Care Quality Commission

Oakleigh Healthcare (Dudley) Limited

Oakleigh Lodge

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

Overall summary

This inspection took place on 5 and 8 January 2016 and was unannounced. The provider of Oakleigh Lodge is registered to provide accommodation with personal care for up to 19 people. Oakleigh Lodge provides residential and respite care to people who have a learning disability, autism, and mental health condition or brain injury. Thirteen people were using the service at the time of our inspection, ten people lived in the main house and three people were accommodated in three of the four adjoining flats.

A registered manager was in post at the time of our inspection. 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.

At our last inspection of February 2015 the provider was not meeting one regulation that we assessed relating to

Summary of findings

people's care records. Improvements were also required regarding managing people's medicines and providing additional staff training to ensure the care needs of people were met effectively. Further consideration of people's capacity was needed to ensure their safety. The monitoring of the quality of the service needed strengthening to ensure any risks to people's health and safety were managed. Following our inspection the provider sent us an action plan which highlighted the action they would take to improve. During this inspection we looked to see if improvements had been made and found that they had.

We saw that improvements had been made so that staff had the training they needed to administer people's medicines safely.

People told us that they felt safe and we saw staff knew how to identify and report any concerns they had about harm or abuse.

People's care needs were met by sufficient numbers of staff. Staff had access to a range of training which included additional specialist training to care for people who had complex needs. Staff felt their training and support helped them to develop the skills to meet people's needs safely

We saw staff understood people's care and support needs and how to enable people to achieve their goals. People were satisfied staff cared for and supported them in the way they wanted. We saw staff were attentive and caring towards people. Staff used people's preferred communication to ensure their individual choices were fully respected. They promoted people's dignity and privacy and supported people to follow their own interests.

Staff supported people to remain healthy and well. Staff monitored people's health and shared information effectively to make sure people received the right care and treatment. Staff followed the advice of health professionals so that any risks to their health could be reduced. People liked the meals provided and had been involved in planning and choosing what they ate.

People's consent was sought before staff provided care or support to them. Where people were unable to consent to their care because they did not have the mental capacity to do so decisions were made in their best interests. Staff practices meant that people received care and support in the least restrictive way. The registered manager understood when people's liberty may need to be restricted to ensure their safety so that any restrictions to people's liberty were lawfully applied.

We saw the provider had made a number of improvements since our last inspection. They had restructured the management team and improved their systems to monitor and review people's care. The provider had visited the home and carried out checks on all aspects of the service. He had provided opportunities for people, their relatives and the staff to share their experiences. He had made improvements so that people received a good quality service at all times.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People felt they were safe and staff knew how to keep people safe. The management of risks to people's safety was consistent.

People's medicines had been administered, stored and disposed of by staff who had been trained to do this safely.

Recruitment systems were robust to prevent the employment of unsuitable staff.

Good

Is the service effective?
The service was effective.

People were asked for their consent in ways they understood. Staff promoted people's rights and worked in their best interests.

People liked their meals and were involved in menu planning so their meals met their likes. People received support to stay healthy and well and staff monitored people's health needs and acted on changes.

Good

Is the service caring?
The service was caring.

People were treated with kindness and respect by staff who knew them well.

Staff had positive caring relationships with people and supported people to maintain their individuality.

People's privacy, dignity and independence had been promoted and protected.

Good

Is the service responsive?
The service was responsive.

People felt staff met their needs in the way they wanted and that they were supported to follow their own interests.

Staff supported people to share their concerns and people knew who to approach when they were unhappy with their support.

Good

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

People told us they liked living at the home. Relatives had confidence in the management of the home.

The provider had worked to meet their action plan and improve the service provided. There was a new and improved management structure in place, improved communication within the service and a stronger oversight by the provider.

Good

Oakleigh Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection which was undertaken on 5 and 8 January 2016 by one inspector.

We looked at the information we held about the provider and service. This included statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also received information from the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are funded for by the local authority.

We met all of the people who lived at the home and spoke with seven people about their experiences. We observed the care of some people and observed their facial expressions and gestures to indicate their response to care. We also spoke with six relatives and a health professional by telephone.

We spoke with the provider, registered manager, deputy manager and three members of staff. We looked at the care and medicine records for four people. We also looked at the records about staffing, training, accidents, complaints. recruitment and the systems the registered manager and provider had in place to monitor the quality and safety of the service provided.

Good

Is the service safe?

Our findings

At our last inspection in February 2015 we assessed that the provider had not ensured that staff had the necessary training to administer medicines via a peg feed, [a process where people needed to have their medicines administered directly into their stomach through a tube]. We assessed the arrangements and training in place at this inspection and found that improvements had been made. We saw staff had completed training in peg feeding. A staff member told us, “We had training from the external nurse and we have written guidelines to follow”.

One person told us staff,”Helped them with their medicines” and, “‘Make sure I have them every day”. We saw that the Medicine Administration Records (MAR) were correctly completed. We checked the balances of people’s medicines which matched their records. Records for the receipt and return of medicines were evident; an improvement since our last inspection. This is particularly important as some people had respite care and brought their medicines in from their own home. The Controlled Drugs register was completed correctly and these medicines were stored safely. Temperature charts were needed to ensure that the insulin was stored at the correct temperatures in the fridge. We looked at one person who was prescribed a medicine that thinned their blood. We saw the manufacturer’s supporting information was available. However due to the possible risks of a haemorrhage a written protocol with the MAR records would alert staff to the possible risks and the actions to be taken. The registered manager did this whilst we were on site to strengthen their procedures. We found that there was supporting information available that enabled staff to make a decision as to when to give medicines prescribed as ‘when necessary’. One person was receiving low doses of this indicating that other strategies to manage their agitation and anxiety were working. We suggested staff record this as part of the person’s monthly review to capture the fact that they had reduced the reliance on medicines.

People told us they felt safe living at the home. One person said, "They (staff) are 100% at looking after me”. Another person told us, "I can talk to staff if I was worried and they would help me”. A relative told us, “There were some safety issues that staff discussed with me and I’m happy with the arrangements now because [name of person] is kept safe”.

We saw that people who lived at the home were comfortable around the staff who supported them. They spontaneously sought staff out, spent time with them and from their smiles and expressions we found they were comfortable in the presence of staff. Relatives told us consistently that when their family member spent time at [the family] home, they were always happy to return to the care home. One relative said, “I can tell [name of person] is happy to go back because they get excited, smile and are eager to go. Once at the care home they settle straight back in; the staff are lovely”.

Staff were aware of the different types of abuse and the signs that might indicate a person was being abused. We saw they had taken action where they suspected someone was at risk of harm. This showed they had the confidence to raise their concerns and report them appropriately. One member of staff said, “We have done a lot of training around safeguarding which I really enjoyed and as a team we are much more confident”. We saw from training records that all of the staff had training and information on how to protect people from abuse.

Staff told us they were aware of whistle blowing procedures and we saw they had used these appropriately to raise concerns about people’s safety. At the time of our inspection two incidents were under investigation by the local authority. We saw the provider had taken interim action to protect people until these enquiries were concluded. A staff member told us, “I think any staff member would speak up if we had any concerns about the conduct of colleagues. We would be encouraged to”.

Staff were aware of how to manage risks to people's safety and wellbeing. A staff member told us, “Each person has a care plan and any risks to them are recorded so we have guidance about how we keep them safe”. We saw risk management plans were available for conditions such as epilepsy or dysphagia, [a condition that affects a person’s ability to swallow]. We saw that at mealtimes the staff supported a person in line with their care plan and that their food was appropriately prepared to avoid the risk of choking. Staff were able to tell us how they would respond to people’s epilepsy and how to manage their seizures. We found that plans described what staff should do in the event of a seizure and what medicines could be used in an emergency. We saw people had sensor equipment to alert staff to a seizure during the night. We saw staff supporting a person who had epilepsy and the support we observed

Good

Is the service safe?

matched what we saw in their care plan. We spoke with a person who needed equipment to aid their breathing during the night. They told us, "The staff check the machine is working and write it down". We saw the person's equipment was in working order and that a monitoring tool was in place which showed staff had consistently checked the equipment for the person's safety.

Some people lived in the adjoining flats and received support from staff to help them develop their levels of independence. One person told us, "I like my flat and the staff help me with some things like money". The person's relative told us, "The staff have been remarkable; [person's name] was vulnerable financially but they have sorted all that out". One person had been identified as at risk living in the flats and their relative told us, "I'm confident now because staff recognised the dangers and moved [person's name] as it was not safe them living on their own".

We saw that there was a system in place for the registered manager to review accidents and incidents so that steps could be taken to help prevent them from happening again. The accident and incident logs had been reviewed and actions identified to reduce incidents. For example we saw that the provider had been proactive and had considered environmental factors. They had provided a 'wet room' so that there was less of a confined space when supporting a person with the aim of reducing their behaviours and anxieties.

The provider had arrangements in place to make sure suitable staff were employed. All staff we asked confirmed that checks were carried out before they were allowed to start work. This was confirmed from the staff files we looked at which contained references and checks with the Disclosure and Barring Service (DBS). A DBS check identifies if a person has any criminal convictions or has been banned from working with people. This gave assurance that only suitable staff were employed to work in the home. A newly recruited staff member told us, "I had to produce references and I had to have a police check before I worked".

People and staff we spoke with told us that there were enough staff to meet people's needs. One person said, "If I need staff there is always someone to help me". Another person from the flats told us, "Yes I have the help I need the staff come over regularly and help me". Staff told us that there was enough staff to support people and we saw people's needs were met in a timely manner. We saw people were supported to go out to pre-arranged events and spontaneous events. We saw people some had been supported to shop for their groceries and other people attended appointments. A senior staff told us, "We plan in advance so we have sufficient staff to meet people's commitments". Staffing levels were kept under regular review and for some people this included additional staffing levels to meet their needs.Relatives told us that they visited frequently and had no concerns about the staffing levels.

Good

Is the service effective?

Our findings

People told us that staff supported them in the way they needed and wanted. One person said, "They help me to cook for myself". Another person said, "I look after myself but they [staff] help me with my medicine". A relative told us, "It's brilliant the way [person's name] has come on; much happier, calmer and has started to engage with people". Another relative told us, "Staff do a first class job, it's head and shoulders better than anywhere else we've been, the staff are very good and seem to understand people's needs really well".

Staff told us they had an induction when they started working at the home which included working different shifts so that they became familiar with people's needs and routines. Staff told us their induction, support and training had increased which enabled them to care and support people effectively. We saw the provider had implemented the new Care Certificate to enhance their induction processes further. The Care Certificate is a set of standards designed to equip staff with the knowledge they need to provide people's care. There was documentary evidence to show all of the staff had a development plan and training record. A staff member told us, "This is the best period the home has been through. Staff are more confident, we have a lot of training and regular support, spot checks on our competencies, everything is more in-depth and we know what we are doing".

Staff had access to specialist advisors, such as a psychologist who provided guidance on the importance of providing structure for some of the people. Training records showed that staff had also completed varying levels of recognised qualifications in health and social care to a level to meet people's needs. Additionally we saw staff had received more specialised training in autism. We saw that staff recognised the importance for some people to follow their chosen routines. We saw a person present repetitive behaviours to which staff responded consistently and positively. We saw they understood the person's specific behaviours as sensitivity towards textures which impacted upon their tolerance of clothes. A staff member told us, "The autism training was great; I learned such a lot and it helped me to interpret people's behaviour and understand how best to communicate with a person with autism". A relative told us, "They show a real insight and understanding of [name of person]; they know their routines and what's important to [name of person], I am very confident in the staff". Staff had also had training in managing dysphagia. We spoke with the external health professional involved in the management of dysphagia and they told us they had no concerns about staff following their recommendations. Staff told us they were happy with the training and support they received to help them meet people's needs.

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 interest 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw staff were seeking people's consent. Staff could interpret people's gestures, expressions and actions which showed them if the person agreed to the support being offered. People we spoke with told us that they made their own decisions about their care; what time they got up or went to bed, what they ate, and decisions about their personal care routines. The care records we looked at showed where people did not have the mental capacity to make decisions about aspects of their care, relevant people had been consulted to ensure decisions were made in the person's best interest. Decisions regarding some people's health had been made appropriately using this process. A relative told us, "I was involved in discussions about [name of person] because they did not have capacity [to manage this aspect of their care], I'm happy their safety was prioritised". Staff were able to describe how a lack of capacity may affect the way in which they supported people. One staff member told us, "We ask people's consent before we do anything". Staff could identify those people who lacked capacity and how to support them and this was reflected in people's care plans.

Good

Is the service effective?

Staff understood it was unlawful to restrict people's liberty unless authorised to do so. We saw people's movements were not restricted and they moved around the home freely, some people went out independently. Staff we spoke with had received training in respect of the MCA and DoLS. The registered manager demonstrated she understood when applications for a DoLS should be considered and was in the process of making an application to restrict one person's liberty for their safety. The registered manager told us that care plans were being updated so that they all included reference to issues such as capacity, consent and DoLs so that staff had the information they needed to support people.

People told us they enjoyed the meals and that they had a choice of what they ate. One person said, "I really like the food". We saw meetings with people had been used to discuss menus and we saw choices were available. A new cook had been employed and one of the people told us, "The food's much better now; I like it and I get a choice". We saw people were offered frequent drinks throughout the day. Staff spoken with were aware of risks associated with choking due to conditions such as epilepsy or dysphagia. We saw that they were vigilant when supporting people at mealtimes. The cook had information about people's dietary needs such as diabetes, celiac and soft diets. People had regular opportunities to eat out, one person said, "I can go out for lunch or a pub meal, I like that". Some people had input from speech and language therapists [SALT] and dieticians to support them with their nutritional needs. There was guidance available for staff about people's nutritional requirements and we saw this was followed consistently. Where a risk was evident people's weight was monitored and records reflected this was monitored.

We saw people had access to a range of health professionals such as community learning disability nurses, psychiatrist, dentist, opticians and GP. We saw people were supported to access specialist health practitioners for their complex needs such as the epilepsy nurse. A person told us, "I see the doctor and other people who look after me". Staff we spoke with were aware of people's health needs and the preventative steps needed to promote people's well-being. We saw that where people's health deteriorated staff followed this up with relevant professionals. Hospital passports were being developed. This reflected the person's health needs, management, their medicines and key health contacts. These are used to promote consistency for the person when using health services. Relatives told us they had no concerns about the management of people's health needs and that they were always kept informed of any concerns.

Good

Is the service caring?

Our findings

People we spoke with told us that they were happy at the home. One person told us, "I love it here, staff are nice to me". All of the relatives we spoke with were complimentary about the caring attitude of staff. One relative told us, "[Persons name] is cared for brilliantly; the staff are really lovely with [persons name]". Another relative told us, "There has been a vast improvement; [persons name] is happy, communicates much better, loves the staff, I am more than happy".

We observed that there was a high level of engagement and interaction with people which was warm and inclusive and involved everyone having a say about their day. For example we heard staff speaking with people and seeing what they wanted to do and supporting them to do it. Two people went out shopping and another person attended an appointment. One person told us, "The staff are good, they're friendly and if I want something they try and do it". We saw people relaxing in the lounge with staff; some people enjoyed conversing with staff, other people we saw enjoyed a more tactile approach; holding staff's hand or staff stroking their arm. We concluded that staff were caring in their approach to people, they were patient and unrushed and we saw that where people needed one to one support this was carried out in an unobtrusive way.

Staff we spoke with were able to explain people's preferred method of communication and how they would express themselves if they were unhappy, sad, angry or frustrated. We saw there was good detail in people's plans to guide staff and that staff used this well to interact with people. For example we saw some extremely positive interactions between staff and people they supported. A staff member used gestures and repeated key phases when supporting a person. The person responded with hugs and smiles. The staff member clearly had good insight into how the person communicated their feelings and wishes and this ensured the staff member supported them in the way they wanted.

Staff had a good understanding of people's personalities and used this well when engaging them. We saw for example they were patient and calm when people became anxious or agitated and knew the best way to comfort them. We saw staff had developed personalised care and support routines with people which took account of their needs. For example a detailed bedtime routine was in place for one person to help them settle and create consistency and a calm approach. We also saw that a detailed plan was in place for another person, recognising their heightened agitation in the morning. A staff member told us, "We understand the signs of agitation and try to reduce the level of distress when delivering their care". We found staff knew how to support people in a caring, person-centred way.

We saw staff understood what mattered to people and how they expressed this. For example we saw one person had their personal objects with them at all times. We saw staff reassured them where these items were. A staff member told us, "These are the person's 'comforts' and are really important to them, we make sure they have them". This ensured people's views mattered and that staff listened to them and communicated with them in a way they could understand.

We saw some people had been involved in the recruitment interviews for new staff. One person told us they had enjoyed this. A staff member told us, "It's important people have a say about who is working with them, I think it builds trust and shows people we are interested in their views".

The relationships between staff and people receiving support demonstrated that staff knew people well and we saw examples of where staff had responded to people's needs in a caring and compassionate way. For example staff had spent time with individual people discussing their feelings which showed concern for their wellbeing. One staff member told us, "The person was sad, It's important to listen to people". This showed staff had empathy for people and were proactively supporting people to express their views. It also showed staff tried to promote people's self-esteem because we saw they had helped people to reflect on their achievements.

Some of the people required support with their personal care and people indicated both verbally and with a hand gesture and smile, they were well cared for. People were wearing clothing they liked and had chosen and a person said staff helped them to shave. A relative told us, "[Persons name] needs a lot of support with personal care; staff have listened and acted on this because they are purchasing an electric shaver". These actions showed staff were promoting people's dignity and independence.

Our conversations with staff showed they spoke about people in positive terms. Staff told us they had discussed values so that they understood the principles of good care.

Good

Is the service caring?

They had a good understanding of the need to promote privacy, respect and dignity and we saw they did this in their daily interactions with people. We saw some very positive responses from staff to protecting people's dignity. One example showed a staff member instinctively covering a person who had removed their clothing which showed they respected the person's need to be protected in this way. Another example showed us that staff respected people's personal space and their possessions. There was clear decision making which resulted in not making judgements about the person's behaviour.

Staff we spoke with were aware that some people could feel lonely or become isolated in the flats. We observed staff interacted with people and checked their well-being. People told us they spent periods in the main house but enjoyed the privacy of their flat. They had no concerns about the approach of staff. One person said, "They do care and make sure I am alright. Another person said, "I can talk to them about any worries, they're good like that".

People were supported to maintain their independence. One person told us, "I look after my money but staff help me to do it". We saw staff were attentive when supporting people with their shopping skills. Two people told us how they had their own keys and they locked their room or flat when they went out. We heard from people that they cleaned and tidied their own rooms and took part in shopping and cooking meals. Two people we spoke with confirmed they liked to be independent.

Staff were able to describe to us how they could seek input from advocacy services to represent people's interests where they were unable to do this for themselves.

Good

Is the service responsive?

Our findings

Some people were able to tell us that they were happy with the care and support they received and had been involved in discussing their care. One person said, "They talked to me about what I want". Relatives consistently said that they were included in regular discussions about people's care. One relative said, "I think they are very good at communicating issues, they listen and we decide together what is the best approach".

Some people were unable to communicate their preferences, wishes and choices but we saw from care plans that attempts had been made to ensure their care plan was personal to them. For example we saw plans contained details about people's preferred routines. This ensured staff understood how to interpret and understand people's wishes and support them in the way they wanted. Our discussions with staff showed that they knew people well and understood their needs and preferences. We saw they had used this information to inform people's care plans so making them more personalised to the person. For example we saw that people's routines had been recorded so that staff knew how to support people at key times of the day such as getting up or going to bed.

Staff told us some people could put themselves or others at risk of harm if they became anxious. We saw there was a detailed behaviour management plan in place for staff to follow to support one person with their behaviours. All of the staff we spoke with were aware of the behavioural guidelines in place and were able to describe how the person was supported. We saw that specialist advice from external healthcare professionals had been included and followed in order to reduce the person's anxieties. We saw staff managed and supported the person with their behaviours. The person told us, "I'm happy with the staff, they are very good to me".

We saw that staff had platforms to regularly review and monitor people's needs. For example staff told us they had an in-depth handover in which they discussed the wellbeing of each person. One member of staff said, "We share information about people's needs, any concerns or incidents and staff are delegated to follow this up". We saw examples where staff had taken action where people's needs had changed; for example one person had visited the hospital for medical tests. Staff told us that they recorded information about people's care in their daily diaries and we saw each person's activities, their behaviours and communication provided an overall picture of the person's wellbeing. These were being checked by senior staff to see if any changes were needed to people's care plans. Relatives told us they had attended review meetings and we saw that external professionals contributed to this process. For example we saw a specialist visit the home to review the changing needs of two people on the day we inspected. A staff member told us, "We do involve relevant key professionals to obtain their advice on our care approach". We saw that this had been done promptly in response to the needs of the two people. Our discussions with senior staff showed they were well informed about the care interventions people needed. We also saw they 'led by example' by for instance explaining to staff how to distract/or diffuse situations so that people received a consistent response to their needs.

People were supported to access social activities which they had expressed an interest in. One person told us they attended a weekly evening group which they enjoyed. Another person had been supported to attend a day centre. We saw that where people had an interest in work or education they had been supported to find a work placement. A relative told us, "It's been great for [person's name], is growing in confidence, showing more responsibility and developing skills". We saw that people were engaged in things they enjoyed such as drawing, listening to music, watching DVD's and playing games. A pool table had been purchased which people told us they enjoyed. One person told us how they liked to care for the chickens in the garden. "I look after them every day". We saw some people enjoyed activities on their laptops. A sensory room was available where people could relax and enjoy music and visual stimulation. People told us they had frequent trips out for lunch or to the pub. People had enjoyed a variety of social events; trips to the theatre, football matches, social clubs in the community and discos. We saw that there was good evidence that people's interest and aspirations were being addressed. One person told us, "There's a lot of things to do and I go out more".

People we spoke with knew who they could talk to if they had any complaints. One person told us, "If I had any complaints I would tell the staff, but they ask me if everything is alright so if things need doing it would be done then". Relatives told us they had confidence in the staff and management and would represent their son or daughter if they were unhappy about something. The

Good

Is the service responsive?

provider had a complaints procedure in formats people could understand which they had shared with people and their families. A record of how complaints had been addressed and resolved was evident.

People told us they were supported to maintain relationships with people who were important to them.

Relatives told us that they were always made welcome. A relative told us, “Whenever I visit I see the staff are always caring for people, and people are happy”. Another relative told us, “The staff have lovely relationships with people, I’m fully confident this is a great service and the staff are a credit”.

Good

Is the service well-led?

Our findings

At our last inspection in February 2015 we assessed that the provider had not maintained accurate records related to people's needs and this had resulted in omissions in some people's care. We had also found that the well-led section required improvement. The quality monitoring systems at that time had failed to ensure that shortfalls relating to medicine management were identified. There was also a lack of safeguards in place for monitoring and managing people's health conditions and a risk of people receiving unsafe or inconsistent care because records detailing how people's risks should be managed were not up to date. The review of accidents and incidents had not been recorded accurately or analysed to ensure appropriate follow up action was taken. We inspected the care records related to people's care during this inspection and found that improvements had been made and the provider had met the regulation.

We found that the provider had improved their checking processes and audits so that people had their medicines as they were prescribed and that these were administered safely by trained staff. We saw that people's care plans had been reviewed to ensure that they were current and up-to-date. We found that care plans identified risks to people's health, welfare and safety and provided guidance to staff as to what they needed to do to support the people. We looked at the monitoring tools in place and saw that staff were using these consistently to monitor their interventions so that any deterioration in people's health could be identified and acted upon in a timely way. We heard from staff that the improved care records and monitoring tools provided them with the information they needed.

The provider had introduced a new system to analyse the number and type of accidents and incidents. We saw they had reviewed these regularly to identify any patterns or trends with a view to reducing risks. However further improvement was needed to ensure these records reflected how decisions about people's safety had been reached. For example whether some incidents required reporting to other agencies such as safeguarding. We also saw that staff did not always consistently record their findings accurately or complete a body map. This is needed to show checks had been made on the person involved in an accident or incident. The registered provider told us after our inspection that they had addressed this.

We found that platforms were in place to help staff share information on a daily basis. A staff member told us, "The handover is much more in-depth so we discuss what actions need to be taken to follow up any issues". We saw staff were clear about their roles and responsibilities because the provider had implemented a written hand over record. A delegation system was in place so that staff were accountable for actions and tasks to be completed. Senior staff were supported in their leadership roles and had been provided with training to develop their skills for their tasks and responsibilities. One staff said, "We have more responsibility which is good, we get a lot of support and guidance and I've had training so I feel confident in my role". We saw that regular meetings had taken place at all levels within the organisation to ensure good communication which provided assurance that the service was being well led.

There had been some significant changes to the management of the service. This had included a new registered manager and a deputy manager who were supported by a team of senior care staff. There was a clear leadership structure which we found that staff understood. One staff said, "We have been through some unsettling times but things are so much better now, I feel really well supported". The provider had also provided administrative support to the home on a daily basis and we heard from senior staff that this had 'freed up' their time and improved their capacity to focus on their responsibilities.

All the people we spoke with indicated they knew and liked the registered manager. One person said, "She's 100% and things are much better here now". Relatives told us that stability of management had been their main area of concern. However they all reported there had been significant improvements and that they had confidence in the registered manager and provider. One relative said, "It's always been a fantastic service for us, the recent changes in management were a worry but I think there has been lots of improvements so I am happy". Another relative told us, "I am extremely happy and confident with them, they communicate with me, and [name of person] is happy and settled I have peace of mind". We saw the registered manager was very much part of the staff team and saw she

Good

Is the service well-led?

spent time with people who lived at the home. She knew people well and had begun to get to know some of the families via planned meetings to discuss their son or daughter. One relative told us, “She’s very approachable and I have spoken with her”.

Staff had opportunities to contribute to the running of the service people received through regular staff meetings and supervisions. Staff spoke positively about the registered manager who had worked in the service for a few months. One staff member told us, "There has been a lot of improvements and the new manager has continued this work”. Another staff told us, "I think the home is well managed; we work well together, communication is better between staff and management and the management team work on the floor so see what is needed”.

Staff understood how they could report any concerns about the care offered by colleagues via the whistle blowing procedures and we saw the provider had taken effective action in response. The provider had increased the opportunities available to staff to be more involved and able to contribute to developments. One staff said, “We have worked hard and people here now have an even better service; more structured care, better social opportunities, it is a nice place for them to live”. A person living there told us, “Lots has changed; staff, managers and we do more stuff”. We saw that staff meetings, handovers and training had been provided to staff.

The provider had visited the home regularly and taken a proactive approach to monitoring and checking all aspects of the service provision. For example we saw he talked with people, staff and families to obtain their feedback. We saw he carried out checks on records, monitoring tools and the environment. A written record of the findings of these checks was available. The registered manager confirmed any actions needed as a result of the provider’s visits were addressed. The provider told us, “I am much more actively involved and like to check that the tasks we identify are addressed, I am very confident our systems now are robust”. We saw documentary evidence that spot checks had also been carried out by the registered manager during various points of the night to ensure care was being delivered appropriately.

We found that the provider and registered manager’s systems ensured they had a good oversight of the home. This had resulted in a number of improvements for the benefit of people who lived there. For example people’s safety was reviewed, people’s goals and aspirations were being addressed and there was evidence of increased social activities and opportunities. The layout of the lounge and dining areas had been altered and we saw this provided a much calmer environment in which people could relax. The provider had reviewed staff's training needs and we saw they had undertaken additional specialist training to meet people’s complex needs effectively. They had employed a new cook and people reported that the meals were ‘lovely’ and that the choice of meals had improved. We saw surveys had been used to obtain people’s views. Feedback from people and their relatives about the quality of the service was positive. We found that the provider had implemented actions identified as needed by us [Care Quality Commission] and the local authority who had also informed us that improvements had been noted.