

National Society For Epilepsy(The) Micholl's House

Inspection report

Chesham Lane
Chalfont St Peter
Gerrards Cross
Buckinghamshire
SL9 0RJ

Tel: 01494601374
Website: www.epilepsysociety.org.uk

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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 ●

Summary of findings

Overall summary

This inspection took place on 10 and 11 October 2017. It was an unannounced visit to the service. This meant the service did not know we were coming.

Micholl's house is a care home which provides accommodation and personal care for up to twenty people with a learning disability. The home had been purpose built and is made up of four individual units. Each unit accommodates five people. There are two units on the ground floor and two units on the first floor. At the time of our inspection there were twenty people living there.

The service had a registered manager. 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 home was previously inspected in September 2016. At that inspection they were found to be in breach of two Regulations of the Health and Social Care Act 2009 and got an overall "Requires Improvement" rating. At this inspection we found those regulations had been met and the service had made good progress in improving the service which resulted in an overall good rating.

People were happy with the care provided and had positive relationships with staff. The majority of relatives spoken with were happy with the care provided. They felt thankful to staff. One relative described it as "Home from home where my family member is happy". People had access to activities. Two relatives were unhappy with their family members care in relation to their access to activities. Another relative was unhappy with many aspects of their family members care and was considering if this was the right placement for their family member. This was fed back to the registered manager to address.

Systems were in place to safeguard people. Risks to people were identified and managed which promoted people's independence. People had support plans in place which provided guidance to staff on the support required. Care plans were updated and reviewed as people's needs changed.

The home had a higher than expected number of medicine errors reported over the course of the year. Measures were put in place to address those errors. The medicines records viewed showed medicines were safely managed.

People were consulted with on their care and the service worked to the principles of the Mental Capacity Act 2005. Their health and nutritional needs were met.

Staff were suitably recruited, inducted, trained, supervised and supported. This enabled them to have the right skills and training to support people effectively. The home had a number of staff vacancies and used bank and agency staff to cover the vacancies. Staff felt the staffing levels were sufficient. Some relatives felt

the staffing levels were not always sufficient and that one to one observation of their family member was not consistently maintained and impacted on community activities people had access to. This was fed back to the manager to follow up on.

People's privacy and dignity was promoted. Staff were kind, caring and had a good knowledge of the people they were supporting. They were aware of people's needs, risks and the support required to promote their safety. People were provided with information in a format suitable to their needs and staff used symbols and pictures to communicate with people.

People and their relatives knew who to contact to raise a concern or complaint. Monthly resident's meetings took place which enabled people to raise issues which affected them as a group. An annual survey was undertaken to enable the provider to get feedback on the service. Systems were in place to audit the service to enable the provider to satisfy themselves the service was running effectively. Where issues were identified action was taken to make improvements.

People who used the service, staff and the majority of relatives were happy with the way the home was managed. The registered manager was described as accessible, approachable, flexible, brilliant and had the right attitude. The registered manager had made positive changes to the service. They had developed a committed staff team who were clear about their roles and responsibilities. The registered manager acted as a positive role model and was clear of what needed to improve to benefit people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were safeguarded and risks were managed.

People's medicines were appropriately managed.

People were provided with sufficient staff, although a shift was not organised to ensure the right number of staff were available to provide people with the level of supervision they required.

Staff were suitably recruited to meet peoples' needs.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were suitably inducted, trained and supervised.

People were supported and enabled to make decisions about their day to day care. The principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were complied with.

People's health and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind, caring, enthusiastic and motivated in their role.

People's privacy, dignity, independence and respect was promoted.

Is the service responsive?

Good ●

The service was responsive.

People had care plans in place which outlined the care required to promote consistent care.

People were supported to pursue their hobbies, interests and attend college. Some relatives felt sufficient stimulating activities were not provided.

People were provided with the information on how to raise a concern or complaint.

Is the service well-led?

Good ●

The service was well-led

People were supported by a service which had a registered manager who was committed to improving the service.

People were given the opportunity to feedback on the service. Systems were in place to monitor practices to safeguard people and make improvements to the service.

People's records and other records required for the running of the service were organised and well maintained.

Micholl's House

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.

At our previous inspection in September 2016 the service was in breach of two regulations. Requirements were made to address those breaches and recommendations were made to address other areas of practice that required improvement.

This inspection took place on 10 and 11 October 2017. It was an unannounced inspection which meant staff and the provider did not know we would be visiting. The inspection was undertaken by two inspectors on both days and an expert by experience on day one. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert was experienced in living with someone with learning disabilities, autism and management of challenging behaviours.

Prior to the inspection we requested a Provider Information Record (PIR) on the service. The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed other information we held about the service such as notifications and safeguarding alerts. We contacted health care professionals involved with the service to obtain their views about the care provided. We have included their written feedback within the report.

During the inspection we walked around the home to review the environment people lived in. We spoke with the registered manager, deputy manager, twelve care staff and six people who used the service. We spoke with eight relatives and one staff member by telephone after the inspection. We received written feedback from another relative. We looked at a number of records relating to individuals care and the running of the home. These included eight care plans, medicine records for eight people, shift planners, five staff recruitment files, staff training and six staff supervision records.

We asked the provider to send further documents after the inspection. The provider sent us documents

which we used as additional evidence.

Is the service safe?

Our findings

At the previous inspection in September 2016 the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because systems and processes in place to safeguard people were not operated effectively to investigate allegations of abuse.

At this inspection we found staff were clear of their responsibilities for reporting and responding to concerns, accident and incidents. They were trained in safeguarding vulnerable adults and had access to guidance and policies to promote safe practice. People told us they felt safe. The majority of relatives felt staff provided safe care. Pictorial information on safeguarding was displayed on notice boards and available to people. Relatives felt confident their family members received safe care. A relative commented "Yes I feel [person's name] is safe, staff are very safety conscious".

A professional involved with a person at the home commented "The family are very happy and they feel [person's name] is safe and enjoys a degree of freedom they could have lacked otherwise".

At the previous inspection in September 2016 it was noted there was no risk assessment in place to identify if the practice of leaving disposable gloves in accessible places put people at risk of swallowing them and causing harm. A recommendation was made to address this. At this inspection disposable gloves were stored in cupboards. We were told there was no person who was deemed at risk of putting them in their mouth therefore a risk assessment was not required. People's care plans included a series of individual risk assessments. These were kept up to date and reviewed. They addressed risks in relation to nutrition, physical health, medical conditions, behaviours, mobility, communication, community access, finances and personal care. Staff were aware of the risks people presented and the support and intervention required managing the risks.

Environmental risk assessments were in place. They outlined risks to people, staff and visitors such as risks associated with lone working, moving and handling, medication administration and cooking and cleaning. A fire risk assessment was in place. People's files included a Personal Emergency Evacuation Plan (PEEP) which provided guidance on how individuals were to be evacuated in the event of a fire. The service had an emergency grab bag which contained key information required in the event of an emergency.

Health and safety checks took place which promoted a safe environment for people. Food, fridges and water temperature checks took place and records were maintained. Staff carried out regular checks to ensure the fire equipment was in good working order. Fire drills took place. The fire equipment, gas safety, water supply, electrical appliances and fixed lighting were regularly serviced. A contingency plan was in place. This provided guidance for staff on what to do in the event of an emergency at the home.

At the previous inspection in September 2016 the cleaner was not responsible for cleaning the communal areas of the service. This impacted on the time support staff had available to support people. A recommendation was made that the provider reviews the cleaner's role and remit to ensure sufficient staff were provided at all times to meet people's needs. This had been addressed and the cleaner had taken on

responsibility for cleaning some communal areas of the home. Alongside this cleaning schedules were in place which provided guidance to the day and night staff on what cleaning tasks they were responsible for. These were signed off when completed. The home was clean and suitably maintained. Areas of the home had been decorated and new furniture such as sofas had been purchased. Each of the units were bright, welcoming and were decorated with murals on the wall such as Disney characters which reflected the likes of people living on those units.

People told us staff were available to support them. Staff felt the staffing levels were sufficient. The staffing levels varied on each unit and were dependant on people's needs and the levels of observations required. The home had a high number of staff vacancies. They were actively recruiting into the vacancies. They used regular bank and agency staff to cover the gaps in the rota. Those bank and agency staff were familiar to people and had a good awareness of their needs. During the inspection we saw staff were available to support people in a timely manner. However on one unit staff were not deployed effectively as two staff were involved in a review. This meant that when a medical emergency occurred sufficient staff were not available to provide people with the level of support they required. The deputy manager intervened and sourced staff from another unit as well as assisting. This was discussed with the registered manager to ensure staff in charge of the units deployed staff effectively to provide people with the right level of observation they required at all times. This was addressed with the team leader on shift and communicated to all staff.

We received mixed feedback from relatives on the staffing levels. A relative commented "I feel confident enough staff are provided". A relative told us they felt the staffing levels at night were not sufficient. Another relative told us the staffing levels impacted on access to community activities for their family member. Two relatives raised concerns that the one to one observations were not consistently provided as required for their family members. This was fed back to the registered manager who confirmed to us and the relative one to one observations was maintained and gave reasons and times when this may not be the case.

The home had previously identified a higher than expected number of medicine errors. The registered manager had been proactive in finding the cause and had provided staff with bespoke medicine training to address gaps in their knowledge. They had introduced twice daily stock checks and a comprehensive weekly medicine audit to further promote safe medicine practices. Staff involved in medicine administration were assessed and deemed competent to administer medicines. People's care plans outlined the support they required with their medicines. Some people required medicines to be given covertly in food and this decision was recorded in a best interest decision. Medicines were stored appropriately, ordered monthly and records maintained of medicines received into the home and returned to the pharmacy. Guidance was in place for the use of as required medicines and signed by the persons GP. We looked at people's medicine administration records. Medicine administration records viewed were accurately completed. We observed senior care staff administering medicines in both flats. This was carried out safely and proficiently. Staff we spoke with who administered medicines were knowledgeable about the medicine they gave. They also communicated with people during the process and encouraged people to take medicines which would help meet their health needs. We checked balances of medicines and they were found to be in order.

Systems were in place to ensure new staff were suitably recruited. Pre-employment checks had been carried out, which included proof of identity, right to work in the United Kingdom, previous employer references and disclosure and barring service (DBS) checks. The DBS is a (criminal records check) to make sure staff were suitable to work with vulnerable adults. Staff confirmed they had attended for interview and had the required checks carried out before they commenced work. A relative told us they had been involved in interviews for the registered manager position and felt this gave them the opportunity to have a say on the appointment.

Is the service effective?

Our findings

People told us they felt involved in their care. We observed staff routinely involved people and explained their care to them.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. The majority of relatives felt staff had the skills to enable them to care for their relative. One relative told us they did not think all staff were trained in autism especially bank and agency staff. New staff told us they had been inducted into their role. This included induction training as well as a formal induction into the home, reading policies and in getting to know the people they supported. Staff told us they initially worked in a shadowing capacity alongside other more experienced staff in supporting people. Staff had completed an induction checklist and all new staff were enrolled on the care certificate training. The Care Certificate training is a recognised set of standards that health and social care workers adhere to in their daily work. This involves observations of staff performance and tests of their knowledge and skills.

Staff told us they were aware of their roles and responsibilities. They felt skilled and trained to do their job. A staff member commented "Training here is really good. It's one of the best things about working here." All permanent and bank staff had access to training the provider considered mandatory such as fire safety, food hygiene, first aid, epilepsy awareness, safeguarding of vulnerable adults, moving and handling and infection control. Alongside this staff had specialist training in autism and Non-Abusive Psychological and Physical Intervention (NAPPI) training. Workshops had taken place on person centred care, nutrition and medicines management. A training matrix was in place which showed the training that had taken place and when updates were due. The duty rotas showed staff training was regularly scheduled.

People were supported by staff who had one to one supervision meetings with their line manager. Staff told us supervisions were carried out six to eight weekly. They told us they felt well supported. Shift leaders had recently taken on the role of supervising staff. Some support workers felt this was not acceptable as they felt they were on the same level as them. The registered manager was made aware of this to consider if this practice was in line with the organisations policy on supervision. The shift leaders had not received formal training in supervising staff but told us they had been mentored by the registered manager and felt competent in doing it. We looked at a sample of supervision records. These were clear and focused, for example we saw a 'personal improvement plan' with a subsequent update on the progress achieved by the staff member. There were gaps in supervision meetings but this had been acknowledged, addressed and more frequent formal one to one supervisions of staff had commenced. New staff completed probationary reviews and existing staff had annual appraisals and review of their performance.

Systems were in place to promote good communication within the team. A communication book was in use to inform staff of important issues. Daily handovers, team meetings and clinical review meetings took place. Staff signed to say they had read and understood people's care plans, risk assessments, policies, procedures, team meeting minutes and communication book. This practice promoted effective communication. Staff felt they worked well as a team and felt issues within the teams were addressed and well managed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff were trained in the Mental Capacity Act 2005 (MCA) and demonstrated they had a good understanding of the act. Staff referred to principles of the MCA such as the presumption of capacity for an adult or the importance of making a decision, for a person who lacked capacity to make it independently, in the person's best interests. A staff member told us "Everyone's presumed to have capacity unless proven otherwise." Another staff member referred to "People having fluctuating capacity". People were supported to make decisions on their day to day care. Best interest meetings took place when decisions on treatment were required such as flu jabs, covert medicines and medical interventions such as blood tests.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Each of the four flats was accessed via key coded doors. People were supervised by staff on a twenty-four hour basis. These measures were in place for people's safety in the context of their care needs. DoLS applications had been made to the Local Authority for people who required it. A record was maintained of applications that had been made and approved. Staff had been trained in DoLS. They had a good understanding of DoLS and were aware who on their unit had a DoLS applied for and why.

A professional involved with a person at the home commented "The MCA's found in the person folder were a bit poor and there was not a clear way to tell how the capacity test had been implemented". They confirmed they had informed the key worker so this could be addressed.

People's health needs were met. People told us staff helped them to see a Doctor if and when they needed to. Relatives felt people had good access to a range of health professionals. Families were pleased with the introduction of a nurse service on site to support the care staff. Care plans outlined the support people required with their health needs. People had access to health professionals such as a GP, dentists, opticians and other professionals such as a consultant neurologist, physiotherapist, speech and language therapist and occupational therapists. Records were maintained of appointments with health professionals and the outcome of the meeting. Each person had a hospital passport in place. These included key information on people in the event of them requiring admission to hospital.

Staff on the units took responsibility for cooking the meals. Pictorial menus were used to promote choices and people's likes and dislikes were taken into consideration. Photos of the meals for each day were displayed on notice boards to remind people what was on the menu. Smiley face symbols were used to indicate if people liked a meal or not. People's care plans outlined the support they required with their meals and risks for individuals around meals and nutrition were identified and managed. People who required it had thickener in their drinks to promote their safety. Staff had a good awareness of how this should be prepared. Records were maintained of the meals eaten. People's weight was monitored and recorded to enable changes to be addressed.

People were happy with the meals provided. A person commented "Yes the food is good, staff are great cooks". The majority of relatives were happy with the meals. One relative felt the meals lacked vegetables and were not what they wanted their family member to have. They told us provided them with access to fresh vegetables regularly. The menus varied across each unit. Some menus regularly included vegetables

whilst others had less use of vegetables included, based on individuals likes and dislikes. We observed mealtimes. The mealtimes were relaxed, fun and people were supported and encouraged to eat their meal. They were provided with equipment to promote their safety and independence. Drinks were offered regularly and fresh fruit was available for people to enjoy.

Is the service caring?

Our findings

People told us staff were caring. They commented "Staff are nice, I feel cared for". "I like living here, I get on well with staff and I am happy". Six out of the eight relatives spoken with were happy with the care provided. They described staff as welcoming, friendly, pleasant and genuinely caring. A relative told us of a situation where their family member went to hospital and how their family member's keyworker had stayed on after their shift had ended to ensure their family member had settled. Two relatives were unhappy with the care provided and were considering if this was the right service for their family member. This was fed back to the registered manager to address directly with the relatives.

A professional involved with a person at the home told us that the person was happy and felt listened to. They confirmed if they had any problems they could approach staff and they commented to them "Staff are nice to me".

At the previous inspection in September 2016 we observed poor practice which did not always promote people's privacy, dignity and respect. A recommendation was made to address that.

At this inspection we observed mainly positive interactions. Staff were kind, caring and gentle in their approach. They listened and gave people time to make choices and decisions. They asked questions and praised them when they did something. Staff provided people with good eye contact, reassurance by the use of appropriate touch and encouragement whilst engaging and supporting them. Staff and the people they supported regularly chatted, laughed and joked together.

In one unit it was noted that there was minimal engagement between a staff member and the person they were supporting. The registered manager confirmed after the inspection that the person being supported prefers to be listened to and be the instigator of conversation and responded to by staff at appropriate times. They confirmed this was reflected in their communication support plan. A relative told us of a recent shift where two agency staff were on duty and failed to engage with the people they were supporting. This was fed back to the registered manager to follow up on.

People's privacy and dignity was protected. On one unit we saw staff kept on pulling down the person's top so that their undergarments were not showing. People who required it were provided with aprons to protect their clothes at mealtimes. Each bedroom door had a sign on it which stated "When I am in my room relaxing please close my door". People told us staff knock on their bedrooms doors. A person commented "Yes staff knock on my bedroom door". If I don't answer they knock again and ask "Can I come in, are you ok". During the inspection we saw staff consistently knocked on bedrooms doors. People's bedrooms were personalised and decorated to their taste.

People were encouraged and enabled to be involved in their care and their independence was promoted. Some people took an active role in setting the table for meals, emptying the dishwasher, cleaning their bedrooms and doing their laundry. Other people required staff to do those tasks for them. The registered manager was keen to further involve people and promote their independence.

People's care plans outlined their communication needs. On day one of the inspection it was observed on one unit communications aids were not used to promote peoples involvement. On the other units and on day two of the inspection we saw staff listened to people and communicated effectively with them using pictures, symbols and Makaton. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech.

Staff had a good knowledge of the people they supported. They treated people equally and responded appropriately to people's diverse needs and wishes. On the notice board it was evident that cultural and diversity was promoted within the units. This was because there were list of dates with certain activities taking place: October – Harvest festival, 31st October Halloween Party, 10th November Diwali party, December Christmas party- to be confirmed.

The service had no advocacy involvement. The service was aware how to access advocates for individuals if they required it.

Some care plans viewed made reference to end of life care. A relative told us they were involved in developing an end of life care plan for their family member.

Is the service responsive?

Our findings

Systems were in place to ensure that new people coming to live at the home were assessed prior to living there to ensure the service could meet their needs. The home had no new admissions since the last inspection to review as part of this inspection.

Care plans had recently being revamped and a new care plan format was in use. The care plans explained how people would like to receive their care, treatment and support. They included a pen picture of the person which provided a summary of the person's daily routine and what was important for them. Care plans were specific as to the care required. They included detailed guidelines and some pictorial guidance to support staff to provide consistent care to people. Protocols were in place which described seizures and their management. Some care plans showed people were unable to sign them; others did not indicate people's involvement. Staff had signed to confirm they had read and understood people's needs. They showed a good understanding of people's needs and were responsive to their moods and behaviours to de-escalate behaviours that challenged.

Care plans were kept under review to address any changes in the person's needs. People had access to regular formal reviews which included their funding authority and relatives. Relatives confirmed they were invited to those and felt the actions agreed were followed through.

People had a named keyworker. A key worker is a named member of staff who supported the person to coordinate their care. People had one to one time with their keyworker. The keyworker was responsible for completing monthly reports on the person which provided a summary of what had happened over the previous month. The people we spoke with were aware who their keyworker was. They felt they had a good relationship with them. One person commented "He [staff member] make me laugh". Relatives were aware which staff acted as key workers to their family member. One relative was unhappy that sufficient notice of a change in a keyworker was not given to enable their family member to come to terms with the change. They had raised it with the registered manager. They agreed to a story book being introduced in future to enable the person to be informed and come to terms with such a change.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Management were aware of the Accessible Information standard. People's care plans included communication passports which provided guidance on how people communicated and information was provided in a format that was accessible and understood by people. People were offered choices in relation to their day to day care, such as times for getting up, going to bed, activities, food and drinks. Pictures and easy read documents were available to support people who had difficulty reading to make their choices.

People had access to activities. The organisation had a central activity team and an activity coordinator was allocated to each service to take the lead on activities. People had an individual programme of activities which included in house activities and central activities on site. Some people went to college and people

were supported to attend community leisure activities such as bowling, swimming and the cinema. The registered manager was keen to develop more community links and a wider range of in house activities for the people who choose not to go out to activities. A pampering session and a bakery session had recently been introduced and views were being sought on what else people wanted. People were happy with the activities provided. Throughout both days of the inspection we saw people were supported to attend activities on site and in the community. A bingo session, music group and a pampering session took place in house over the two days of the inspection. People participated well in them and seemed to get great enjoyment from them.

A professional involved with a person at the home told us the home could be more proactive in identifying individual activities for [person's name] as they do not like group activities. The registered manager was made aware of the feedback. They confirmed activity plans are person centred and data is collated by the house activity co-ordinator to gauge people's participation in activities. Following on from this with the support of the person, their next of kin (if do not have capacity to consent) and their key worker revised individual activity plans are implemented. Some relatives were happy with the range of activities provided. Two relatives told us they felt the registered manager had already made improvements to the range of activities available to people and that community activities had increased. Two relatives were unhappy with the lack of person centred activities. One relative told us they thought staff did not make enough effort to take their family member for activities and when supporting them on one to one observations they did not involve them in activities. Another relative told us their family member was not stimulated. They gave examples where they felt "Everyone had failed their family member". They agreed to me sharing this information with the registered manager for them to be able to explore further and address their concerns.

People told us they would talk to staff if they had any worries or concerns. The majority of relatives felt able to raise concerns and had confidence they would be addressed. One relative told us concerns they raised had not been addressed. The registered manager confirmed the complaint had been responded to. The other relative had not raised the concerns they raised with us with the service. These were responded to after the inspection. Staff were aware how to support people to raise concerns or complaints. Information on how to make a complaint was displayed on notice boards throughout the home. This was in a user friendly format and accessible to people. The home had a log of complaints which showed complaints were acknowledged, investigated and responded to. The home had a number of compliments on file which showed relatives were happy with the care and gave praise to individual staff for their kindness.

Is the service well-led?

Our findings

At the previous inspection in September 2016 the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) regulations 2009. This was because the provider failed to notify CQC of an allegation of abuse.

At this inspection the registered manager was aware to notify CQC of significant events and had done so. They were aware of their responsibilities under duty of candour to be open, honest and transparent with people, relatives and others involved in their care. The organisation had a policy on duty of candour which included a letter template to be used to inform the relevant people of such incidences. The majority of relatives told us they were informed if their family member was unwell or was involved in an accident. Two relatives gave us a recent example of an injury to their family member which they were not made aware of. These were not incidents which should be reported under duty of candour. However the provider's accident /incident reporting policy was to inform relatives This was fed back to the registered manager to enable them to establish why the relatives were not routinely informed.

The home had a change of registered manager since the previous inspection in September 2016. People and relatives were happy with the new manager and the positive changes they had brought to the service. They described the registered manager as "Friendly, brilliant, very good, right attitude and a breath of fresh air". A relative commented "The registered manager has transformed the atmosphere of the home. This means the staff like their job and this is reflected in the care provided". Some relatives told us they had not met the registered manager but was happy with the way the unit their relative was on was run.

Staff felt the home was well managed. They felt well supported and described the registered manager as a positive role model who listened, had empowered and valued them. They told us the registered manager was always flexible, accessible, friendly, approachable and often there when they shouldn't be. They had an open door policy and had a visual presence on the units. Staff said they felt motivated to work for the manager and that the manager dealt with issues in a fair and consistent way. Staff commented " I feel more empowered, every staff member is treated the same, the team are more together and communication is better, the manager is polite, positive and uplifting, trustworthy, explains clearly what is expected and delegates effectively".

We received anonymous information after the inspection which described the deputy manager as "Bossy". None of the staff we spoke with at the inspection raised this as an issue with us. The registered manager was informed to enable them to investigate the concern raised.

The registered manager had made improvements to the service since the previous inspection. They had improved communication within the team and had developed a committed staff team who recognised their strength and weaknesses. Issues within the team were managed and team work and respect for each other was promoted. The registered manager was clear of their vision and values for the service. They wanted to improve community access for people, in - house activities, key working and introduce champions in key areas such as dignity, communication, health and safety. They intended to invest in those champions to give

them the skills and confidence to fulfil their roles. The registered manager told us they felt supported by the organisation and was allowed, enabled and encouraged to introduce changes to benefit the service.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service. The registered manager and deputy manager carried out monthly audits of practice such as audits of support plans, accident and incidents, health and safety, infection control, catering and finances. Actions from audits were added to the homes continuous improvement plan and signed off when completed. Trends in accident, incidents and medicine errors were identified and measures put in place to prevent reoccurrence. The provider also carried out monitoring visits to the service. As part of their monitoring they contacted relatives for feedback and this feedback was shared with the registered manager to act on if necessary.

Systems were in place to gain feedback from people, their relatives and staff. A monthly resident meeting took place which showed good discussion on issues that affected people such as staffing changes, activities and holidays. Monthly unit staff meetings took place and quarterly whole house team meetings had commenced. Staff felt able to raise issues and felt issues raised were acknowledged and addressed. A relative meeting had taken place and the manager was guided by relatives on how frequently they wanted those. A relative survey was sent out in July 2017. The feedback was generally positive with suggestions for improvement being addressed. Staff had recently been surveyed and the results were being analysed. Resident surveys were due to be sent out in November 2017. These systems enabled the service to gain feedback on the care provided to benefit people living there.

Records required for regulation were well maintained, up to date and fit for purpose. They were well organised, regularly archived, accessible and kept secure.