

# Linkage Community Trust

# Boultham Park

## Inspection report

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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

Boultham Park is part of Linkage Community Trust, a national charity based in Lincolnshire. This service provides care and support, mainly to people who have a learning disability, living in a number of 'supported living' settings, so that they can live in their own home as independently as possible. At the time of this inspection people's care and housing were provided under separate contractual agreements in 17 flats and 10 bungalows. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

We inspected the service on 29 and 30 November 2017. Our inspection was announced.

At the time of our inspection there were 30 people using the services provided by Boultham Park. Eighteen of the people received support through the regulated activity 'personal care'. We reviewed the arrangements in place to care for and support six of those people.

The service had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers ('the provider') 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. In this report when we speak both about the company the area director, the registered manager and the acting manager we refer to them as being, 'The registered persons'.

At our last inspection on 20 and 21 October 2016 the service was rated, 'Requires Improvement'. Although there were no breaches of the regulations we found that improvements were needed to ensure that people reliably benefited from using a responsive and well-led service. At the present inspection we found the concerns we had previously raised had been addressed. As a result we have rated the service as being, 'Good'.

In more detail, people's care and support needs were monitored and kept under review so that any changes in need identified could be acted on in a timely way by the registered persons.

There was a range of audit and review systems in place to help monitor and keep improving the quality of the services provided.

Risks in relation to people's daily life were assessed and planned for to protect them from harm. People were supported by staff who knew how to recognise abuse and how to respond to concerns they identified. There was evidence of organisational learning from significant incidents and events. Any concerns or complaints were handled effectively.

We found there were sufficient support staff available to keep people safe and meet their care and needs and the senior and support staff worked well together in a mutually supportive way.

Good team work was promoted and staff were supported to speak out if they had any concerns about people not being treated in the right way. In addition, the registered persons were actively working in partnership with other agencies to support the development of joined-up care.

Training and supervision systems were in place to provide staff with the support, knowledge and skills they required to meet people's needs effectively.

Staff were kind and attentive in their approach and people had access to the food and drink of their choice. When it was needed people were also supported to plan, purchase and prepare meals which met their individual needs and preferences in their own homes.

People's properties were serviced and maintained by the registered persons in ways which people told us helped them to be as independent as they chose to be. People also told us the overall wider physical environment and facilities provided by the registered persons generally reflected their individual requirements.

People's medicines were managed safely and staff worked closely with local healthcare services to ensure people had access to any additional specialist healthcare support they needed. Support workers followed the registered person's infection prevention and control procedures to ensure people were protected from the risks related to cross infection.

The registered persons had processes in place which ensured, when needed, they acted in accordance with the Mental Capacity Act 2005 (MCA). This measure is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was a positive culture in the service that was open, inclusive and focused upon achieving good outcomes for people. People benefited from there being a clear management structure which helped support staff to understand their responsibilities so that risks and regulatory requirements were met. The views of people who lived in the service, relatives and staff had been gathered and acted on to help shape any improvements that were made. Quality checks had been completed to ensure people benefited from the service being able to quickly put problems right so that people could consistently receive safe care.

## 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.

There were sufficient staff to meet people's care and support needs.

Staff were recruited safely.

People's risk assessments were reviewed and updated to take account of changes in their needs.

Effective infection prevention and control systems were in place.

People's medicines were managed safely.

There was evidence of organisational learning from significant incidents.

### Is the service effective?

Good ●

The service was effective.

Care was delivered in line with current best practice guidance.

Staff understood how to support people who lacked the capacity to make decisions for themselves.

People had access to the food and drinks of their choice and when it was needed they were supported to prepare their meals in ways which met their needs and preferences.

People received coordinated care when they used different services and they had received on-going healthcare support.

### Is the service caring?

Good ●

The service was caring.

Staff were caring, kind and compassionate.

Staff respected people's right to privacy and promoted their

dignity.

Staff encouraged people to maintain their independence and to exercise choice and control over their lives.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's individual care plans were kept under regular review by staff.

People were supported to continue to enjoy, maintain and develop their independence through the pursuit of a range of individual activities, hobbies and interests.

People's concerns and complaints were listened and responded to in order to improve the quality of care.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was an open culture at the service and people benefited from staff understanding their responsibilities so that risks and regulatory requirements were met.

People who used the service, their relatives and staff were engaged and involved in making improvements.

There were suitable arrangements to enable the service to learn, continue to develop and maintain its sustainability.

Quality checks had been completed and the service worked in partnership with other agencies to promote the delivery of joined up care.

# Boultham Park

## 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 checked whether the provider was 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.

We visited Boultham Park on 29 and 30 November 2017 and our inspection was announced. We gave the registered persons a short period of notice before we called to the service. This was because the people who used the service had complex care needs and benefited from knowing that we would be calling and because we needed to be sure the registered manager would be available to speak with us. The inspection team consisted of a single inspector.

At our last inspection on 3 November 2015 the service was rated 'Requires Improvement'. At this inspection we found the service was 'Good'.

In preparation for, and as part of this inspection we reviewed information that we held about the service. This included information the provider sent us in their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed notifications of incidents that the registered persons had sent us since they had been registered with us. These are events that happened in the service that the registered persons are required to tell us about. We also looked at information that had been sent to us by other organisations and agencies such as the local authority who commissioned services from the registered persons and the local authority safeguarding team.

As part of our inspection we invited people to speak with us about their experience of the care they received. We obtained feedback from people in a variety of ways. We met with a group of nine people who received support from the service and spoke with two other people who asked to meet with us separately. We also met with four relatives of people who used the service. In addition at their request we made contact with one person and eight other relatives by telephone so that we could ask them about their views of the quality

of care provided.

We met with a group of eight care staff who were also called 'support workers.' We sometimes refer to staff as 'support workers' in this report. We also spoke with one support worker separately, the registered manager, one of the services deputy managers and the service's operations manager.

We looked at a range of documents and written records. These included the care records for six people who received support and information relating to the administration of their medicines. We also looked at the recruitment information related to six staff members, information about how staff were deployed and the systems the registered persons had in place to audit and monitor the overall quality service provision.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe and that staff treated them well. One person said, "I know how to raise any concerns I have. There is a number I can ring, I can talk to my support worker and I know how to speak to the manager." All of the relatives we spoke with told us they felt their family members were safe. One relative said, "When issues are identified I know I can speak direct with the manager and they do respond if there are any concerns about welfare and safety."

Through our discussions with the registered persons and support workers it was clear that they knew how to recognise and report any situations in which people may be at risk of abuse. Records showed that they had received training about how to report and manage situations of this nature. They were also aware of how to contact external agencies such as the local authority and the Care Quality Commission (CQC) if any concerns needed to be escalated and reported. We knew from our records and information received from other agencies that the registered persons had responded appropriately when any concerns had been raised with them.

The registered persons had continued to maintain clear systems to ensure potential risks to people's safety and wellbeing had been considered and assessed. Each person's care record detailed the actions taken to address any risks that had been identified. One person told us how they knew about the information recorded in their care plan to help support workers in managing risks together with them. They told us, "I need help with preparing drinks and I know I am risk from choking so the support staff have a list of things I need to avoid which is a good reminder for us both."

In addition support workers described their responsibilities in ensuring people were protected from any risks related to cross infection. This included confirmation they had received training related to infection control and that staff had access to a ready supply of protective gloves and aprons, which they said they used when they provided personal care to people.

Most of the people we spoke with told us that there were sufficient staff to meet their care needs and keep them safe. We looked at the systems and rotas the registered persons had in place to plan the work patterns and work shifts for the support worker team. These had been kept updated to include any changes needed. The registered manager described how they used the staff rotas to ensure sufficient staff with a mix of skills and experience were available to provide the care needed for the people who used the service. Staffing levels and staff deployment were kept under review using care review processes to identify any increases in care needs for people. The registered manager said they had experienced some difficulties maintaining staffing levels with the established staff team during the last 12 months due to staff turnover and absence. However, following a recent recruitment drive they had appointed six new support workers and wherever possible they were utilising the same agency staff in order to achieve greater consistency for people. The registered manager also confirmed they had increased the number of bank staff they directly employed to provide flexibility in obtaining staff cover at short notice.

The registered persons followed safe recruitment processes and had procedures in place which ensured

staff were recruited safely. We reviewed the recruitment information related to six staff personnel files and saw that references had been obtained. Disclosure and Barring Service (DBS) checks had also been carried out to ensure that the registered persons had employed people who were suitable to work with the people who lived in the received support from the service.

The arrangements for the storage, administration and disposal of people's medicines were in line with good practice and national guidance. One person described how, "The staff come in and help me keep my medicines organised and they sort my cat out as well." The registered manager confirmed medicines were only administered by support workers who had had the necessary training in this area. Details of any allergies people had were recorded as part of the care plan record and were available so staff knew about any related risks for each individual. Support workers we spoke with also demonstrated their understanding of which medicines people needed to take with them when they went out into the community or to stay with relatives so that they were safe. Staff responsible for medicines management maintained an accurate record of the medicines they administered and these records were checked regularly for accuracy by members of the management team.

The registered manager told us how they kept all of the arrangements in place to support people under review and described how the registered persons took action to ensure people received safe care when things went wrong. For example, a relative we spoke with described the actions the registered persons took following a medication error which could have led to one person receiving more medication than they should have. They told us how, "The error was reported quickly and I was informed. The management team were very responsive and work was quickly completed to review and decide on actions to make sure any future risks were eliminated. I was very happy with the outcome and the arrangements in place to support my family member and they are safe as a result."

During our inspection when we met with a group of relatives who described how they felt their family members were safe and that the services provided were meeting the personal care support needs of their loved ones. They also told us how although they were generally happy with the support staff provided they were concerned about the number of staff changes and consistency of some of the registered persons communications and information updates they received. With the relatives permission we asked the registered manager to join the meeting. The registered manager listened to the feedback and discussed options for addressing the issues raised in an open and transparent way. Following our inspection the registered manager told us how they had developed and shared further guidance for relatives and had held a meeting with relatives to discuss this. Additional feedback was received and they confirmed they had circulated a final copy of the guidance and that this had been received positively by people's circle of support.

# Is the service effective?

## Our findings

People we spoke with described how they received personalised care that was responsive to their needs. Records showed that the registered persons had carefully consulted with each person about the care they needed and wanted to receive and had recorded the results in an individual care plan. These care plans were being regularly reviewed to make sure that they accurately reflected people's changing needs and wishes.

Other records confirmed that people were receiving the support for the personal care they needed and as described in their individual care plan. This included help with washing and dressing, assisting to take and reminding people to take their medicines, changing position safely when people were in bed, moving around safely and promoting their continence.

People told us that staff had the right knowledge and skills to meet their needs effectively. One person told us, "The staff are really good and I like them." Another person described how, "The manager and staff have been there for me every step of the way. I have got my confidence back because I am well supported."

New members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues before they started to work as a full member of the team. A support worker described their induction as, "Very organised and comprehensive. I felt confident about the care I was giving because I had the help in place when I needed it. There were no silly questions and senior staff made sure I was well placed to work on my own before I did." The support worker told us and information we looked at showed how the induction had been aligned to a national model for appropriately introducing new support workers to the care settings they worked in.

The registered persons maintained a record of each support worker's annual training requirements and organised a range of courses to meet their needs. Training records showed that staff had received training in key subjects including; communication, helping people to move around safely and how to safely support people who lived with autism and or epilepsy. Support workers also told us they had received training to enable them to know how to safely support people when they became distressed. They described this as being based on an approach called 'Positive behaviour support (PBS)' and how useful this training had been. It was based on staff recognising any signs that people may be becoming distressed and intervening early to provide support without the need for physical interventions. One support worker commented that, "Knowing people and the support plans in the way we do helps us to work from the person's perspective and provide care on their terms."

In addition, support workers told us and training records confirmed they had also been supported to obtain nationally recognised qualifications in care.

Staff also received support and told us that arrangements were in place for them to receive supervision to help them develop their practice and to enable them to discuss opportunities for further professional development. In addition staff had access to a range of other information sources to ensure they were aware

of any changes to good practice and legislative requirements. For example, the registered persons supplied updates on any changes in national guidance or proposed changes to the services structure through a monthly bulletin produced by the registered person's chief executive officer. We saw these were sent out consistently to staff and the registered manager also confirmed any information which needed to be shared was discussed at staff team meetings so all of the staff could be kept up to date with how the services were being developed.

Through our discussions with support workers and the registered manager it was clear they had developed a good understanding of what was important to each person they cared for. Support workers told us and we observed how they helped people who had limited verbal skills to use their own unique ways of telling staff of their preferences and choices. The use of a range of effective communication strategies ensured staff fully respected the right for each person to make and communicate their own decisions and choices. This enabled people to fully consent to their care and how it was provided.

When people needed additional help in expressing their views and making decisions care records showed the registered person's had assessed people's capacity to consent to their care. If it had been needed systems were then introduced to fully support them with their decisions whilst keeping them at the centre of that process. The registered manager and staff understood what constituted a restriction to someone's freedom and support workers had been trained in, and showed a good understanding of the Mental Capacity Act 2005 (MCA). The 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 less restrictive.

In addition to being able to describe the five key principles of the MCA those support staff we spoke with were also able to tell us in detail about what these meant to each person. Staff gave examples based on access to the community with staff support to keep people safe and the safe storage of medicines to safeguard people.

People told us they liked being independent and having their own properties and that their overall wider physical environment and community facilities provided by the registered persons generally reflected their individual requirements. People described how they were supported with the upkeep and maintenance of their properties. One person told us how, "One weekend I didn't have my heating working and the repair man came in and fixed after I reported it. Another person commented "They repair my flat if things go wrong." People also said us they knew what to do in the event of a fire and one person told us, "Fire drills are put on and we know where to meet and how to stay safe."

People we spoke with told us they valued their independence in planning, preparing and cooking the foods and drink of their choice. People said they had learned cooking and food hygiene skills and they told us they had benefitted from this with one person saying, "I make what I want when I want it. I really enjoy cooking. I made duck yesterday and like trying out new and creative recipes. My support worker helps me all the way and it's something I feel I am getting good at." Staff we spoke also described each person's dietary needs and preference and how people who needed help to prepare meals were supported effectively to do this. Staff were aware of and records showed any allergies people had so that these foods could be avoided. People were supported to prepare, cook and eat their own meals when they preferred and in a place of their choosing.

From talking with people and looking at their care records, we could also see that their healthcare needs were monitored and supported through the involvement of a broad range of community health and social

care professionals including GPs, district nurses, opticians and therapists. People told us they had easy access to these services with one person describing how, "We are all registered with local doctors and if we need them the district nurses come in to see me and us. Another person added that, "I am going to the dentist this afternoon with my family. I am looking forward to going for my check up." Reviews which were planned and recorded involved input from external professionals where appropriate. For example records showed how one review had included the involvement of an occupational therapist who had visited to check on the equipment being used to help the person to move around safely.

# Is the service caring?

## Our findings

People we spoke with told us the staff were kind and caring. One person told us how, "The support I get is brilliant I am working toward an independent lifestyle so I need to be building up my confidence. The staff are good at doing that."

When they communicated together with people it was clear that support workers knew people well. They called each other by their first names and people were relaxed and comfortable with staff. During our inspection we witnessed a number of positive conversations between support workers and people that promoted people's wellbeing. An example of this occurred when we saw a member of the support staff team responding to a person positively, smiling and communicating with them using their preferred communication methods. This interaction helped the person communicate their feelings and wishes so that the support worker knew how they were and where they wanted to be.

Support workers we spoke with told us they understood the importance of promoting people's independence and reflected this in the way they delivered care and support. For example, in their PIR the registered manager described how one person said that they wanted to be supported in a different way by staff so that this would allow the person to have more time later in the evening to do what they wanted to do. The registered manager told us they reviewed the care arrangements together with the person. The review resulted in actions such as changing the moving and handling equipment the person used through close liaison with a community healthcare professional. This led to the person having the right things in place for them to achieve greater independence.

People told us they had a choice about whether they received care from a male or female support worker. One person said, "If we don't want a man or a woman staff coming in we say and they sort things out so we have the support worker we want. I trust men more than women so I have the choice."

Staff also supported people sensitively when they became distressed. One person described how staff did this when they told us, "I get very anxious quickly over small things. When this happens I know I can go to my support worker or speak to the manager. They listen and let me talk. I think they are great at helping me to feel myself again and I also feel secure with the help I get with my feelings."

The staff team also supported people in ways that helped maintain their privacy and dignity. People told us how staff knew to knock on their doors before entering their homes and waiting for permission before they went in. Some people told us staff had access to 'key safes' so they could maintain their privacy whilst at the same time allowing staff to enter their properties to provide care. One person told us how, "The staff use a code to get my key out and they knock and speak to say who they are before they come to see me."

The registered persons were also aware of the importance of maintaining confidentiality in relation to people's personal information. People's main support plans were stored securely and computers they used were password protected. People and staff told us any supplementary folders which contained information staff needed to refer to in people's properties were stored discreetly so that staff could access them but so

that they remained confidential to the person. The registered persons had also provided staff with guidance to ensure they did not disclose people's personal, confidential information in their use of technology including electronic communications and social media platforms.

The registered manager showed us how information about professional and local lay advocacy services was available to people to access in their information files so that they could refer to and access these services at any time they chose to. Lay advocacy services are independent of the service and the local authority and can support people to make decisions and communicate their wishes. The registered manager told us they would not hesitate to help someone secure the services of a lay advocate, should this be necessary at any time and they described how one person had been supported to access lay advocacy services to help them communicate their wishes about where they lived. One person we spoke with also told us how they had an advocacy role in that they took any queries or issues people raised with them to the registered persons at regular meetings they attended and people we spoke with told us they found this a useful way to raise any questions or points with the registered persons on their behalf. They gave us an example saying, "I went to a meeting and raised some things about the parking here for us so it could be made better and it was done. It was good."

## Is the service responsive?

### Our findings

At our last inspection on 20 and 21 October 2016 we found that improvements were needed in order to provide us with assurances that the service was always being responsive. This was because the registered persons care review processes were not consistently being kept updated to reflect people's needs and how they were being met. After we completed our last inspection the registered persons confirmed the reviews had been completed and updated.

At this inspection we found improvements had been made. When people were considering their support needs and exploring the option of receiving care from the service, the registered manager told us they, or another senior member of staff completed an assessment together with the person. Care records showed the information gathered as part of the assessment process was used as the basis for deciding on the levels of care needed and then provided. People told us they felt fully involved in this process. One person said, "I was able to tell the staff the sort of help I needed and we agreed how and when it was going to happen."

We saw that the care records had been further developed following the initial assessments and provided key information on how to respond to each person's needs. Those we looked at showed they were checked and reviewed with people to make sure they were kept updated. When we spoke with support workers it was clear they also understood people's needs and preferences and overall we observed this was reflected in their practice.

The registered manager told us how they understood the importance of ensuring information about how services were provided was available to people in formats which were easy to access. People we spoke with told us they understood all of the information they were given about the services they received. Depending on how each person needed the information the registered manager told us how it could be made available in a range of formats including for example in large print, braille, easy read or electronically. People and the staff we spoke with also told us they knew about the registered person's website and that it included information they could refer to about the services provided. We saw this also included clear information and contact details in a brochure called, 'Welcome to Linkage'. People could choose to log into the website using their own accounts for additional information and we saw this information could be accessed in easy read formats for people.

The registered manager told us how they ensured communication was used to keep people updated and informed about how the service operated and any developments being made to it using a range of methods. This included holding meetings with people who used the service and a regular seasonal newsletter about events and activities they had undertaken with people or were planning. The newsletter for spring and summer 2017 contained information about how it had been updated to introduce the staff team and to highlight a new scheme called 'employee of the month' which gave information about who had won this and why. Other key information included details about events such as a summer ball and individual achievements toward independence for people such as one person passing their driving test and another person who had developed their skills as an artist and contributed a picture for the newsletter.

People told us and we observed people had continued to be fully supported in maintaining and further developing their interests and independent skills in ways which were meaningful to them. The registered manager described a range of examples that had involved people in being fully supported to achieve the aims they had set for themselves. These included day to day activities such as shopping and going to places of their choice. One person had recently chosen to go to London to celebrate their birthday. This was completed with support from staff. The person also undertook separate shopping trips to choose and develop a wardrobe of clothes for themselves. In doing so they had been enabled to maintain their identity in the way they had chosen.

Other examples included one person who had decided they wanted to go away for a short break and had been supported to go to Derbyshire. Another person had recently been to see the musical 'Annie' in the west end of London. Three other people had been supported to go to see a well-known pop group who they were big fans of. Care and support records also included information about any religious practices people may have chosen to follow so that if needed, they could be supported to maintain these.

The registered manager also told us how they had considered and were in the process of implementing strategies to work together with people and their circle of support to discuss any specific wishes people may want carrying out at the end of their lives. They said this was being done to help ensure the person's and relatives wishes would be fully supported and acted on if it were ever needed.

People we spoke with knew how to raise any concerns or complaints and were confident they would be addressed promptly by the provider. We saw the registered persons had a complaints policy and procedure which was accessible to people and available in different formats so people could easily access the information. Records showed that the registered persons had received 11 formal complaints during the last twelve months with themes related to call time changes for some people, noise and behaviours from neighbours who also used the service and use of agency staff. The complaint records showed that these had been responded to addressed and concluded by the registered persons.

## Is the service well-led?

### Our findings

At our last inspection on 20 and 21 October 2016 we found that improvements were needed in order to provide us with assurances that the service was being consistently well-led. This was because quality audit checks had not always been completed so that any issues identified by the registered persons could be quickly addressed. These checks included some of the audit processes used by the management team to assure themselves that the service was operating responsively for the people who used it.

Following our last inspection the registered persons arranged for a full audit of the service to be undertaken and produced an action plan which was used to follow up on actions needed. In addition, the operations manager told us they would undertake a review of the support in place for the registered manager to fully undertake their role in covering both locations they were registered to manage, including a review of the deputy manager roles and deployment of the deputy managers in managing the service.

At this inspection we found improvements had been made to the way the service was being managed. The registered persons confirmed that since we completed our last inspection there had been a change of manager at the service. The new manager had previously been in the role of deputy manager and had progressed to recently register with us to manage the service.

In addition, at our last inspection we knew the previous registered manager was responsible for the management of another service owned by the provider which was situated in a different geographical location. At this inspection the registered persons confirmed this was no longer the case and that the registered manager worked together with a team of senior staff solely to manage Boultham Park. An on call system was also in place which meant people and staff could make contact with a manager or senior staff member at any time. The registered manager said this was effective in ensuring a member of the management team could be contacted at any time if needed and showed us the cover arrangements they had in place for the forthcoming Christmas period. We observed staff from the various departments within the service worked together in a well-led and mutually supportive way. This helped ensure the delivery of effective care to people.

The registered manager told us and we saw that they had introduced a clearer range of audit systems to monitor the quality of the care, including regular care plan reviews and care record and equipment audits. To help support and give clarity to the processes staff needed to follow the registered manager showed us a weekly audit timetable which senior staff followed to ensure regular checks were completed in relation to care and support records, the management of medicines, complaints and compliments, fire safety and checking and managing staff annual leave.

People and the staff we spoke with told us they felt that overall the service was being well-led by the registered manager and that the arrangements for care were well organised. Commenting on this one person said, "The manager does a great job. The changes being made here are all for the better and I feel happy." Another person commented, "I had some specific issues I needed to get addressed and the manager has taken things on board and we have worked together to find ways around these and solve

them. I think we are moving forward very well."

Relatives we spoke with also told us that the new registered manager had helped to make changes which had led to improvements. One relative said, "The manager has elevated the management and we are full of praise for her role. She has made a significant impact and we are delighted with the way she is moving things forward."

Support workers we spoke with also told us they felt the service had continued to improve following our last inspection. Those we spoke with said they would not hesitate to escalate any concerns about any member of staff who did not treat people in the right way. As part of this they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they needed to raise would be taken seriously so that action could quickly be taken to keep people safe.

The registered persons told us how they were committed to fully involving people in the on-going improvement and development of the service. Documents showed that the registered persons had carefully considered what arrangements would best enable people and their relatives to give feedback. We saw that people and their relatives had been invited both to complete quality assurance questionnaires and to attend meetings with the registered persons. Throughout our inspection we observed the registered manager communicated openly with people and that the meetings held with people had enabled them to obtain feedback on ideas people had for developing things like the activities people undertook and the arrangements for care provision.

We found that the registered persons understood and managed risks and complied with regulatory requirements. Records showed that the registered manager had access to a number of professional websites in order to receive up to date information about legal requirements that related to the running of the service. This included CQC's website that is designed to give registered persons information about important developments in best practice. This helps registered persons to be more able to meet all of the key questions we ask when assessing the quality of the care people receive.

The registered persons were aware of the need to notify CQC or other agencies of any untoward incidents or events within the service. We also saw the report and rating from our previous inspection was available to people so they could easily access it, and on the registered person's website as required by law. We also found that the service worked in partnership with other agencies. There were a number of examples to confirm that the registered persons recognised the importance of ensuring that people received 'joined-up' care through the direct work they undertook with community health and social care professionals. Another example involved the registered persons maintaining communications with local commissioners to enable them to develop a clear understanding of how many vacancies there were at the service to maintain staffing levels and the strategies they had been implementing to recruit new staff.

The registered persons also told us how they continued to maintain processes to enable them to monitor the day to day running arrangements for services they provided. In addition to their report rating, the registered persons website had been kept updated so that it contained information about how they could respond quickly to keep services running, for example in poor weather conditions. At the time of this inspection the status was highlighted in green, which was the lowest level of risk and equated to business as usual.