

Prospects Supported Living Limited

Hunters Oak Barn

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

We carried out an announced inspection of Hunters Oak Barn on 7, 8 & 14 December 2016. The first day was unannounced.

We last visited Hunters Oak Barn on the 6, 7, and 11 April 2016 and found breaches to legal requirements. These breaches related to the environment, staffing, person centred care and quality monitoring. After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to Regulation 9, 12, 15 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

During this inspection we found the provider had taken action and significant improvements had been made. However further improvements are required and we have made recommendations regarding this.

The service Hunters Oak Barn is registered to provide nursing and personal care and support and accommodation for 12 people who have a mental health diagnosis. The property Hunters Oak Barn is a converted barn situated in a rural area of Burnley. Facilities include single occupancy bedrooms, lounge and recreational areas and a swimming pool. There are two bungalow type properties on site for people preparing for independent community living. At the time of our visit there were 4 people accommodated at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We noted risk assessments had been carried out on the environment. Action had been taken to reduce the level of risk through modification of the environmental hazards identified at our last inspection.

People living in the home said they felt safe with the staff who supported them. There were enough staff on duty; however there were times when support from a Nurse was provided by a two tier contact system for out of hours.

Safeguarding adults' procedures were good and staff understood how to safeguard the people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

People's medicines were managed appropriately and people received their medicines as prescribed by health care professionals. People were supported to manage their medicines safely.

Risk assessments were in place to keep people safe and these were kept under review. Staff had a good

understanding of risk management. People were encouraged to live their lives the way they chose and were supported to recognise this should be done in a safe way.

People were cared for by staff who had been recruited safely and was trained and supervised in their work.

The registered manager and staff had training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager was familiar with the process to follow should it be necessary to place any restrictions on a person who used the service in their best interests.

People were encouraged to take control in meeting their nutritional needs. They were involved in menu planning, food preparation and cooking as part of their rehabilitation. Staff had been trained to care for people with an eating disorder.

We saw significant improvements in respecting people's privacy. People could no longer access other people's rooms and the management of people's property in their absence was good. Therapeutic one to one sessions were held in private.

Each person completed a Values and Planning in Social Care, referred to as VALS planner, with staff. This acknowledged people as individuals and helped them to plan their support in a holistic way and placed them at the centre of their care and support. These were kept under review.

We found staff were respectful to people, attentive to their needs and treated people with kindness and respect in their day to day care. Care plans were written with sensitivity to reflect and to ensure basic rights such as dignity, privacy, choice, and rights were considered at all times. Staff were knowledgeable about people's individual needs, backgrounds and personalities

Confidentiality was a key feature in staff contractual arrangements. This helped to make sure information shared about people was on a need to know basis.

People told us about the type of activities they took part in with staff support. The range of activities on offer was impressive and staff helped people to acquire new skills that would prepare them for independent living and give them confidence. For example, workshops were arranged to support people to apply for jobs and charity work was encouraged.

People considering moving into the home had an assessment of their needs prior to staying at the home. We found improvements were needed to ensure that care is given when determining the suitability of a person referred to the service to avoid a breakdown of the placement.

People were given additional support when they required this. Referrals had been made to the relevant health and social care professionals for advice and support when people's needs had changed.

People told us they were able to raise any issue of concern with the manager and staff and that issues they raised would be looked at. People were not always confident issues they had raised were taken seriously, however we saw evidence the registered manager followed the complaints procedure to resolve the issues they had raised. People had also been encouraged to express their views and opinions of the service through regular meetings, care reviews, and during day to day discussions with staff and management.

We found significant improvements in how the systems in place to monitor the quality of the service to ensure people received a good service that supported their health, welfare and safety were conducted. We

found regular quality audits and checks were completed to ensure any improvements needed within the service were recognised and appropriate action taken in a timely way.

Policies and procedures needed updating to include first aid that included a mental health focus and an admission policy. The service user guide needed updating to reflect accurately as to the arrangements in place for nursing care being provided.

The registered manager expressed commitment to the on-going improvement of the service. Issues we found as concerns during this inspection were acknowledged and the action planned to bring about an improvement was discussed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

People were cared for by staff that had been carefully recruited and were found to be of good character.

People's medicines were managed in accordance with safe procedures and staff who administered medicines had received appropriate training

Staff were aware of their duty and responsibility to protect people from abuse and were aware of the procedure to follow if they suspected any abusive or neglectful practice.

Risks to the health, safety and wellbeing of people who used the service were assessed and planned for with guidance in place for staff in how to support people in a safe manner. Risk in relation to the environment was managed well.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that were trained and supervised in their work. Staff and management had an understanding of best interest decisions and the MCA 2005 legislation.

People's health and wellbeing was consistently monitored and they were supported to access healthcare services when necessary.

People were supported to have sufficient to eat and drink and maintain a balanced diet.

Is the service caring?

Good ●

The service was caring.

Staff were very respectful to people, attentive to their needs and treated them with kindness in their day to day care.

People were able to make choices and were involved in

decisions about their care. Staff had a good understanding of people's personal values and needs and placed people at the heart of the service they provided.

Is the service responsive?

The service was not consistently responsive.

People moving into the service were assessed, however we recommended that the decision making process to accept people and the admission process, needed to improve to avoid placements for people breaking down.

People using the service worked with staff to assess and identify their needs, choices and preferences and plan how they can build a satisfying and meaningful life. They were involved in discussions and decisions about meaningful activities, developing skills and planning for the future with staff support.

Processes were in place to manage and respond to complaints and concerns.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

We received positive comments about the management and leadership arrangements at the service.

Systems were in place to assess and monitor the quality and safety of the service and to seek people's views and opinions about the running of the home.

Policies and procedures were in place and we recommended these were reviewed to include first aid and best practice around admissions to the service. The service user guide needed to be updated to give an accurate account as to the level of nursing input at the home.

Requires Improvement ●

Hunters Oak Barn

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 inspection took place on 7, 8 and 14 December 2016 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information to us about the service, what the service does well and any improvements they plan to make.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We reviewed the provider's action plan, which had been regularly updated with actions they had taken to meet legal requirements. We contacted the local authority contract monitoring team and commissioning team for information about the service. We received positive feedback from one social care professional.

During the inspection we spoke with the registered manager, deputy manager and four support workers. We also spoke with three people using the service.

We looked at a sample of records including care plans, risk assessments and other associated documentation, training records, a selection of staff files, minutes from meetings, medication administration records, policies and procedures, service user guide and records of audits. We looked around the premises.

Is the service safe?

Our findings

During our comprehensive inspection of the service carried out on 6, 7 and 11 April 2016, we found that there was a failure to adequately address risk in relation to the environment. This included risk associated with people barricading themselves in rooms, using ligatures, setting light to papers and attempted suffocation.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We required the provider to address the risks that included potential hazards within a time frame we set of 9 August 2016. The provider sent us an action plan outlining the action they had taken to become compliant.

At this inspection we noted improvements had been made. Environment risk assessments had been completed and modifications of the environment to reduce any potential risk had been made. We saw that reasonable action had been taken to address identified hazards that included, fixing anti ligature handles on doors and adaptations to domestic style bedroom furniture. The ornamental metal bannisters in Perspex had been completely covered and the spiral staircase had been closed off. We noted adjoining doors in bedrooms had been locked and bedroom doors had been fitted with suitable safety locks. These were the type that allowed staff to access a locked room in an emergency. The swimming pool was drained and the registered manager told us they were trying to source training for staff in poolside resuscitation.

A health and safety representative had been appointed for the service. Environmental risk assessments also included regular health and safety checks such as water temperature monitoring, legionella testing and cleaning of showerheads, and the control of hazardous substances. We saw safety certificates to demonstrate equipment and electrical appliances and installations were serviced at regular intervals. Heating, lighting and fire equipment had been serviced and certified as safe and a list of trusted contractors was available for staff to refer to for contact in an emergency. The provider had arrangements in place for on-going maintenance and repairs to the building. Emergency evacuation plans were in place including a personal emergency evacuation plan (PEEP) for each person living in the home.

At our last inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to make sure there was sufficient numbers of staff deployed with the right skills and competence and in sufficient numbers to cover emergency and routine work meant people were potentially at risk of not receiving the right support in emergency situations.

During this inspection we found improvements had been made. We looked at the rotas for two weeks. We could see a systematic approach to determine the number of staff required had been applied. However support at evenings and weekends was not consistently managed to ensure the level of skills of staff and supervision needs of people using the service. Senior management support remained as an on call two tier arrangement. This meant staff was reliant on tele support should this be required. The registered manager told us they had a recruitment drive for registered nurses and this had proved to be difficult. We were also told this was being constantly reviewed to ensure contracted nursing hours were being provided as agreed with commissioners of services. Nurses were not available in the home 24 hours a day as some shifts were

led by a social worker or carer with a Nurse on-call arrangement.

We also noted qualified social workers were referred to as 'clinicians' and was not an accurate description of their professional qualification.. According to the Provider Information Return we were informed, "Following a recent change in registration and regulated activities Clinicians have been appointed, these Clinicians will work across every shift both day and night in order to provide a high level of expertise at all times." And, "Clinicians will be on duty at all times by the 5th Dec 2016." We asked the registered manager what qualification 'clinicians' appointed had. We were told they were qualified social workers. The registered manager told us the term clinician would be changed to reflect their professional qualification and to prevent ambiguity.

According to the PIR there had been seven new staff employed in the past twelve months and eight staff had left. We looked at the recruitment records of three members of staff. We found appropriate checks had been completed before staff began working for the service. These included the receipt of a full employment history, written references, a record of interview, an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We spoke with two staff relatively new to the service. They told us they did not commence work until all the required recruitment checks were in place.

Staff told us they had received safeguarding vulnerable adults training. Records confirmed staff had received appropriate training within the past two years and additional training had been booked. The staff we spoke with had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. They were aware of their responsibility to ensure concerns were reported immediately and were confident the registered manager would deal appropriately with any concerns they raised. The registered manager had experience of working with other agencies dealing with safeguarding issues and kept a file of safeguarding alerts that had been raised and a record of the outcome of investigations.

We looked at how medicines were managed and found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. We saw that people's current medicines were confirmed on admission to the home. Medication was delivered pre packed which meant people's medicines had been dispensed into a monitored dosage system by the pharmacist and then checked into the home by staff on duty. Corresponding Medication Administration Records (MAR) charts were provided and all the MAR's we checked were complete and up to date.

There were arrangements in place to make sure people had their medicines when on home leave. These were delivered by the supplying pharmacy in a monitored dosage pack. This reduced the risk of people having access to more medicines than were needed.

Medicines were stored securely which helped to minimise the risk of mishandling and misuse. A designated room for the storage of medicines was kept locked and staff on duty had access to the keys. Medicines were stored in locked cupboards and staff checked medicines every morning before administration. Appropriate arrangements were in place for the safe management of any controlled drugs (which were medicines which may be at risk of misuse), prescribed to people.

Staff also monitored medicines people using the service purchased that could cause harm if taken in excess. Staff maintained a record of these medicines handed in to them and when they were returned to the chemist for disposal. Training records showed staff responsible for medicines had been trained. Regular

internal and external audits of medicine management were being carried out. This helped to reduce the risk of any errors going unnoticed and enabled staff to take the necessary action. We also saw that learning from incidents had resulted in changing the way medicines were given to people. People no longer could access the room to be handed their medicines from staff. This ensured security of medicines was improved reducing the level of risk.

We asked people using the service what their view on being 'safe' meant to them. The comments we received included, "Making sure people that live here are not violent". People described themselves as being "vulnerable" to physical abuse attributing this to the management "accepting people they know are abusive". We looked at 'Rules of the House'. These were very clear regarding zero tolerance to physical and verbal abuse. Other comments included, "Taking me seriously and being there for me" and "Being able to trust the staff." People we spoke with felt they staff gave good advice about staying safe when they went out and kept in contact with them should they need any support. We discussed the comments with the registered manager who told us they were dealing with the issues raised.

We found recorded evidence of instances to demonstrate staff had acted in line with guidance and followed the correct procedures in supporting people. Following any serious incident that impacted on people's health and welfare, reviews took place. This helped to identify any learning points and to establish if any change to practice or environment was required. Incidents were reviewed at the MDT (Multi-disciplinary Team) meetings.

Training records showed us staff had also received additional training on how to keep people safe which included fire safety and first aid. The first aid policy and the dealing with accidents and emergencies procedure made no reference to the effects of self-harming and how these should be dealt with in the home. All people using the service had person centred plans for specific self-harming incidents however the first aid policy needed to be more specific to reflect dealing with the effect of self-harming.

Is the service effective?

Our findings

People told us they had confidence in some of the staff who supported them. Their comments included, "To be fair to the support staff, they do help and are overall very good. [Area manager] is lovely." And, "The support staff are fantastic and will help."

We looked at how the service trained and supported their staff. Information in the PIR indicated most of the staff held a qualification in social care and the registered manager told us mental health training was currently being provided by Lancashire Care NHS Foundation Trust (LCFT). We saw staff training records. These showed staff had received essential mandatory training and other training that included topics such as borderline personality disorder, self-harm, eating disorder, mental health awareness, ligature training, respect, risk assessment and management and equality and diversity, fire safety, infection control and first aid. We discussed training with staff. They told us they were given training to help to increase their knowledge and awareness and could ask for additional training if they felt they needed it.

Some staff had completed training in other topics relevant to the needs of people using the service such as diabetes. One staff member told us, "I've been a support worker for about two years. I've done a lot of training including safeguarding and diabetes. We get regular updates on our training. It's usually written on the rota what dates we have to attend."

There was an induction training programme for new staff to help make sure they had some understanding of their role in supporting people. We saw evidence to demonstrate staff who were new to the home were initially supernumerary to the rota and shadowed more experienced staff to enable them to learn and develop skills. A staff member told us, "I've worked here about 15 months. I didn't have any mental health training before I came here. I had a two week induction that included things like policies and procedures, ligature training. It gave me good background knowledge of mental health. I'm on a six week course for mental health at the moment. I feel supported in my role."

Staff we spoke with told us they were supported by the registered manager and received regular supervision. One staff member told us, "We have supervision every two months. We can have additional supervision if we are struggling, or need to discuss our work. I think the manager is very good." Records showed checks had also been completed on staff working practice. These checks helped to identify any shortfalls in staff practice and support the manager to identify the need for any additional training and support required. We were able to confirm all staff had received regular supervision that was structured well and topics covered were relevant.

Staff told us handover meetings were held at the change of every shift. A communication diary and daily diaries helped them keep up to date about people's changing needs and the support they needed. Records showed information was shared between staff. One member of staff said, "At our handover meetings we discuss every person and how they are. We are kept up to date with 'trigger dates' that affect people so we know to be particularly vigilant throughout our shift."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

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.

All the staff team had received training in the principles associated with the MCA 2005 and the DoLS. We found staff had an understanding of the relevant requirements of the MCA and understood the importance of gaining consent from people and the principles of 'best interest' decisions. Policies and procedures in relation to the MCA and human rights were available for staff reference.

The registered manager told us people currently using the service were not subject to compulsory measures under the Act. The service used a mental health recovery star approach to support people to manage their mental health care needs that involved decision making. The mental health recovery star is underpinned by a five stage model of change leading to self-reliance. Staff we spoke with explained their work around the decision making process and what measures they took when people were clearly unwell and needed further treatment. Care records we looked at showed people's capacity to make decisions for themselves had been assessed before they stayed at the home. Care records demonstrated people's capacity to make decisions for themselves in all aspects of their lives was kept under review.

We saw that the manager and staff co-ordinated their support for people with health and social care agencies involved in people's continuing health and social care. People were registered with a GP and had access to a range of healthcare services. People's health care needs had been assessed and people received additional support when needed. Their healthcare needs were considered within the care planning process and kept under review. This helped staff to understand the extent of people's needs and to recognise signs of deteriorating health. Records were maintained in relation to healthcare issues and people were supported if appropriate to attend appointments.

From our discussions and a review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

We looked at how people were protected from poor nutrition. We were told by staff that people were encouraged to eat healthy food and to consider their dietary requirements. We noted monitoring food intake needed to be improved to provide staff with a better oversight on what people with an eating disorder consumed on a daily basis. This would support staff to monitor risks associated with a poor diet and help staff identify when people at risk were becoming unwell. The registered manager discussed this with staff and put individual monitoring charts for people in place. Staff we spoke with told us they had training in eating disorders.

The registered manager told us each person had a budget of £40 allocated from the company to purchase

foods of their choice and could not be used for anything else. As part of people's rehabilitation plan they were supported to plan menus, shop for food, prepare and cook meals and if they wanted did baking. Each person had appropriate storage facilities for the food they purchased that included a fridge and freezer.

Is the service caring?

Our findings

At our comprehensive inspection of the service carried out on 6, 7 and 11 April 2016, we found that there was a failure to ensure each person's privacy was maintained at all times. This was a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements had been made. People could lock their bedroom doors when they were in their rooms. We noted however, people had not been given a key to allow them to lock their doors when they left their room and were dependent on staff to do this for them. We discussed this with the registered manager who told us they would look into issuing people with their own key. Bedrooms that were linked by a door were now secured. This meant people could not access other people's bedrooms. Furthermore we saw improvements in how personal possessions stored for people whilst they were not living in the home were kept safe and secure and an inventory of their property completed. A therapy room had been created where people can access therapy and have one to one therapy sessions in a private setting.

Staff we spoke with were knowledgeable about people's individual needs, backgrounds and personalities. They discussed how they provided people's support and promoted their rights and choices. Care plans were written to reflect this and we saw staff were very well informed of what was important to people when providing their support and what issues affected their wellbeing. This meant staff could respond to people's needs in a caring and compassionate way. We observed how staff spent time with people with complex needs who were clearly showing symptoms of being unwell. They communicated effectively and treated people with dignity and respect during difficult circumstances. We were able to determine staff supported people who were in a vulnerable position when they became unwell such as escorting people to Accident and Emergency for treatment.

We asked people how the service ensured their confidentiality of personal information was respected. People told us one to one sessions with staff and other professionals were carried out in private. They said, "They know when I want to be alone and will respect my privacy. They knock on my door and ask if I'm all right." "Confidentiality doesn't always mean that. I suppose they have to share some information with other people. It's not easy to share your thoughts with staff when they are new to the job. It's better if staff stay."

There was a 'keyworker' system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their support. The registered manager told us people's views were taken seriously and people could choose their key worker and would match people to staff they related to. Staff told us they had regular meetings with people they were key worker to.

People using the service had regular meetings with their key worker. They were supported to express their views and reflect on their experiences. Staff we spoke with also told us how they worked alongside people using the mental health recovery star program, supporting them to develop their individual recovery-focused plan. This involved people taking control over their journey to recovery and at a pace that suited them. People using the service confirmed they had recovery star sessions with staff; however they

considered some of the staff were not fully versed with mental health issues and this posed a problem for them at times. For example one person told us, "The support staff are lovely but it's not good for your self-esteem when they clearly don't know what to do with information you give them and then find out they make assumptions. Anyone can write things down on paper but it's not always accurate. That doesn't make you feel good when you read it."

We saw that people completed a Values and Planning in Social Care referred to as VALS planner with staff. This approach supported people to be acknowledged as individuals and helped to plan their support in a holistic way to ensure that all their needs are met.

Access to advocacy services was available if people wanted support and advice from someone other than staff.

Is the service responsive?

Our findings

At our last inspection we found improvements were needed to ensure people admitted to the service were engaging in the transition process. This would ensure their understanding of the requirements of their placement in relation to the terms and conditions of residence were fully established and agreed.

We looked at how the service made sure that people using that service had their care and support that was personalised specifically for them. Since our last inspection there had been people moved from another service within the company and one person admitted from another care setting. We looked at the assessment records of two people most recently admitted and found they covered a wide range of needs, abilities, choices and behaviours. We were able to identify admission to the home was planned. Information from relevant sources, including the persons care co-ordinator/social worker and psychiatrist was used to inform the assessment process.

We were not able to determine that people moving between mental health services had fully agreed a plan with their healthcare professionals. We also saw that issues raised in one persons' pre admission assessment that could result in poor outcomes, were not fully explored to ensure suitability of the placement. We found these issues had later resulted in a breakdown of the placement. We discussed this with the registered manager who told us they had plans in place to work with health and social care professionals to review their admission policy and procedure. This had been discussed and agreed at a meeting with Commissioners.

People were given an induction to the service to be completed within 0-8 months of the placement. A check list was used to make sure nothing was overlooked. People were required to read, discuss and sign their service user agreement, disclaimer notification, and photo consent and to read and discuss house rules. However, we noted people did not always engage with staff in line with their contractual agreement regarding the requirements of their residence. This meant people's involvement, influence and control in relation to their individual care plans was not always satisfactory. The registered manager told us that part of the development of their admission policy and procedure, people's willingness to take part in their recovery with the support of staff would be established better. People would not be offered a place until it was clear they were ready and willing as a pre condition, to accept the therapeutic programmes offered.

We looked at people's care plans. We found these were comprehensive and reflected the complexity of people's needs. We asked people using the service about their care and support plans. People had mixed views about their involvement. For example we were told people had regular meetings with their key workers and completed weekly activity planners. We were also told care plans were not always accurate and we observed in care notes one person had refused to sign their plan. The person we spoke with told us it wasn't accurate and they had been approached at midnight to sign the document. We were able to confirm this in records we viewed. The registered manager told us care plans were formulated after meeting with people first. The plan is then typed up and given to people to sign as agreed. If people do not agree with the content of their care plan, further meetings were planned to ensure an accurate plan is formulated. Staff we spoke with confirmed this.

During our last inspection we had concerns that there was little evidence to show Registered Mental Nurses (RMN) provided any leadership in ensuring people under their care were safe over a 24 hr. period. We found the provider had employed qualified social workers to support RMN's to have oversight of people's care with on call arrangements for nursing advice that included evenings, nights and weekends. The provider informed us that the number of Nurses provided in the home was in line with the expectations of Commissioners.

Records showed people were working through their mental health recovery star tool with the support of staff. This took into account their mental health needs, physical health and self-care living skills, social networks, work, relationships, addictive behaviour, responsibilities, self-esteem and trust and aspirations. Staff had clear guidance on how to support people when they became unwell and were kept up to date with changes in people's needs.

People we spoke with told us they were involved in discussions and decisions about the type of activities they might like to take part in. Staff would plan for the week ahead with people and provide structure for daily living. We were told sometimes plans were changed by people if they decided to do something different. We saw that these plans could be changed at any point should the person decide to do something different.

People told us they went shopping, prepared and cooked meals, attended fitness and exercise sessions and they took part in creative sessions with the activity coordinator. We saw evidence of the sessions in people's care files. We spoke with the staff member responsible for overseeing activities. The range of activities undertaken was impressive and included creative work, art therapy, expressive arts, animal therapy, and workshops such as employment workshops that were run to support people apply for jobs. Other incentives to support people feel valued included fund raising to support charities and plans were being discussed to link into local charities such as offering support to the homeless by working in a soup kitchen.

We found people were being supported as appropriate to maintain good contact with relatives and friends and 'home leave' was planned for. This meant the risks of social isolation and loneliness were less likely to occur. Public transport timetables and information about local taxis was displayed in the home.

There was a range of ways for people to feed back their experience of the care they receive and to raise any issues or concerns they may have. This was done through annual service user surveys, recovery star model of care that involved one to one meetings with staff, positive risk taking, formulation meetings and residents meetings. The registered manager told us people did not always take part in house meetings on a regular basis.

According to the PIR there had been two formal complaints made since our last inspection. CQC had received a formal complaint from a relative that was then sent to the local authority to investigate and also information from people who used our 'Tell us your experience' on our website. This was in relation to complaints not being taken seriously and the conduct of a person using the service and senior staff.

The complaints procedure was displayed in the home and the service had policies and procedures for dealing with any complaints or concerns they received. We found processes were in place to record, investigate and respond to complaints. We found that the complaints procedure had been followed in dealing with issues raised by people living at the home. The registered manager explained that the issues raised were dealt with but this had taken some time as it involved a multi-disciplinary approach to resolution. We also received a compliment from a health care professional before this inspection that made reference to staff describing them as being "professional, kind, caring and very supportive to people in their

care".

Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were sure the registered manager would deal with any given situation in an appropriate manner.

Meetings were held every month with other agencies directly involved in people's care to discuss their progress. People had a transfer of service pen profile completed. This contained essential information other services would need to know, to help support people receive continuing care and to support their movement to another service.

Is the service well-led?

Our findings

There was a registered manager in post who had been registered with the Commission at Hunters Oak Barn on 17 October 2016 who was both qualified and experienced. The registered manager told us they had appointed an experienced clinical lead/registered manager who had extensive knowledge and experience of managing mental health services.

Since our last inspection the provider has registered to provide treatment of disease, disorder or injury (TDDI) to people using the service and this has meant nursing staff are required to support the delivery of care

At our last inspection we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the registered provider was not always responding appropriately to identified risk and make sure people using the service received safe and effective care.

We received an action plan from the provider advising us that the required improvements had been made. We also attended meetings where the registered manager provided us with regular updates regarding progress on the issues we had identified. It was clear from feedback of other professionals and stakeholders at these meetings that the recommendations they made to improve quality outcomes for people, were being taken seriously.

At this inspection we found there had been significant improvements. Work to improve the safety of the environment had been completed. We were shown quality auditing systems or processes to assess, monitor and mitigate any risks relating the health, safety and welfare of people using services and others. This included audits of the medication systems, health and safety arrangements, incidents and accidents, staff training and staff supervisions, complaints and infection control. These checks were designed to ensure different aspects of the service were meeting the required standards.

According to the PIR, monthly auditing, including an in depth compliance audit was being completed. External agencies were used to audit specific area such as fire safety and Health and Safety and records showed actions to improve safety had been completed. Staff members had also been given lead roles to support effective auditing and to keep up to date with best practice issues. We saw where shortfalls had been identified as a result of these audits appropriate timescales for action had been set and followed up.

There was a clear management structure and staff were aware of the lines of accountability and who to contact in the event of any emergency or of any concerns they had. If the registered manager was not present, there was always senior staff on duty with designated responsibilities and on call arrangements for support to deal with more complex issues. We noted however that staffing arrangements to cover nursing out of office hours was sometimes via a two tier arrangement. We discussed staff deployment with the registered manager regarding the need to ensure nursing is managed safely and that commissioners for services were fully aware as to the level of nursing care provided within the service.

Staff we spoke with were complementary about the management of the service. They told us the registered manager was approachable and they could ask for guidance at any time. They had been provided with job descriptions, staff handbook, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care. They told us, "It's good working here. You get lots of experience and we have a good team. We help one another and that's important. [Registered manager] is approachable and will offer any support she can." "The area manager provides my supervision. It's quite detailed and confidential and it's easy to have a conversation with her and things are actioned. Staff work well together as a team. That helps to reinforce what we do. We are always looking at how we can improve." According to the PIR managers and clinicians were supported to continue with their professional development and were offered appropriate post graduate and managerial courses. One staff member told us, "I think the manager is very good. She's very approachable. I've been supported to do my level 5 in management."

We also noted joint working with external agencies such as LCFT, commissioners of services and safeguarding which included regular reviews of people's current needs. Risk to people's welfare and safety was Red Amber Green [RAG] rated and action plans were in place to reduce the level of impact on identified risk.

Management and staff meetings were being held regularly and topics discussed were relevant to the improvement of the service. The minutes from the meeting held in October showed discussions around communication, shift leads, VALS planners and handover books had taken place.

During this inspection we found there had been significant improvements in meeting the required standards. Information we hold about the service indicated the manager had notified the commission of any notifiable incidents in the home in line with the current regulations.

Throughout this inspection we found the management to be clear on what developments were needed to continue to improve the service. For example the registered manager told us plans were in place to review the admission procedures they currently followed. Policies and procedures were being updated and staff training on-going.

We recommend that the first aid procedure is reviewed to reflect emergencies procedures to follow when dealing with the effects of self-harming in the home.

We recommend that the service user guide is reviewed to give an accurate account as to the level of nursing input at the home, and that this information is provided to commissioners of care for people and to people considering using the service.