Care Quality Commission

Outreach 3-Way
Clayton House
Inspection report

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Ratings

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

Overall summary

We inspected Clayton House on 11 November 2015. This was an unannounced inspection. Clayton House is a residential care home that provides accommodation and support for six people. The people living there are people with learning disabilities. On the day of our inspection there were six people living at Clayton House. Clayton House is a detached house spread over three floors. People's bedrooms were situated on the first floor. The house is set within a garden. Homes to the side and back are also managed by the same provider.

The service had 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 was also the registered manager for the two other of the organisation's locations adjacent to Clayton House.

Summary of findings

People felt safe living at the home. Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order to mitigate the risks. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe from harm and abuse. The registered manager made sure there was enough staff on duty at all times to meet people's needs. When the provider employed new staff at the home they followed safe recruitment practices.

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Although the registered manager and staff understood the principles of the mental capacity act clear consideration of capacity was not clearly recorded in people's files and DoLS referrals were identified as needing to be made. This was an area that needs improvement.

Staff received training to support them with their role on a continuous basis to ensure they could meet people's needs effectively. The training records we saw demonstrated that staff had completed a range of training and learning to support them in their work and to keep them up to date with current practice and legislation.

People told us they liked living at Clayton House. One person told us "I like this place, I'm glad I moved in". Relatives and health and social care professionals spoke positively of the service. They were complimentary about the caring, positive nature of the staff. We were told, that staff were "most definitely kind" and "It's a very happy home". Staff respected people's privacy and dignity and their individual preferences. Our own observations and the records we looked at reflected the positive comments people made.

People had access to and could choose suitable educational, leisure and social activities in line with their individual interests and hobbies. These included day trips, shopping and attending a day centre. We observed and were told about the activities people liked to do which included playing football, trips to the cinema and going to car boot sales. Each person had a personal timetable for the week. These detailed what activities they were involved in. The provider had forums that consulted and included people in the running of the organisation.

There were clear lines of accountability. The home had good leadership and direction from the registered manager. Staff felt fully supported by their manager to undertake their roles. Staff were given regular training updates, supervision and development opportunities. Peoples relatives, staff and professionals who knew the service spoke positively about the registered manager and said they led by example. A relative said about management "there's nothing we feel we can't discuss with them".

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?

Good

The service was safe. Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Requires improvement

The service was not consistently effective.

Consent was sought from people but MCA assessments were not clear on people's care records and the registered manager was in the process of referring people for DoLS.

People received support from staff who understood their needs and preferences well. People were supported to eat and drink sufficient to their needs.

People had access to relevant health care professionals and received appropriate assessments and interventions in order to maintain good health.

Is the service caring?

Good

The service was caring. People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and support.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive to people's needs and wishes. Support plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in activities within and away from the home. People were supported to maintain relationships with people important to them.

Is the service well-led?

Good

The service was well-led.

There was a positive and open working atmosphere at the home. People, staff and relatives found the registered manager approachable and professional.

Summary of findings

The registered manager and provider carried out regular audits in order to monitor the quality of the home and plan improvements.

There were clear lines of accountability. The registered manager and provider were available to support staff, relatives and people using the service.

Clayton 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.

The inspection took place on the 11 November 2015 and was unannounced. Two inspectors carried out the inspection. Before our inspection we reviewed the information we held about the home. We looked at previous inspection reports. We also looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the local authority to obtain their views about the care provided in the home. We did not use a PIR as we had not asked the provider to complete one. A PIR 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 areas of the building, including people's bedrooms, the kitchen, bathrooms, and communal areas. We observed care and spoke with relatives and staff. We spoke with people who lived at the home both at the day centre and when they returned at the end of the day. For people who were unable to verbally communicate we observed the methods they used to communicate including body language and non-verbal interactions with staff.

We also spent time looking at records including three care records, three staff files, medical administration record (MAR) sheets and other records relating to the management of the service. We contacted local health professionals who have involvement with the service, to ask for their views. After the inspection we spoke with three relatives. We observed interactions with people who lived at the home. We spoke with the registered manager, assistant manager and two support workers. After the inspection we spoke with a physiotherapist, a GP and a social worker. They were happy for us to quote them in our report.

Good

Is the service safe?

Our findings

People told us that they liked living at Clayton House and told us that they felt safe. Two of the people we spoke with felt living at Clayton House made them feel safe because staff were with them when they needed to go anywhere and there was someone awake at night. Relatives we spoke with said that their family members were safe at Clayton House. One relative said their family member was "quite safe" and "[the family member] is happy there, if [the family member] wasn't they'd show you". Another relative said that their family member "feels safe and secure at Clayton House".

Staff had received safeguarding training and had a good understanding of their responsibilities in relation to safeguarding people. They were able to recognise the different types of abuse and told us what actions they would take if they believed someone was at risk and how they would report their concerns. Staff told us they would report to the most senior person on duty at the time and if this was not appropriate they would report to the authorities. The registered manager had a copy of the up to date safeguarding local authority policy and procedure and also met monthly with the local authority where any safeguarding issues and planning of people's care was discussed.

Detailed risk assessments were carried out for each person. They described risks that may be present for an individual in the management of their day to day lives. For example where one person likes to access the community with another person living at the home a clear plan was in pace regarding the methods used to mitigate the risk such as informing staff of where they were going, expected return times and use of mobile phones with telephone numbers to contact if needed. One person liked to support another person by pushing their wheelchair. This had been considered and training provided to the person and guidance around how staff supported this described. For someone who was at risk of becoming distressed in certain situations clear details of the triggers for this were detailed and clear guidance for the person and staff recorded.

There were enough staff on duty to provide the care and support people needed. There was a small core staff team that supported people at the home. There had been some recent staff turnover and new staff had been employed. Relatives and professionals we spoke with told us that they thought one of the strengths of the home was its' consistent staff team and management. This meant that people's individual personalities, characters and needs were well known which enabled staff to provide safe care. If additional staff were needed in the event of sickness or unforeseen circumstances they were drawn from the other two homes adjacent to Clayton House.

Accidents and incidents were clearly recorded on a database which staff members completed. The registered manager then looked at these and provided a detailed written response including any actions taken. These were then overseen by the operational director and signed to indicate that they were happy with the response. For example we saw that when someone had recently had a fall, details of this were documented, medical attention had been sought and this was recorded and the plan to minimise this person having falls was detailed. The advice from the physiotherapist stated that the person was to be encouraged to use a rucksack rather than carrying multiple carrier bags. Staff were encouraging the person to try this.

Medicines were stored safely in a locked cabinet. We observed one person's as and when needed medicines being administered when the person approached staff and identified that they were in pain. This was done safely. They were offered a drink to take with their medicine and gently encouraged to take them. Supports plans showed medicines were reviewed as part of an annual health check. Most medicines were managed through blister packs delivered by the pharmacist; otherwise there was a box for each person, in the medicine cabinet. The Medication Administration Records (MAR) folder included copies of guidance from support plans about people's preferred ways to receive their meds. One person's records detailed 'Hand me my tablets on a spoon and I can put them in my mouth, I can take liquid medication independently from a pot/cup'. There were arrangements in place if people needed medicines that needed to be refrigerated. Checks of stocks of medicines were done weekly and confirmed amounts held matched with amounts received and administered.

Staff received training in administering medicines and a member of the management team assessed the competencies of staff to administer medicines, comprised of a two-step assessment. This involved a question and answer sheet and then an observation of practice. This assessment was then carried out annually to ensure that

Good

Is the service safe?

staff maintained good practice in the management of medicines. Returns of medicines were documented and signed for. Advice had been sought from the pharmacist regarding one person's use of cough sweets and the advice from the pharmacist had been shared with the person to support them in their decision making around the use of cough sweets.

Appropriate checks were undertaken before staff began work. We examined staff files containing recruitment information for four staff members. We noted criminal records checks had been undertaken with the Disclosure and Barring Service (DBS) in all cases. This meant the provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with vulnerable people. There were also copies of other relevant documentation, including job descriptions and character references.

Requires improvement

Is the service effective?

Our findings

People were given choices in the way they wanted to be cared for. We observed people be asked what they wanted to eat, what activities they wanted to do. Staff were aware of the need to ask people their preferences and for consent from people. For example when someone was in pain as and when needed pain relief medicines were offered.

People's capacity was considered in care assessments and we saw in one support plan where someone was at risk of becoming agitated and distressed the plan stated a course of action to support the person in their 'best interests'. The Mental Capacity Act (MCA). MCA is designed to protect and restore power to people who lack capacity to make specific decisions. The philosophy of the legislation is to maximise people's ability and place them at the heart of the decision making. The MCA 2005 should only be instigated when it is felt the person has an impairment or disturbance off the mind/brain and at a particular time, they may be unable to make a decision. The MCA 2005 is decision specific and it needs to be assessed whether the person can retain, weigh up, understand and communicate the decision. For mental capacity assessments to be completed in line with legal requirements, they must adhere to the code of practice and legislation.

Although staff had received training in MCA and we could see from records that care was assessed and planned in people's best interests it was not clear in which areas people may lack capacity and there was no reference to the legislation or assessment process. The registered manager was aware of the need to involve relevant professionals if they were concerned about a decision for someone who lacked capacity regarding for example a medical decision. They told us about plans for a best interests meeting regarding someone's future dental treatment. Following the inspection the registered manager wrote to us and told us that they had consulted with a training coach within the organisation. The coach was going to support the registered manager in carrying out these assessments more formally. The registered manager had also discussed the issue of mental capacity assessments with the duty social worker at the local authority to gain advice. These assessments were started immediately. Following completion of assessments the registered manager was going to review the need for requesting Deprivation of liberty safeguards (DoLS) assessments from the local authority. DoLS is part of the Mental Capacity Act. The purpose of DoLS is to ensure that someone, in this case, living in a care home is only deprived of their liberty in a safe and appropriate way. This is only done when it is in the best interests of the person, has been agreed by families and professionals and there is no other way to safely care for them. The registered manager had acted swiftly to identify the formal recording of mental capacity issues and any need for a DoLS but this remains an area that needs improvement.

People told us they liked the food at Clayton House and that they were involved in choosing the menu, doing the shopping and the cooking. People and staff told us that they often made these decisions whilst sharing a meal and chatting. We saw that a weekly menu was recorded and on display on the kitchen wall. Everybody who lived at the home was out during the day at a day centre and took a packed lunch. People had their main meal in the evening. There was a menu board with a picture of the evening meal.

People's dietary needs and preferences were recorded in their care records. For example preferences of drinks were recorded like preferring coffee rather than tea. For one person it was recorded that their favourite food was meat pie but that onions aggravated their digestive system. For one person who was a Muslim, halal meat was sourced from a local butcher and if the person wanted a treat of fast food there was a local fast food outlet that specialised in halal burgers. For another person it was identified in their health action plan that they needed to lose weight. A diet and exercise program was in place for this and the person was weighed regularly and this showed that they were losing weight and that the plan for this was ongoing.

When people returned from the day centre we observed that they made or were supported to make their packed lunches for the next day. These reflected people's individual choices. Some people had salads or sandwiches, quiche or sausage rolls. People who were able to do this independently were making their own sandwiches. One person told us they did this task without help and said, "It's important not to have help if you don't need it." This person also liked to help with the preparation of the evening meal.

Staff told us they received enough training to carry out their roles and received supervision regularly. All staff received training in areas such as safeguarding adults, fire safety,

Requires improvement

Is the service effective?

food safety, Health and safety, lone working, nutrition, MCA and DoLS and medicines. Staff also received training in additional areas such as epilepsy and equality and diversity. Staff received training in person centred tools which enabled staff to understand person centred care planning and the system that the organisation had in place for recording this. Staff were also supported to carry out additional training such as Diplomas in health and social care which supported in embedding their knowledge and skills in this area. Training was recorded on an electronic database that alerted the manager when training was needed for a member of staff. This ensured staff training was kept up to date. New staff to the organisation completed an induction and the registered manager informed us that staff now carried out The Care Certificate. The Care Certificate is a new training tool devised by Skills for Care that provides a benchmark for the training of staff in health and adult social care. Supervision took place approximately every six to eight weeks. Supervision is an opportunity for staff to discuss with their manager their role, responsibilities and training needs. Staff told us that they valued this forum for supporting them with their day to day work and identifying any learning needs.

The registered manager told us, and we saw in care records that people were referred to other professionals for support with their health. This included support from psychologists, physiotherapists, nurses, dentists and GPs. People had annual health checks carried out by a nurse at the GP surgery. One person had an appointment to do this on the day of our inspection. Any actions from these were recorded in peoples care records. Professional we spoke with spoke highly of the service and the timely way people were referred for support with their health care needs. On professional said that staff “know the clients really well” which enabled them to identify health issues and refer for support if needed. Another professional told us that they were “always impressed with the way they work”. Professionals told us that any advice or directions they gave were taken on board and followed through.

Good

Is the service caring?

Our findings

People we spoke with told us that staff were caring. One person said about staff "They're good". Another person said that staff were "Very nice". A relative told us that their family member was "Cared for very well" and that they were "Very fond of [the staff]". Another relative told us that staff were "Most definitely kind" and that they did a "Fantastic job". Professionals we spoke with also told us that staff were kind and caring

we observed interactions between people and staff in the late afternoon and early evening when people returned from their day time activities. The atmosphere of the home was lively and friendly. Interactions between people and staff were friendly and thoughtful and full of humour. As people prepared their packed lunches for the following day staff chatted to people about their days, what they had done and what they were doing in the evening. People were offered teas and coffees and went about their routines. One person who indicated that they weren't feeling well was listened to and staff were empathic, offered as and when needed medicines and gently reassured the person and said "Don't worry, you'll be fine".

Two people we spoke with told us that they experienced everyone at the home as good friends. One person had only just moved in from the respite unit that was another part of the organisation located nearby, where one person in particular had got to know them and was delighted they had moved in. They said "I think I've helped [the person] settle in." We observed these two people to have developed a supportive relationship and the person who had recently moved in said "I like this place, I'm glad I moved in". Another person said they enjoyed spending some time with others in the home, especially if it was to go out to do something definite, they liked the new vehicle "It means we can all go out together." Relatives told us that there was a friendly atmosphere at the home and that people enjoyed each other's company. A relative said that their family member "gets on well with the other people who live there".

People were involved in decisions about their care and we saw staff encouraging people to be independent. One person said "We get asked what we want, we help decide meals and it's also nice to have meals out sometimes." People were encouraged to make choices about their evening activities. On a day to day basis people were consulted regarding their choices of food and activities. There were residents meetings where discussions and decisions were documented. There had been a recent meeting that documented a discussion about going on holiday and we saw that people's comments and opinions were recorded. For example One person had said that they wanted to go somewhere where there were "Rides that splash into water like Disneyland". Another person said that they wanted to go to "Sandy balls". As a group everyone had decided that they wanted to go to Sandy Balls.

The provider had a forum for people called 'Everybody counts'. This was a forum for anybody who chose to attend. Its' purpose was to discuss issues that were important to people and to keep them updated about the organisation. We saw in the minutes from the October meeting that there had been a presentation from a police officer about keeping safe. There was also information discussed about the origins of Halloween and information from the police to display if people wanted to or didn't want to participate in trick or treaters. The meeting also updated people regarding the latest provider council meeting and requested people to discuss issues at their next resident meetings. People from Clayton house attended this forum.

People told us that they were supported to be as independent as possible. One person told us "Living at Clayton House means that I can live my own life". People were encouraged to carry out tasks independently but knew that staff were available to help if needed. We observed people being treated with respect and dignity. Staff knocked on peoples' doors and were in constant consultation with them regarding what they wanted to do and whether they needed support. A relative told us that staff "respect [the person's] privacy". People had keys to their rooms and were able to choose to spend time communally or privately in their rooms. People showed us their rooms and we saw that these reflected the individual personalities and interests of the person with choices of pictures, photos, music, games and films.

Good

Is the service responsive?

Our findings

The registered manager told us that there was a "good staff team" and that "they are very competent and know people well and are very proactive, they are person centred". The registered manager felt that the fact that staff knew people well enabled them to provide care that responded to people's individual needs and characters. Relatives we spoke with commented on how well staff knew their family members. One person told us about what they valued about living at the home; they said "Living at Clayton House means I can live my own life. I like it that I wake up with my own alarm clock and get myself up. In the evenings I've got my own TV and I like to be in my room, some people prefer to be with the others downstairs. We get asked what we want, we help decide meals and it's also nice to have meals out sometimes." One relative said "Staff, [the person] knows them very well". Professionals commented that staff were able to respond to people in a person centred way because they knew people's needs. One professional stated "staff know the clients really well". Another professional stated that the staff team were person centred and that they "Enabled the things that people want to do".

People's care records gave a clear account of the person's individual likes and dislikes and particular care needs. For one person we saw documented that they likes a particular pop star, pets, their family and doing their own shopping. When we spoke with this person they confirmed these details. They also told us that they been to a concert of their favourite pop star and that they had also met the pop star at a local café. Staff knew this person well and confirmed their likes and dislikes and the support provided to enable the person to pursue their interests. This person told us about the care that they needed "I need the staff to make sure I'm awake and getting up. I can do everything myself in the morning but staff make sure what I've done." They said work they carried out at the centre was very important to them, but so was time off. They had Tuesdays at home to do things in town and get their room clean, and at weekends they always spent time with their family, those days she got up when she wanted. Tuesdays they usually spent with their key worker. They planned how to use the day and sometimes talked about "bigger plans", like holidays.

The support profile gave clear guidance on communication. It identified known situations and behaviours that arise and positive responses by staff to offer reassurance in order for these not to escalate. Guides on how to prepare for a health appointment or new experience were in place. Support plans around areas such personal care, confirmed the person's account of how they receives support that maintained their dignity & privacy. For example the plans confirmed that it was the person's choice mainly to wear a certain style of clothing. Plans confirmed the person's agreement that they make sandwiches but that staff may check contents regarding healthy choices and quantity.

People's communication needs were clearly recorded and clear guidance was written. For someone who may not want to do something or may not be ready the phrases they might say to indicate this were documented such as 'leave it', 'not yet' or 'later'. It was recorded for this person they may communicate needing a bath or wanting to go to bed by carrying their pyjamas. There were detailed instructions for supporting the person with personal care such as 'hand the toothbrush with the toothpaste on it'. In this person's care passport clear guidance was given regarding important issues for the person. If the person was anxious or upset it stated that staff were 'To give me a lot of reassurance and talk to me in a calm voice'. It was also documented that the person's preferred style of communication was when staff used 'short sentences and give clear direction'. People's care plans were reviewed formally on a six monthly basis but people met with their keyworkers regularly and care records were updated as required.

People attended a local day centre during the day where they participated in work and activities. People told us that they enjoyed this. Some people also had one to one time at home or with someone going out to do activities. People told us about the activities they did including going to the pub, out for meals, care boot sales and cinema trips. A cinema trip was planned for the week of our visit. People attended a club called the Gateway club which was a local social club for people with learning disabilities. There had recently been a Halloween party and a trip to the pantomime was being organised over the Christmas period. Where someone liked to go to church this was supported.

We saw where people had individual interest's these had been pursued. For example for someone who was interested in driving had been supported to try bumper

Good

Is the service responsive?

cars and a driving simulator. They helped out the staff with the checks on the homes vehicle. For another person who liked to play football this was a regular activity for them. People were encouraged to stay in regular contact with their families and friends. People had a 'Family charter' which was a signed agreement with family members about what level of information was to be shared between home and them, and how. It also included the person's agreement to what they had agreed could be shared with family. This ensured that each person's individual set of circumstances were considered and respected.

The complaints policy was displayed in the hallway of the home and there was an easy read version of this with pictures on it. The registered manager had informed us that there had been no formal complaints raised and responded to but that there was a clear policy and protocol in place to address these should they occur. Following the inspection we spoke with a relative who informed us of a concern she had regarding her relative that she had emailed to the registered manager on the day of the inspection. This relative was confident these concerns would be addressed. They told us "This is the first time I've had concerns, [the registered manager] has come straight back to me and arranged to meet me". The registered manager confirmed this and the action they were already taking to address these concerns.

Relatives told us that they were kept well informed regarding their family member. One relative said that staff would "Soon call" if there was an issue with their family member and that they felt comfortable to contact staff if they were concerned "I would certainly voice my opinions". Another relative said that "Staff keep me updated and we are told straight away if there is an issue. There is nothing we can't discuss with them". People's opinions were documented in the residents meetings. For example we saw that following discussion and a request for a cooked breakfast at the weekend this had been instigated.

Good

Is the service well-led?

Our findings

The registered manager told us that she aimed to create an atmosphere and culture that was "Homely and person centred". They said "I get to see everybody everyday". People we spoke with liked the friendly homely atmosphere of the home. People were glad to live at Clayton House. One person told us "I like it here". People told us they got on well together and valued each other's company. Relatives told us that there family members were happy living at the home and were well cared for. A relative said they were "More than happy with the home". Another relative said their family member is "Looked after well". Another relative said their family member couldn't "Want for more".

Relatives told us that they thought the home was well led and they valued the registered manager who had been a part of the organisation for a long time. The also valued the staff team and their expertise. A relative told us that the management and staff team were "A nice bunch, doing a good job". Another relative said "I think they do a fantastic job". Professionals we spoke with attributed the quality of care provided at Clayton House to stable and knowledgeable management. One professional that visited the home on a regular basis said that the registered manager was "very good" and that "clear direction was given by management". They also said that they would "Happily place someone [they] loved and cared about there". Another professional described the registered manager as "Very good, open and approachable".

We observed that the home had a warm and friendly feel to it and that staff and the registered manager knew people well. The approach was person centred and people's individuality and independence was promoted. There was an open culture at the home and this was promoted by the registered manager who was visible and approachable. There was a clear management structure and staff were aware of the line of accountability and who to contact in the event of any emergency or concerns. Although the management structure had changed earlier in the year and the registered manager managed other parts of the service as well as Clayton House staff still felt supported by the registered manager and said that they were available when needed. The registered manger was supported by two assistant managers. One staff member said of the registered manager "[The registered manager] comes to staff meetings sometimes and always if we ask them to come." Another staff member told us "All the managers are available all the time, [the registered manager is so good, laid back but knows how the home works. All the team support each other".

There were regular staff meetings that took place and these kept staff up to date with changes in policy and procedure. We saw that the safeguarding and whistleblowing policy had been discussed and how to complete the accident and incident reports online. We saw that the instigation of a cooked breakfast as discussed in a residents meeting had been discussed in the staff meeting and actioned. People's needs were also discussed at these meetings. A communication book was also used on a daily basis for staff to communicate with each other. This book had actions required documented and then signatures from staff when these had been completed. For example for someone who had a review booked, it had been identified that family needed to be contacted. This had been done and a staff member signed to say it had been completed.

The organisation had a system of auditing in place. A compliance auditor carried out quarterly audits at the home to identify any shortfalls in the care that was provided. A service improvement plan was then drawn up to address these. For example where it had been identified that risk assessments needed to be updated September 2015, this was identified as an ongoing area for improvement. Where it had been identified that a new medication policy was needed this had been actioned. Health and safety audits were carried out by members of the staff team. Staff medicine management competencies and an audit by an external pharmacy were carried out yearly. Monthly reviews of the daily recordings around people's care were also carried out which ensured that any changes in people's care needs were identified and then acted upon.

The registered manger told us that they were supported to carry out their role and that they received regular supervision. They were also took part in monthly managers meetings where they received peer support. They were also part of care briefing meetings that happened on a regular basis to keep managers up to date with new developments in health and social care and new policies and procedures. The registered manager told us that they had recently attended a briefing on The CQC's new inspection methodology so they would know what to expect from an

Good

Is the service well-led?

inspection. The registered manger also had access to a performance coach and a behavioural team for support and advice. We saw that the behavioural team had provided advice around supporting on of the people living at Clayton House. There was also an emergency phone line for staff to contact if they needed urgent support.

Programs were in place to support staff members with practical issues such as travel costs and an initiative to support staff to progress within the organisation was also offered. This provided mentoring support in the area the staff member was interested in pursuing. People and staff were involved in forums where they could give feedback and contribute to the running of the organisation. Relative's views were sought via a questionnaire that was sent to them. We saw that feedback was positive and that any issues raised had been addressed. For example where a relative had raised the need for more one to one time for their family member this had been discussed and actioned. A relative had written about the home "We consider it to be a happy and homely environment".