staff respected whose home it was.

Although the people who lived at the home could not always articulate their needs, they were nevertheless empowered by staff to make choices throughout the day about what they did. They did this in a variety of ways by using pictures or engaging in their favourite activities. People felt free to refuse to talk to us, choosing to play records in their room instead. One person was looking forward to a visit from a relative and their baby. They also asked us to explain why we were visiting the home and what we were talking to staff about.

A number of people living in the home had advocates and it was also evidenced that one person had been offered an advocate due to recent safeguarding issues but had refused one, preferring the support of the staff at the home. This demonstrated there was a degree of trust between staff and residents.

We saw in the residents' survey feedback that one person indicated "Staff are friendly and helpful, and they always knock on my door before entering". Another response said "Staff always respect when I want to be on my own".

All rooms had their doors shut when the person was elsewhere and we saw staff respect people's right to quiet when sitting in the lounge or eating their breakfast. A gentle check to see if they were managing well was all that was needed.

Good

Is the service caring?

We saw evidence in some support plans we reviewed that information about people's end of life wishes had been discussed, and again it was clear from how this was recorded that this had involved some in-depth discussion with the person.

Good

Is the service responsive?

Our findings

The home was in the process of introducing new support plans which were extremely detailed and very person-centred. These were called 'About Me' and contained one page profiles to facilitate a brief overview and then more specific information including how to support someone make a decision, their specific communication needs, their personal weekly timetable, family and friends information and their daily routines. There was a section on 'what I can do for myself' which assisted staff to ensure they allowed people to self care as much as possible. We also saw that people's goals and preferences were recorded. We saw some of these new support plans had been completed and that wherever possible, people had signed them to agree to their content.

The plans had been developed by the registered manager to further promote staff to think in terms of person-centred care and had been designed using appropriately formatted materials with and for the people who lived at the home. The home used a key worker system which, when we asked staff about the role and the person for whom they had responsibility, they could explain in detail both their role and the specific physical, emotional and behavioural needs of the person in their care.

The plans were reviewed monthly by the key worker along with the specific individual in collaboration with a multidisciplinary team of people and advocates where necessary. One person told us they could not continue to talk to us "any more" as they had an appointment to meet their key worker who, according to them, was "a suitable fit for them", because they had to do their monthly review and planning. This shows the service was keen to ensure all people in the home had time to reflect on their choices and goals.

The service was starting a new daily record which was in an easy read format complete with pictures. The form detailed personal care support, food intake, any health appointments and an activity log. There was also a two-hourly overview for night staff to complete.

We noted that peoples' rooms were personalised and decorated to their specifications and preferences.

One person did not wish to eat their dinner in the communal dining room and so was enjoying a sandwich with a member of staff in one of the lounges. The staff member was engaging in conversation by using Makaton, a specialist sign language for people with communication difficulties.

People were busy throughout the day, either in their rooms resting or watching television programmes, going out for coffee, shopping or to bingo. We saw evidence in the support plans that people were making choices about holidays and other activities. One person told us with enthusiasm of their plans to visit a spa for a day of pampering and a special meal. Another person was planning a long car journey to visit their relatives. In the residents' survey, one person had shown they attended all the activities listed such as going out to the shops and other trips. They said they 'go out every day with staff support'.

We found some people preferred to have a routine and were supported in this by making weekly plans. Others were supported in making choices on a daily basis.

Staff told us about people's individual preferences such as arts and crafts. One person liked to trace cards and another loved wordsearches. In the summer house outside there were some drums which people could use and the garden had a basketball hoop, football nets and swingball when the weather was more appropriate. There were two communal lounges in the main house, one of which had jigsaws laid out on the table. We later saw this being completed by one of the residents.

We saw evidence of four complaints about the service, two were from people using the service. These had been acknowledged appropriately, and actioned with a referral to the local authority safeguarding team and the Care Quality Commission as required. There had been a thorough investigation and this was currently ongoing with necessary disciplinary action as a consequence for some staff members implicated.

We also found two compliments about the service from social workers who had been involved with people there. One said the service was 'good for service user support with friendly and approachable staff'. The registered manager feedback was rated as 'excellent'. The other compliment also said that 'staff were knowledgeable and had the relevant information available'.

Good

Is the service well-led?

Our findings

We observed an informal, homely atmosphere throughout the duration of the inspection. Staff worked calmly but purposefully to direct and support people with their activities throughout the day. They also shared their meals in the communal dining room and made drinks for themselves and people to drink together whilst they talked. Staff told us that they worked well together and had regular staff meetings and daily handovers. We observed one of these handovers where each person was discussed fully with staff before they were assigned the person they need to support.

The registered manager was highly respected by all the staff we spoke with, especially in regards to changing the culture of the home which had been under close scrutiny following the recent safeguarding concerns. They were applauded for the positive changes they had introduced. One staff member said "I can't believe the changes" and another said the registered manager "sticks to their principles". Other staff told us the registered manager was "often the last to go home as they worked so hard at putting staff right and improving everything". They were also considered supportive to staff, approachable and willing to learn. The registered manager told us that they had 'an open door'. This was later confirmed by the staff member themselves who stressed how supported they felt.

The registered manager explained that they had a lot of support from their line manager and the provider had enabled specific support following the recent safeguarding concerns and arranged for specific support around behaviour management and person-centred care.

We asked the registered manager what they felt the key achievements of the service had been and they replied that 'we focus on the people who live here'. This was evident throughout the day of our inspection. The registered manager had implemented some significant changes around support planning especially and was reassured that staff had advised them they were happy to see such changes. Another area had been in the development of personal incident records for each person living in Templefields. This was to enable quicker access and the opportunity to detect patterns in behaviour of people.

The registered manager also told us they had just introduced an 'Employee of the Month' award as they felt it was important to praise people who were doing well in their role. This was evidenced in the staff member's file where it showed how they had incorporated person-centred care in every interaction with the individuals they supported. Encouraging staff to undertake developmental training in areas such the National Vocational Qualifications was further evidence of a service that was keen to ensure all staff had aspirational goals for their own achievements alongside those of the people they were supporting. All staff were offered the opportunity to undertake such progression after successful completion of their probationary period. This was reflected in what staff told us.

There was evidence of a robust auditing procedure in place. There had been a recent contract monitoring visit by the local authority and actions identified which had been resolved. There was also a very detailed provider-led review which culminated in a service improvement plan. This had been done over December 2014 and January 2015 and reviewed on a monthly basis thereafter. It was extremely detailed and looked at two of the key areas under this inspection approach, namely safe and effective.

There was detailed scrutiny of the evidence needed for each section and actions identified from it. For example, it was noted that all safeguarding concerns had been reported as required but it was difficult to track them as there was no central log following their progress. It was also identified that a central log would enable easier analysis of events and facilitate more effective responses. This had been duly created.

We found evidence of a new incident reporting system that had been implemented following the service review, again enabling more effective mechanism for overview and analysis of incidents that may identify areas for further action.

People using the service were asked their views in a specifically designed questionnaire which was in 'easy read' format. There were pictures illustrating each area and signs to help people decide their answer such as a 'thumbs up' or 'thumbs down'. Questions included how much choice people had in deciding what to eat, wear, when to get up and go to bed and activities. There were also questions about how people were treated by staff and how relationships with family and friends was maintained. Again, the response was positive and one person said they would like a 'football championship'.

Good

Is the service well-led?

The service had recently sent out relatives' surveys. There had been a positive response. Most of the feedback was good or excellent and this looked at areas such as accommodation, food, care and support, involvement in person's lifestyle and care planning, activities and staff performance including skills and communication.

Two questionnaires indicated that relatives would like to be more involved in the support planning process and the registered manager advised us that the service was currently implementing regular review meetings and would be encouraging relatives to attend. One surveys raised some specific concerns which led to a meeting with the registered manager face to face where the concerns were addressed in turn. This was well documented and the relative understood more about how the service was run following this. For example, they had raised concerns around their relative not being involved in meal preparation. But it was explained that all people using the service have the choice to plan their meals one evening a week and can assist with cooking if they choose.

There was evidence of regular staff meetings, both with the registered manager and seniors. In the December meeting each senior had been attributed a specific role such as ordering medicines or planning the weekly menus in conjunction with the people using the service. The minutes also showed that specific practice areas were discussed especially around support planning. Subsequent minutes focused on the importance of person-centred support.

Difficulties around low staff morale had also been identified following the recent safeguarding concerns. These were acknowledged by the leadership team but also it was accepted that things had improved significantly within the service since such issues had been discussed. The minutes said "We discussed how important it is to be able to justify all the decisions we make and we always need to ensure that every decision is in that person's best interests". Regular reminders about the importance of adhering to policies was also addressed.

There were minutes of monthly team meetings. The service improvement plan was shared with staff along with the resulting action plan. Again, there was evidence of strong direction from the registered manager; "A big part of our role is to support people to make decisions which involves giving them options and helping them understand the consequence of something". The minutes went on to differentiate the distinction between a consequence and a punishment of a particular action following recent safeguarding concerns at the home. We found from this meeting that the registered manager provided clear and definitive leadership and stated 'Staff have no right to punish someone'. They explained that "If a person has been distressed it may be in their best interests not to go out but this is based on a risk assessment and should be recorded as such, not as a punishment". The minutes evidenced strong leadership giving staff direction and boundaries. This promotion of person-centred care was evident in a further discussion about one person who liked to plan but then offered changed it. Staff were reminded that this was the person's preferred way of managing their days and should be supported as much as possible even if changes happen.