People in Action

People in Action - Four Gables

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 29 September 2016 and was announced.

Four Gables is a residential home providing personal care and accommodation for up to five people with learning disabilities, autistic spectrum disorder, physical disability and /or sensory impairment. At the time of our inspection visit, there were five people living there.

The service was last inspected on 27 May 2014, when we found the provider was complaint with the essential standards described in the Health and Social care Act 2008 (Regulated Activities) Regulations 2010.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run. The registered manager had recently been moved to work lon a temporary basis in another area of the country by the provider. Day to day running of the home was being undertaken by the assistant manager, who we refer to as the 'manager' in this report.

People were comfortable with staff and relatives were confident people were safe living in the home. Staff received training in how to safeguard people, and had access to the provider's safeguarding policies and procedures if they had any concerns. Staff understood what action they should take in order to protect people from abuse. Systems were used to identify and minimise most risks to people's safety. These systems were flexible so people could take risks if they were able to do so and build their independence.

People were supported with their medicines by staff that were trained and assessed as competent to give medicines safely. Medicines were given in a timely way and as prescribed. Regular checks of medicines helped ensure any issues were identified and action was taken as a result. There were enough staff to meet people's needs.

The provider conducted pre-employment checks prior to staff starting work to ensure their suitability to support people who lived in the home. Staff told us they had not been able to work until checks had been completed.

Staff asked for consent before providing people with support. People's ability to make decisions had been assessed and information was in place so staff knew how to support people with decision-making. Staff and the manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005, and the provider had ensured applications to deprive people of their liberty under the Deprivation of Liberty Safeguards, had been made as required.

Staff treated people with dignity and respect, and mostly respected their privacy. We also saw this in interactions between people at our inspection visit, and it was reflected in care records. People were

supported to make choices about their day to day lives. For example, they could choose what to eat and drink and were supported to maintain activities, interests and relationships that were important to them.

People had access to health professionals whenever necessary, and we saw that the care and support provided was mostly in line with recommendations. People's care records were written in a way which helped staff to deliver personalised care, which focussed on people being supported in ways they preferred. Staff tried to ensure people were fully involved in how their care and support was delivered, and people were able to decide how they wanted their needs to be met.

Relatives told us they were able to raise any concerns with the manager, and they would be listened to and responded to effectively, and in a timely way. Staff told us the management team were approachable and responsive to their ideas and suggestions.

There were systems in place to monitor the quality of the support provided in the home. However, these systems had not always identified gaps and inconsistencies in records, designed to keep people with specific health conditions safe, neither had they identified where care plans were not up to date.

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 home was safe.

People's needs had been assessed and risks to their safety had mostly been identified. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs.

Is the service effective?

Good

The home was effective.

People's rights were protected. Where people lacked capacity to make their own decisions, this was identified in people's care records, and people were supported by staff who were competent and trained to meet their needs effectively. Where there were restrictions placed on people's liberty, the provider ensured applications had been made for these to be authorised. People received timely support from health care professionals when needed, to assist them in maintaining their health, though guidelines in place from health professionals were not always followed consistently.

Is the service caring?

Good

The home was caring.

People were treated as individuals and were supported with kindness, dignity and respect. Staff were patient and attentive to people's individual needs and staff had a good knowledge and understanding of people's likes, dislikes and preferences. Staff mostly showed respect for people's privacy and supported people to be as independent as possible.

Is the service responsive?

Good

The home was responsive.

People received personalised care and support which had been planned with their involvement and which was reviewed,

although some reviews were out of date. Care was focussed on people's individual likes, dislikes and preferences and staff responded quickly and effectively to people's changing needs. People were supported to maintain any hobbies or interests they had, and were involved in activities they enjoyed. People and relatives knew how to raise complaints and were supported to do so.

Is the service well-led?

Requires Improvement

The home was not always well led.

Systems designed to check the quality and safety of the home provided were not always effective so the home could improve. This meant the provider had not always ensured people's risks and health conditions were consistently managed. The manager had plans to develop the home to enhance the lives of the people living there. Relatives felt able to approach the manager and felt they were listened to when they did. Staff felt well supported in their roles and there was a culture of openness.

People in Action - Four Gables

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 home, and to provide a rating for the home under the Care Act 2014.

The inspection took place on 29 September 2016 and was announced. We told the provider 24 hours in advance that we would be coming. The notice period gave the manager time to arrange for us to speak with people who used the home. The inspection was conducted by one inspector.

We reviewed the information we held about the home. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support homes for people and fund the care provided. We also looked at statutory notifications sent to us by the home. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the home, what the home does well and improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection, and found it reflected what we saw.

The people living in the home were unable to communicate with us verbally, so we spent time observing their interactions with staff, how they responded and were supported. We spoke with three relatives following our visit on the telephone. We also spoke with the manager, a manager from another home run by the provider who was giving support to the manager, and four care staff.

We reviewed five people's care plans, to see how their care and support was planned and delivered. We

looked at other records related to people's care and how the home operated. This included medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

Relatives told us people were safe. One relative told us, "They monitor things so people are safe." We spent time observing the interactions between the people living in the home and the staff supporting them. We saw people were relaxed and comfortable around staff and responded positively when staff approached them.

The provider protected people from the risk of harm and abuse. Staff had received training in how to protect people from abuse and understood their responsibilities to report any concerns. They also knew what signs to look out for that might be cause for concern. One staff member said, "If someone has bruises you would want to know how they came about. Or, if another staff member was not talking properly or not nicely to a person, that would be a concern." There were policies and procedures for staff to follow if they were concerned that abuse had happened. Staff told us they would follow these and report any abuse they saw or suspected. One staff member commented, "I would report it to the manager. I'd write it down, the date, the time it happened." Staff we spoke with said they would raise concerns by using the provider's 'whistleblowing' procedures if they felt concerns were not being dealt with and people remained at risk. One staff member told us, "If it [concern] kept going on, I would contact the area manager." The provider managed safeguarding according to multi-agency policies and procedures which helped to keep people safe.

Staff told us how they kept people safe. Talking about risk assessments, one staff member commented, "We follow risk assessments for everything we do. We use them daily." Risks relating to people's care needs had mostly been identified and assessed according to people's individual needs and abilities. Action plans were written with guidance around how to manage these risks, and reduce them, but indicated actions which maximised people's independence. Staff knew about risks for people and, where present, used risk assessments to keep people safe. However, there were not always risk assessments in place where risk had been identified. For example, one person had been identified as being at risk of skin damage. Staff told us they monitored the person's skin, and records indicated the person's skin was currently in good condition. However, there was no corresponding risk assessment in place so staff could be sure what they should be checking in relation to the person's skin, what might be cause for concern, and when to escalate and seek medical guidance. Shortly following our inspection visit, the manager sent us information on how they had addressed this, including a fully reviewed care plan and a risk assessment to ensure staff could help protect the person's skin consistently.

We observed care staff helping people to move around the home, and saw they used appropriate techniques to do this, and used equipment that had been provided for the person to do this safely.

Other risks, such as those linked to the premises, or activities that took place at the home, were also assessed and actions agreed to minimise the risks. This helped to ensure people were safe in their environment. Routine safety checks were completed for the premises, these included gas checks and checks on electrical items. Records showed when staff had reported potential risks, these had been dealt with appropriately. Maintenance work on the home was carried out when issues were reported.

Staff knew what arrangements were in place in the event of a fire and were able to tell us about the emergency procedures they would follow. People's care plans included details about how they needed to be supported in the event of a fire. Fire safety equipment was tested regularly, and the effectiveness of fire drills was assessed and recorded. There were contingency plans to keep people safe if people were temporarily unable to use the building.

Relatives told us there were enough staff to meet people's needs. One relative told us, "There seem to be enough staff when we visit. There are plenty of staff to meet people's needs." Some relatives told us there had been a number of changes in staff, but that they now felt staffing was more stable. One relative commented, "Staff have changed quite a lot. They used to be more like part of the family. The staff there now seem fine though." Staff agreed. One staff member said, "We are getting back on track now. We lost our way somewhat but we've got a steady, consistent staff team now." We saw there were enough staff on duty to support people to go out for appointments and to attend various groups if they wanted to. This also meant people's needs could be responded to quickly and effectively.

The manager told us they had a small number of vacancies, but that recruitment was underway to manage this. They advised us they used agency staff occasionally, but were aware some people living in the home might feel anxious or unsettled with unfamiliar staff working with them. They said, "We always make sure they are on with experienced staff. I wouldn't ask agency staff to do any lone working with people."

The provider's recruitment process ensured risks to people's safety were minimised. The manager obtained references from previous employers and checked whether the Disclosure and Barring Home (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. Staff told us, and records showed, they had to wait for these checks and references to come through before they started working in the home.

Care staff had received training to enable them to administer medicines safely. They told us their practice was also checked by management to ensure they remained competent to do so. The manager confirmed these checks took place, and we saw records of these. We looked at a recent medicines audit, which had identified two errors had been made in August 2016. Records showed all staff concerned had been spoken with, to explore how the error had happened, and how it could be prevented from happening in future. The manager had also booked medicines competency checks for all staff to take place in October 2016.

People's medication administration records (MAR) included relevant information about the medicines people were prescribed, the dosage and when they should be taken. We saw staff completed MAR in accordance with the provider's policies and procedures, which demonstrated people were supported to take their medicines safely and as prescribed. Where people were prescribed medicines on an 'as required' basis, there was information available to staff so they could decide when these medicines were needed if people were unable to tell them. Some people were prescribed medicines on an as required basis to help reduce anxiety and agitation. MAR sheets showed these had been given rarely, which indicated staff used information in care plans along with their knowledge of people to manage agitation and anxiety in other ways.

Good

Is the service effective?

Our findings

Relatives told us they thought staff were well trained, and were effective in their role. One relative commented, "I think they are marvellous. They are very good."

All staff told us they had an induction to the organisation when they started working with people supported by the home. They told us they worked alongside experienced staff who knew people well before they worked on their own with people. They told us they were given time to read people's care records. The induction also included being assessed for the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

Staff we spoke with told us they had training designed to help them meet people's basic health and safety needs such as first aid, moving and handling, food hygiene, and safeguarding training. They told us this was 'refreshed' regularly. One staff member said, "You learn a lot as things always change. For some subjects you need to have a refresher every few years or sooner because in that time new laws might have come in. Doing this job, everything changes."

Staff also told us the provider was quick to provide them with training to help them support people with specific needs, for example, epilepsy. One staff member commented, "We did epilepsy training last week. It was to remind us what sort of things could trigger a seizure. It was good training." Staff spoke very knowledgably about people's needs, and showed how their training had helped them to understand how people needed to be supported.

A training record was held by the manager of the home, which outlined training each member of staff had undertaken and when. The provider had guidance in place which detailed what training staff should complete depending on their role, and records showed training was up to date.

Risks to people's nutrition and hydration were mostly minimised effectively. Food and fluid intake was monitored and recorded in line with people's care plans, and there was information for staff on how much people who were at risk should be eating and drinking. This meant it was clear to staff when they should raise an alert about someone's food or fluid intake. Where people had been assessed by Speech and Language Therapy (SALT) as needing a specialised diet, to reduce the risk of choking, care records included information from the SALT team on what texture their food needed to be. However, when staff explained how they managed this risk, we found they did not always follow these guidelines consistently. This meant we could not be sure these risks were always being effectively managed. We spoke with the manager about this, and they took immediate action to ensure a new SALT assessment was completed, along with an updated and clear risk assessment to accompany the guidelines. They also ensured all staff were spoken with about how SALT guidelines should be followed, and that staff were updated with the most up to date information. Shortly after our inspection visit, the manager sent us evidence that this had been completed.

Lunch time was calm, relaxed and friendly and there was good clear communication between staff and

people. Staff sat and ate with people which encouraged and supported them to socialise. Food was freshly cooked and smelt and looked appetising. People were able to choose alternatives if they did not want what was on offer and there was a choice of drinks. We observed staff ensured specialist equipment was available to help people eat and drink independently. This reflected the information recorded in people's care plans.

Staff told us they attended regular one to one supervision meetings, which gave them the opportunity to talk about their practice, raise any issues and ask for guidance from the manager. Staff told us they had opportunities to talk to the manager whenever they need to. One staff member commented, "They [manager] ask if we are well, whether there are any issues with people. They also ask if there is anything we think needs changing."

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Staff told us about the importance of seeking people's consent before supporting them. One staff member said, "We try to involve people as much as we can and get their consent, so they are part of things, even if they can't communicate verbally." We observed staff seeking consent from people appropriately throughout our inspection.

People's care plans contained information for staff on which decisions people could make for themselves, and which they needed support with. Care plans also included records of decisions having been made in people's 'best interests', where they did not have capacity to make these decisions themselves. Staff understood their responsibilities under the MCA. One staff member commented, "We support most people here with their decision-making. Because people can't tell us verbally, we watch for signs. For bigger decisions, in relation to their health, for example, we would involve the person's next of kin."

The manager understood the MCA and the Deprivation of Liberty Safeguards (DoLS). They understood their responsibility to alert the local authority if a person needed to be deprived of their liberty for their safety, and had made a number of applications. We noted these applications had been made very recently. The manager explained the local authority had been out to assess people previously and had concluded that no DoLS authorisations were necessary. However, the manager was aware there had been changes in the law, and so had made fresh applications to ensure people were protected.

Relatives told us they were confident people were supported to access medical professionals when they needed to. One relative commented, "When [relative's name] has appointments for their health, they [staff] always involve me. I am confident [relative's name] sees a doctor when they need to and if I think [person's name] needs to see a doctor they [staff] will act on it."

Care records showed people were supported to access support and advice from health professionals on a routine basis as well as when sudden or unexpected changes in their health occurred. Some people had "health passports" which contained important information about them so that they could share this information with health professionals when they had hospital appointments. These contained information the person might otherwise not have remembered or been able to share. However, two of the care records we looked at had health passports which had not been completed. People also had "Health Action Plans" in place so it was clear how good health could be maintained, and how health conditions should be

monitored by staff. Again, these had not always been completed. Shortly after our inspection visit, the manager took action to ensure keyworkers reviewed and updated these documents for everyone living in the home.

Good

Is the service caring?

Our findings

Relatives told us the staff were caring and respectful. One relative commented, "They are caring. Some more than others. It takes time to build up a relationship with [relative's name], but in time, some of the new staff's confidence with [relative's name] will increase." Another relative told us, "All the staff seem very caring. They were very good when [person's name] was in hospital. They came and stayed with [name] all the time."

Whilst people living in the home did not always communicate verbally, we observed staff communicating with them and forming bonds with them in other ways. For example, one person sang a line from a song and staff sang the same line back to them. The person smiled and responded positively to this. We saw people were comfortable with staff, and were supported in a kind and caring way, which encouraged friendship. Staff communicated well with people, and people responded positively to staff.

Relatives felt the provider encouraged an atmosphere where people were well cared for and felt comfortable. One relative told us, "I feel it is not just a residential care home. It is a home. They [people] are all individuals and are treated as such." Staff told us the provider's values included a caring ethos, which was understood and promoted by the manager. One member of staff said, "It is People in Action's aim to look after people. You can contribute a little bit that, overall, can make a big difference to people's lives." Talking about what providing a 'caring' home meant for them, one staff member explained, "We try to make sure people have a decent life like anyone else."

Relatives were confident people were given choices about what they wanted and when. One relative said, "[Person's name] gets choices. [Name] can choose what to eat for example." Throughout our inspection visit, we saw staff supported people to make choices. For example, one staff member said to a person, "What would you like to do now?" Talking about the importance of choice and how they encouraged it, another staff member told us, "We always try to give choice. We ask people what they want to wear, for example."

People's care plans were written in a personalised way, and included information about people's life history, their likes, dislikes and preferences, and how they wanted to be supported. They also contained information on people's religious and cultural needs and preferences. Staff told us they used this information to build relationships and bond with people over shared interests.

Relatives told us people were supported to be as independent as possible. One relative said, "Staff help [person's name] do housework and laundry. They [person] can be reluctant but the staff do encourage them."

Staff told us they knew how important it was to promote people's independence, and the provider encouraged them to do so. One staff member said, "I understand how to promote independence in the right way. You could easily end up doing things for people without thinking but you have to remember people can choose what they want and how they want it."

People's care records also guided staff on the best ways to try and promote people's independence wherever possible. We observed staff engaging with people to try to encourage them to do things for themselves if that was what people wanted. For example, one staff member asked a person after lunch, "Would you like to help me take that [plate] into the kitchen?" The person shook their head to indicate they did not want to. In response, the staff member said, "Well, let me know when you are ready."

People were supported to maintain relationships and contact with family and friends. Relatives told us there were no restrictions on when they could visit the home. One relative told us, "Staff are very welcoming, very relaxed. There are no problems." Another relative said, "They keep me informed with everything [name] is doing and they bring [name] to visit. It is excellent." We observed in the office there was a chart indicating when people's relatives had their birthdays. The manager explained this was so people could be supported to send birthday cards and gifts to family members.

People's privacy and dignity was mostly respected. We saw a number of examples of this throughout the day during our inspection visit. For example, one person was being supported by staff to leave the lounge area to be supported with their personal care. We saw the person's jumper had ridden up as they stood, which meant some of their stomach was showing. A staff member discretely adjusted the person's jumper so that their stomach was covered to retain their dignity. However, we observed another staff member attempting to support a person with a personal care task in a communal area of the home, instead of assisting the person to a private area. We spoke with the manager about this who took immediate action and spoke with the staff member concerned. The manager also sent us information following our inspection visit to show how they had addressed the need to ensure privacy and dignity with the whole staff team.

We saw people's personal details and records were held securely at the home. Records were filed in locked cabinets and locked storage facilities, so only authorised staff were able to access personal and sensitive information.

Good

Is the service responsive?

Our findings

Relatives told us staff responded well to people's individual needs. One relative said, "[Person's name] has complex needs but I am quite assured about their health and their needs being met." Another relative told us, "They [staff] monitor things. People can clash sometimes. But the staff recognise people's triggers and deal with things." Relatives also felt staff had worked well in response to people's needs as they changed, and that people had been supported to develop as a result. One relative said, "It is a great place. [Name] has done well there. He has blossomed."

Most of the people living in the home were unable to communicate verbally, whilst others did so infrequently or with one word answers. This meant staff had to interpret body language, facial expressions and other non-verbal means of communication in order to respond to people. One staff member said, "It is interesting, as the guys can fluctuate. For example, [person's name] will get vocal when he wants personal time."

The provider supported a number of people who could behave in ways that posed risk to themselves or others. Their care plans included 'behaviour management plans' which gave staff information on how people communicated and what this might mean, as well as how 'triggers' of such behaviour could be responded to by staff to calm the situation. Staff followed these recommendations. One staff member told us, "[Person's name] can get upset if they are not in a good mood. Hay fever can be a trigger for example. [When this happens] we make sure we get people out of the way, we leave [person's name] alone and give him some space with one staff member."

People were supported to maintain hobbies or interests if they wanted to and were coming and going from these during our visit. Care records showed people had been at a variety of activities including meeting up with family, going into town, and going to a farm as it had been identified the person liked animals. We saw there were enough staff on duty to support people with these activities, and they were planned in people's care records. Staff told us they used their knowledge of people's likes, dislikes and preferences, as well as activities they enjoyed, along with how people seemed on the day to support people if they wanted to go out. For example, we observed one person putting on a sock. The manager explained this probably meant the person wanted to go out. The manager spoke to the staff member leading the shift, who was already aware of this, and was discussing with colleagues how and where they would support the person to go out.

People were assigned a keyworker who ensured their needs were reviewed on a regular basis. A keyworker is a member of staff who is identified to take a lead in overseeing a named person's care and support. The manager explained how they decided which staff would support which people. They told us they looked to match people who had similar interests but that people would have to respond positively to their keyworker otherwise this might not work. They told us if this happened they would change the person's keyworker to a staff member the person seemed to 'gel' with better.

Relatives told us they were involved in putting people's care plans together, and with regular reviews of people's care plans. One relative said, "Yes I have been involved in putting it [care plan] together. And I am

always involved when it is reviewed."

Care plans had not always been reviewed according to the provider's policy and procedure. For example, one care plan we looked at had last been reviewed on 27 August 2015. The next review due date was shown as February 2016, but this had not been done. Where reviews had taken place, people's care plans showed staff used pictures and symbols to help people understand what they were being asked in relation to their care and support.

Relatives told us they did not generally have cause to complain, but knew how to do so and were confident they would be taken seriously if they did. One relative said, "I raised a concern before. They have now put things in place to make sure it doesn't happen again." Another relative commented, "I have only ever complained about one thing and they sorted that out straight away."

There were policies and procedures in place for staff to follow to ensure complaints were dealt with effectively. There was also information on display, and in people's care plans, about what people could expect and how to complain if they were not happy with anything. The information was in 'easy read' picture format to help people at the home understand their rights. Records showed complaints and concerns were taken seriously and were dealt with according to the provider's policy and procedure. For example, one relative had completed a 'satisfaction survey' and, in response to one question about whether or not staff communicated with relatives, had written 'sometimes'. The manager had then contacted the relative to talk about their concerns and to discuss ways this could be improved. This had been shared with the staff team so the home could improve the way it communicated with relatives.

Records showed the provider received a number of compliments from relatives, which the manager recorded and shared with staff. For example, one written compliment from a relative was, "Support from [staff name] was outstanding, especially when [person's name] was in hospital. They kept in touch with me constantly."

Requires Improvement

Is the service well-led?

Our findings

Relatives were positive about the manager, and felt they were approachable, responsive, and effective in their role. One relative commented, "[Manager] is very good. They worked as a carer in the past which really helps. [Manager] keeps me updated with everything."

Staff told us there had been a number of changes in managers which had been unsettling and disruptive for the home. However, they said the manager was approachable and responsive and was bringing stability to the home. One staff member commented, "We are very lucky here as there is no manager I could complain about. We are very well supported in everything." Another staff member said, "Whatever you aren't sure of, we are very free to come and say we aren't sure and ask how we should do something."

Relatives were all positive about the home and the provider. One told us, "I cannot praise it enough. It is absolutely wonderful, it doesn't matter what [person's name] needs, they get it. It is perfect. It is a wonderful place." Staff were also generally positive about the provider. One staff member commented, "They [People in Action] do care about people… we do get a lot of training so we are taken care of and so are the people living here." Staff felt positive about working at the home, which they told us made it a better home for the people living there. One staff member said, "It has been rewarding [working here] from a personal point of view."

The manager and provider completed regular checks of the home to assure themselves that the home was of good quality. Records showed these had sometimes identified issues which needed to be addressed, and that where this was the case, action had been taken quickly and effectively. For example, one check undertaken by the provider took place on 12 February 2016, and included looking at people's medicines. The check had identified that guidelines in place for PRN (as required) medicines needed updating as they were not clear. Records showed these were reviewed and updated by 22 February 2016.

Other checks had not identified where improvements needed to be made to manage the risks associated with people's care and safety. For example, the registered manager had completed an audit of care records on 23 February 2016. This had concluded that 'all support plans are up to date'. The check had not identified some care plan reviews were overdue, some risk assessments were not in place, or that some health passports and health action plans were not complete. We also found where people had specific health needs, records designed to ensure staff managed these in line with recommendations made by health professionals, were not always available for staff. Neither had risk assessments always been completed by the manager, which meant staff did not always follow guidelines consistently. This meant some people were at risk of a deterioration in their health, and the provider had not ensured they were kept safe through quality checking.

We spoke with the manager about what we had found, and they assured us they would take action to ensure information was fully available for staff, and that it was followed consistently. Shortly after our inspection visit they sent us evidence which showed they had acted on the issues we had found. The manager talked about management changes which had led to the registered manager working in another

area of the country for the provider. They explained they felt these changes might have contributed to issues not being identified. However, they told us the provider had taken action to address this and was recruiting to ensure the manager was well supported.

The manager told us about plans they had to improve the home provided. They explained they wanted to use the space available to them in the home to enable them to be more responsive to people's needs. For example, they had begun planning to develop the garden area to include raised flower beds so people who wanted to, could be supported to grow flowers and vegetables which could also be a sensory experience for people. They also told us about current and planned adaptations to the home to make it more accessible for people as their needs changed.

Staff told us they had the opportunity to share their views at staff meetings. Staff told us they were listened to and that made them more likely to share their views. They told us issues were discussed, actions were agreed and progress on actions was fed back by the manager. Records showed these meetings had taken place, and that a range of issues were discussed, with staff being given the opportunity to give their views. Records of a staff meeting from May 2016 showed a team exercise had taken place, with managers and staff looking at the areas the Care Quality Commission looks act when we complete our inspections, and making judgements on whether the home they provided would meet these requirements.

The manager told us they tried to make staff meetings as helpful as possible by encouraging full staff involvement. However, they acknowledged other ways for staff to share their views were needed. They said, "I appreciate some people don't feel comfortable speaking in a team meeting environment so I keep communication open."

People were invited to complete a questionnaire every year, which the provider used to assess the quality of the care provided. We saw that questionnaires included simple questions with pictures and symbols to help people understand what they were being asked. The manager told us in order to get people's views as effectively as possible, they tried to pair people with staff who knew the person well and could interpret their mood and facial expressions for example, to try and establish their views on the home. Relatives told us they had the opportunity to give their views on an annual basis, and they felt confident the provider would act on matters raised through this process.

The manager understood their legal responsibility for submitting statutory notifications to us. This included incidents that affected the home or people who used the home.