

Walsingham Support

Walsingham Support - 56-58 Turnbull Close

Inspection report

Walsingham
Stone
Dartford
Kent
DA9 9EB

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Ratings

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

Summary of findings

Overall summary

The inspection was carried out on 27 June 2017. The inspection was unannounced.

Walsingham Support, 56-58 Turnbull Close is a care home located near Dartford, Kent. The service provides accommodation and personal care to a maximum of 12 people with learning and physical disabilities. At the time we visited there were 11 people living at the service. The people who lived at Walsingham Support, 56-58 Turnbull Close had diverse and complex needs such as learning disabilities, cerebral palsy, epilepsy, severe sight impairment and limited verbal communication abilities.

There was a new manager at the service. The new manager was undergoing registration with the Care Quality Commission. 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 and associated Regulations about how the service is run.

At our previous inspection on 02 August 2016, we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Healthcare professional's guidance were not being followed. People's healthcare needs were not being adequately met. Staff had not appropriately adhered with eating and drinking guidelines. Premises and equipment had not been properly managed to keep people safe. The provider failed to operate an effective quality assurance system and failed to maintain accurate records and Staff had not received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. We asked the provider to submit an action plan by 03 October 2016. The provider submitted an initial action plan on 05 September 2016 which showed how they planned to improve the service by November 2016. They then provided an update to this on 24 November 2016, 05 December 2016 and 28 April 2017, which showed some of the action plans had been met and some were still on-going.

At this inspection, we found that the provider had met all the breaches of the regulations.

Premises and equipment had been properly managed to keep people safe. We found a number of maintenance issues which were identified at our last inspection had been rectified. There was an on-going plan of maintenance in the home. The home smelt fresh and clean.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. All staff had received training in the Mental Capacity Act 2005 and all had an awareness of Deprivation of Liberty Safeguards.

There were sufficient staff on duty to support people with their needs. Staff attended regular training courses and refresher training was provided at regular intervals. This ensured staff had the skills to provide

appropriate care. All staff received induction training at the start of their employment.

Staff had received regular individual one to one supervision meetings and appraisals as specified in the provider's policy.

Robust recruitment practices in place. Applicants were assessed as suitable for their job roles.

Robust systems for the management of medicines were followed by staff and we found that people received their medicines safely. People had access to health and social care professionals when required.

People's care plans contained information about their personal preferences and focussed on individual needs. People and those closest to them were involved in regular reviews to ensure the support provided met their needs. New care plans had been introduced and were clear and detailed.

Our observations showed that people had a variety of activities. Activities were diverse enough to meet people's needs and the home was responsive to people's activity needs.

The provider and manager of Walsingham Support, 56-58 Turnbull Close had suitable processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in the provider's whistleblowing policy. They were confident that they could raise any matters of concern internally with the manager, or externally with the local authority safeguarding team.

Care files included communication passports, which provided clear descriptions of how people communicate.

People had access to nutritious food that met their needs. We observed that staff followed people's nutrition and eating guidelines throughout the day.

Staff were clear about their roles and responsibilities. The staffing structure ensured that staff knew who they were accountable to. Staff meetings were held regularly. Staff told us they felt free to raise any concerns and make suggestions at any time to the manager and knew they would be listened to.

There were effective systems in place to monitor and improve the quality of the service provided. We saw that various audits had been undertaken. The manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained.

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 ●

Staff were trained and up to date in safeguarding adult procedures, and knew the appropriate action to take to keep people safe.

Risks to people's safety and welfare were assessed and managed effectively.

The provider operated safe recruitment procedures and there were enough staff to meet people's needs.

Appropriate systems were in place for the management and administration of medicines.

Is the service effective?

Good ●

The service was effective.

Staff received on-going training in areas identified by the provider and manager as key areas. One to one supervisions took place as planned and yearly appraisal meetings took place.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Staff were knowledgeable about people's health needs, and referred people to health and social care professionals if they had concerns about people's health.

People's human and legal rights were respected by staff. Staff had the knowledge of the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

There were caring relationships between people and the staff who provided their care and support.

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible.

Staff had a good understanding of the need to maintain confidentiality.

Is the service responsive?

Good ●

The service was responsive.

People's individual needs were clearly set out in their care records. Staff knew how people wanted to be supported. Behavioural guidelines were consistent, clear and followed by staff.

People's needs were fully assessed with them before they moved to the home, to make sure that the home could meet their needs.

People took part in activities which were of interest to them.

The provider had a complaints procedure in place. Relatives told us they felt able to complain if they needed to.

Is the service well-led?

Good ●

The service was well-led.

There was an open and positive culture which focused on people who used the service. The manager sought people and staff's feedback and welcomed their suggestions for improvement.

The provider and manager maintained quality assurance and monitoring procedures in order to provide an on-going assessment of how the service was functioning; and acted on the results to bring about service improvements.

Walsingham Support - 56-58 Turnbull Close

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 27 June 2017 and was unannounced.

Our inspection team consisted of one inspector, a specialist advisor who is a specialist in Speech & Language Therapy and one expert-by-experience. Our expert by experience had knowledge, and understanding of residential services and of supporting family and friends with their health care.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed previous inspection reports, the provider's action plan and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used this information to help us plan our inspection.

People were not always able to verbally express their experiences of living in the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff interactions with people and observed care and support in communal areas. We observed staff interactions with people and observed care and support in communal areas.

We spent time speaking with two people and one relative. We spoke with three care staff, the deputy manager, the manager and the operations and development manager. We also spoke with a visiting healthcare professional and requested information from healthcare professionals, local authority care

managers, commissioners of the service, and GP involved in the service.

We looked at records held by the provider and care records held in the home. These included three people's care records, medicines records, risk assessments, staff rotas, three staff recruitment records and a selection of meeting minutes, quality audits, policies and procedures.

We asked the manager to send additional information after the inspection visit, including the staff training records. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

At our last inspection on 02 August 2016, we identified breaches of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment had not been properly managed to keep people safe. We also made two recommendations. There was no information for staff on how to complete Antecedent, Behaviour and Consequences (ABC) charts and the chart varied in level of detail and appropriate information. ABC charts should be completed every time one person displayed behaviour which was considered challenging to staff and the service. Also, there was a poor staffing structure in the service. At this inspection, we found improvements had been made and the provider was meeting the requirements of the regulations.

People were unable to verbally tell us about their experiences. However, we observed that people felt safe in the service and were at ease with staff.

Since our last inspection, premises and equipment had been properly managed to keep people safe. Improvements had been made to the décor in the home. We found that repairs had been carried out accordingly. For example, in number 58 Turnbull Close, the toilet seat and door we found damaged at our last inspection had been replaced. Dishwasher in number 58 Turnbull Close had replaced. A new detailed maintenance book was being kept by the manager. The home had been redecorated with fresh paint, which made it smelt fresh and clean. The new manager told us the redecoration of the home had not stopped. They said the windows would be replaced also. This showed that the manager and provider were now proactive about the maintenance of the home.

During our last inspection, we found that ABC charts had not always been completed in detail and were not consistent and had not provided clear guidance to care staff in order to keep people safe. There was no information for staff on how to complete ABC charts and the chart varied in level of detail and appropriate information. At this inspection, we found that in all the three care plans and incidents and accidents records we looked at, records showed that incidents and accidents were monitored in order to ensure that preventative measures were put in place if required. Accident records were kept and audited monthly by the manager to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents. These audits were shown to us as part of the quality assurance system. All incidents were documented using the ABC form. This would also be reported to higher management if need be, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe. The ABC form is a tracking sheet which provides for behaviour monitoring, recording and tracking. This record showed behaviours were clearly audited and any actions were followed up and support plans adjusted accordingly.

Staffing levels had improved since our last visit. At this inspection, we found that staffing levels had been reviewed. Staffing was provided in line with the support hours agreed with the care managers and the person receiving the service. There were five staff for the morning and evening shifts. Additional two staff were provided between 10am and 4pm, which increased the staffing levels to six staff. Bank staff or agency staff were used to fill vacancies or planned sickness where possible. Staff told us that the staffing levels were

manageable. Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we looked at such as the rotas and training files confirmed this. The manager said that staffing levels were determined by the assessed needs of people and also whenever a review took place. The staffing structure in the home had been reviewed by the new manager.

Staff were aware of how to protect people from abuse and the action to take if they had any suspicion of abuse. Staff were able to tell us the different types of abuse and how to recognise potential signs of abuse. Staff training in protecting people from abuse commenced at induction, and there was on-going refresher training for safeguarding people from abuse. The training plan sent to us confirmed that all staff had completed safeguarding training. All staff spoken with said they would usually contact the registered manager immediately if abuse was suspected, but knew they could also contact the Social Services safeguarding team directly. One care staff said, "This is protecting people from abuse. I will contact social services if there are any concerns. I can raise a safeguarding by completing a referral form and inform my line manager. I can contact CQC if needed." This showed that staff were knowledgeable about safeguarding, which would enable them to keep people safe from likelihood of abuse. Staff also had access to the updated local authority safeguarding policy, protocol and procedure dated April 2016. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff spoken with understood what whistle blowing is about. Whistleblowing occurs when an individual raises concerns, usually to their employer or a regulator, about a workplace wrongdoing or illegality that affects others. They were confident about raising any concerns with the provider or outside agencies if this was needed.

Within people's support plans we found risk assessments to promote and protect people's safety in a positive way. These included accessing the community, finances and daily routines. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. These had been reviewed regularly and when circumstances had changed. Staff told us they were aware of people's risk assessments and guidelines in place to support people with identified needs that could put them at risk, such as epileptic seizures. People had individual care plans that also contained risk assessments which identified risk to people's health, well-being and safety. For example, risk assessments on epilepsy identified what could be done to reduced risk of harm to the individual such as thermostatic control on radiators and radiator covers to reduce the risk of burns during a seizure. Guidance was provided to staff on how to manage identified risks. This ensured staff had all the guidance they needed to help people to remain safe.

The provider followed safe and robust recruitment procedures to ensure that staff working with people were suitable for their roles. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Employer references were also checked and we found that two satisfactory references were received before staff started working with people. This meant that people could be confident that they were cared for by staff who were safe to work with them.

Medicines were kept safe and secure at all times. A lockable cupboard was used to store medicines in each person's room. Medicines were given to people in the privacy of their bedrooms, which ensured people's dignity. The contents of the medicine in the cabinets and register were checked and had been correctly accounted for. Medicines had been given to people as prescribed by their doctors and a record was kept to show this had been done. Staff documented when each person was given medicines on the MAR chart

(Medicine Administration Record). There was a system of regular audit checks of medicine administration records and regular checks of stock. There was information for staff about possible side effects people may experience in relation to certain medicines so they were able to recognise any of the symptoms and take appropriate action. Staff who handled medicines had completed training to do so safely. This indicated that the provider had an effective governance system in place to ensure medicines were managed and handled safely.

Each care plan folder contained an individual Personal Emergency Evacuation Plan (PEEP) reviewed in February 2017. A PEEP is a Personal Emergency Evacuation Plan. It is for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency. The fire safety procedures had been reviewed and the fire log folder showed that the fire risk assessment was in place. Fire equipment was checked weekly and emergency lighting monthly.

The service had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk. For example, in the event of a fire. We also observed that each person had a personal emergency evacuation plan (PEEP) in place. The service also had an out of hour's policy and arrangements for people which was clearly displayed in care folders. This was for emergencies outside of normal hours, or at weekends or bank holidays. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

Is the service effective?

Our findings

At our last inspection on 02 August 2016, we found a breach of Regulation 18(2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not received appropriate support, training, professional development, supervision and appraisal to enable them to carry out the duties they are employed to perform. Mental Capacity Act 2005 (MCA) training had not been given to all staff and they did not have an awareness of Deprivation of Liberty Safeguards (DoLS). We also found a breach of Regulation 14 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not appropriately adhered with eating and drinking guidelines. Healthcare professional's guidelines had not been fed into support plans. Another breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was found. Healthcare professional's guidance were not being followed. People's healthcare needs were not being adequately met. At this inspection, we found improvements had been made and the provider was meeting the requirements of the regulations.

People were unable to verbally describe their experiences. We observed that people had the freedom to move around the service and spend time alone in their rooms as well as in communal areas. People appeared relaxed in the company of staff. We observed staff members responding to people's individual needs in a timely and responsive manner.

The manager told us that staff had appropriate training and experience to support people with their individual needs. New staff had completed an induction course that was in line with the nationally recognised 'Care Certificate' by Skills for Care. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers.

Training records evidenced that staff had received training relevant to their roles. Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. Staff received refresher training in a variety of topics, which included health and safety, fire safety, safeguarding and food hygiene. We reviewed the training record and found this showed training which included; safeguarding, dignity and respect, infection control, moving and handling and administration of medicines. All trainings were up to date with refresher training planned for 2018. This showed that all staff had been trained to work towards expected standards of caring for effectively people.

Staff were supported through individual one to one supervision meetings. This was to provide opportunities for staff to discuss their performance, development and training needs, which the manager was monitoring. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. A member of staff said, "I am a lot happier than before. It is great coming to work now. This is due to the support I get from my manager". This showed that the manager adhered to the provider's policy in ensuring staff received adequate support.

Yearly appraisals were carried out and reviewed on all staff performance. For example, one member of staff was identified to benefit from additional training. This was actioned and planned for by the manager. This

would enable staff to improve on their skills and knowledge which would ensure effective delivery of care to people. Records confirmed that supervision and annual appraisals had taken place.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA 2005) that included steps that staff should take to comply with legal requirements. The MCA 2005 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. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff had attended MCA 2005 and Deprivation of Liberty Safeguards (DoLS) training. Staff evidenced that they had a good understanding of the MCA 2005 and DoLS. One staff member explained that every person has some capacity to make choices. They gave examples of how they supported people who did not verbally communicate to make choices. There was information about how people communicated and made choices so that the staff could support people in the best way for their understanding. We saw evidence of this with the staff offering people choices and respecting their decisions. The staff used objects of reference, Makaton (basic sign language) and touch to support their verbal communication. For example, people were supported to make choices about what they wear, ate and spent their time. The manager was able to describe how capacity was tested and how a person's capacity impacted on decisions. They could all describe how and why capacity was assessed. The manager said, "We carry out an MCA 2005 assessment of less complex needs. If the person does not have capacity based on the assessment, we request for a best interest meeting where joint decisions would be made. If required, then we can apply for DoLS".

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. People in the home were currently subject to a DoLS. There were good systems in place to monitor and check the DoLS approvals to ensure that conditions were reviewed and met. The manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. We observed that staff sought and obtained people's consent before they helped them. For example, at lunch time, people were asked if they would like to have their lunch in the dining room or in their rooms. Some opted for the dining room, while some had their lunch in their rooms.

People had access to food that met their needs. We observed that people were provided with cold and hot drinks when they wanted them. We observed staff communicating with people as a way of involving them in what they did. The two kitchens in the service were accessible to people who lived in the home. We observed people being supported to use the kitchen. The kitchens were well stocked and included a variety of fresh fruit and vegetables. Food was prepared in a suitably hygienic environment and good practice was followed in relation to the safe preparation of food. Food was appropriately stored and staff were aware of good food hygiene practices.

Following our last inspection, we found that eating and drinking guidelines had been followed by staff. Staff clearly showed knowledge regarding people's nutrition guidelines. For example, a nutrition checklist for one person indicated 'problems with swallowing, e.g. leading to choking, 'requires advice from a health professional e.g. SALT, dietician'. We found evidence of referral to a healthcare professional for advice, which led to eating and drinking guidelines being implemented. Staff followed SALT (Speech and Language Therapist) guidelines sent to them in a letter. This had been used to review the person's care plan, which staff had followed.

People received medical assistance from healthcare professionals when they needed it. Staff recognised

when people were not acting in their usual manner, which could evidence that they were in pain. Staff spent time with people to identify what the problem was and sought medical advice from the GP when required. People had a health action plan in place. This outlined specific health needs and how they should be managed. People received effective, timely and responsive medical treatment when required.

At our last inspection, we found that four out of 11 people living at the service had epilepsy. In one person's support plan, it stated 'A health condition I have is epilepsy'. There was no further information. During this inspection, we found records for one person who had epilepsy had appropriate protocols in place concerning the administration of emergency medicines if the person had a prolonged seizure. These had been developed with an epilepsy nurse who had provided suitable expert guidance. Staff had also received specific training about how to manage seizures and how to support people with epilepsy. This meant that people's health needs in relation to their epilepsy were being monitored and managed.

Records confirmed that staff encouraged people to have regular health checks and where appropriate staff accompanied people to appointments. Staff told us that each person was supported to see their GP, chiropodist, optician, dentist or other health care professionals, including well men clinics. People were regularly seen by their treating team. Health appointments were documented in people's care plans and there was evidence that the home worked closely with health and social care professionals to maintain and improve people's health and well-being.

Is the service caring?

Our findings

Although people were not able to fully share their experience with us, we observed that staff were kind, considerate and aware of people's individual communication needs. There was a calm and friendly atmosphere. People's bedrooms were decorated to their own tastes.

People's individual records provided up to date information for staff on how to meet people's care needs. This helped staff understand what people wanted or needed in terms of their care and support.

We observed positive interactions between people and staff. People looked at ease and comfortable in each staff member's presence, responding positively to their questions and readily asking for help and assistance. Staff gave people their full attention during conversations and spoke with people in a considerate and respectful way using people's preferred method of communication wherever possible, such as using pictures. They gave people the time they needed to communicate their needs and wishes and then acted on this. A member of staff said, "As a team, we think about planning ahead for each of the people we support, so we engage them in discussion about their care daily. This makes people happier".

People's right to privacy and to be treated with dignity was respected. Staff did not enter people's rooms without first knocking to seek permission to enter. Staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care to maintain their privacy and dignity. When talking about their roles and duties, staff spoke about people respectfully by kneeling to their level during conversation.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal care records were stored in locked offices. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. For example, staff encouraged people to clean and tidy their rooms and help with washing dishes after a meal. People were also supported to participate in the preparation of meals and drinks, only offering support when required. People had time built into their weekly activities for laundry, cleaning, personal shopping tasks and travel in the community, aimed at promoting their independence.

Advocacy information was on the notice board and available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the home and who support people to make and communicate their wishes.

People's relatives told us that they were able to visit their family member at any reasonable time and they were always made to feel welcome. One relative said, "I visit my daughter regularly. I am part of the home and I like it".

Is the service responsive?

Our findings

At our last inspection on 02 August 2016, we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Changes to support plans had not been made and that activities were not person centred or based on the people's likes and preference. At this inspection, we found improvements had been made and the provider was meeting the requirements of the regulations.

A Relative said, "There has been improvements and the new manager is eager to act on things and engage people".

During this inspection, we observed that people were supported to do activities of their choosing. They were not rushed to carry out tasks. Activities took place daily or as at when agreed with people and their families. Staff consulted people and their relatives and took their preferences and suggestions in consideration before planning the activities programme. There were group activities and one to one sessions for people who preferred or who remained in the home instead of going to the day services. Activities included going to the hydro-pool, horse riding, swimming, trampolining and arts and craft. One to one sessions included relaxation session, community activities, hydrotherapy, bowling, physiotherapy, shopping and cycling. There was a weekly activities timetable displayed in people's care files and staff confirmed that activities were promoted regularly based on individual's wishes. We found that there was an on-going plan to ensure activities were person-centred. Activities were diverse enough to meet people's needs, and the home was always responsive to people's needs.

There was evidence that people's needs continued to be assessed prior to admission and continually throughout their stay at the service. The manager would normally undertake a thorough assessment of people's needs before accepting them and a structured introduction would take place afterwards. Each person had an initial referral which included a full case history, as well as a pre-admission assessment. The assessment covered all medical, history, any challenging behaviour, and care needed to manage and safely support the person's needs. The assessment was used to determine whether or not the service could meet the person's needs, and if any specialised tools or professional's assistance would be required. This meant that people's needs were assessed in detail to ensure they could be safely supported at the service.

Following our last inspection, new support plans had been introduced. The manager told us that people had been involved with developing a new care plans and relatives involved in reviewing these. Review records showed that people and their relatives had been involved in reviewing and the updating the care plans. The new format of care plan was more person centred and gave clear and detailed advice and instructions to staff on how best to support the person. All staff spoken with told us that the new care plans are easy for them to follow. People's care records were individualised and provided the reader with information about the person, including their care needs, communication skills, risks that they were exposed to in their daily lives, likes and dislikes, medication needs, communication needs and goals for the future. Staff were provided with the key information they needed to ensure the care they delivered was both appropriate and safe. The home operated a keyworker system where individual staff members were allocated to different people living at the home. A keyworker is someone who co-ordinates all aspects of a

person's care in the home. These staff members held the responsibility for ensuring that the person they were keyworker for, received the most appropriate care for their needs and that their care records were up to date. This showed that people had been listened to and staff acted on their views.

Records and staff knowledge demonstrated that the manager had identified individual behaviour that challenges others and put actions in place to reduce the associated risks. Some people displayed behaviours that could impact on the wellbeing of others as well as their own health. The staff team worked closely with healthcare professionals to manage these behaviours to keep people and others safe. Records showed that where there were any incidents of concern, records of these were made in the accident and incident log and support plans were reviewed accordingly.

The provider contacted other services that might be able to support them with meeting people's health needs. This included the local authority's community learning disabilities team. Details of Speech and Language Therapist (SALT) referral and guidance were in place demonstrating the provider promoting people's health and well-being. Information from health and social care professionals about each person was also included in their support plans. There were records of contacts such as phone calls, reviews and planning meetings. The plans were updated and reviewed as required. Contact varied from every few weeks to months. This showed that each person had a professional's input into their care on a regular basis.

The information about how to make a complaint was in a user friendly format and had been given to people when they first started to receive the service. The information was also in people's care records. The information included contact details for the provider's head office, social services, local government ombudsman and the Care Quality Commission (CQC). The manager had received a complaint on 17 February 2017 about poor communication from the home regards a new manager leaving. This was responded to on 24 February 2017 by the operations manager with an apology to the satisfaction of the complainant. Staff told us that they would try to resolve any complaints or comments locally, but were happy to forward any unresolved issues to the manager.

There were systems in place to receive people's feedback about the service. The provider sought people's and others views by using annual questionnaires to people who used the service, staff, professionals and relatives to gain feedback on the quality of the service. Relatives were supported to raise concerns and to provide feedback on the care received by their loved one and on the service as a whole. The summary of feedback received showed that in some areas people were happy with the service provided and in other areas, not very happy. For example, when people were asked if support was delivered safely and in a way that works to prevent harm and abuse, 100% were happy with the service provided. However, when asked if the service does all it can to promote the independence of people, only 80% were happy with this. We found that the provider had analysed the result and had put plans in place to improve identified shortcomings. The completed questionnaires demonstrated that all people who used the service, relatives and those that worked with people were listened to and the provider was taking necessary steps to improve where necessary.

Is the service well-led?

Our findings

At our last inspection on 02 August 2016, we found a breach of Regulation 17 of The Health and Social Care Act (Regulated Activities) Regulations 2014. The provider failed to operate an effective quality assurance system and failed to maintain accurate records. We also found that there was no registered manager in post. At this inspection, we found improvements had been made and the provider was meeting the requirements of the regulations.

At this inspection, audit systems were in place. The management team had carried out audits of the service in relation to each area such as health and safety, infection control, and personnel files. These highlighted some issues and showed these had been addressed with staff team. The management team had also completed audits of people's medicines including topical medicines monthly. An external audit of medicines had been carried out by the dispensing pharmacy. The operations and development manager carried out frequent quality first checks of the service and visited the service to provide support to the management team on a regular basis. Audits undertaken by the operations and development manager showed that a number of issues had been identified in May 2017. A detailed action plan was put in place. This showed that there had been improvements since our previous inspection. A small action plan was put in place in relation to people's care records and activities. The actions had been addressed and were still being monitored.

Records had also improved since our last inspection. Records were clear and robust. Records relating to people's care and the management of the service were consistent. For example, new clear support plans had been introduced and robust incident and accident records kept. Staff confirmed that they had started using these new records. One member of staff said, "I now have clear guidelines to follow". This meant that the manager had ensured robust management of people's records.

Following our last inspection, a new manager had been recruited and now in post. There continued to be a senior manager that supported the new manager in order to support the home and the staff. The senior manager was the operations and development manager who was also present for the inspection. The new manager was undergoing registration with CQC during 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.

The new manager told us that they had reviewed the staffing structure in the home in order to improve on the efficiency of service delivery to the people. The new structure included support workers, enhanced support workers, a deputy manager and a registered manager. The new manager said this new structure would enable adequate monitoring of service provision and supervision of staff in the home. We observed that people were relaxed with the new manager and were able to approach the new manager and the operations and development manager in the office at will.

A relative said, "We need managers like the new manager. She is God sent. I have already seen changes. I

cannot praise her enough. Since she started, there has been consistency of staff and agency staff" and another said, "There has been an improvement, the manager is more hands on than one before, she talks to people directly. That is a change".

Staff told us that the management team operated and encouraged a culture of openness and transparency. Staff told us that the new manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. Members of staff said, "The new manager has been really supportive. I always have her undivided attention. Definitely, I think the service has improved since the last inspection. I now have clear guidelines to follow". Another said, "I enjoy working here, I like the people I support and it's a good atmosphere to work in". We observed this practice during our inspection.

We found that the new manager and provider understood the principles of good quality assurance system and used these principles to critically review the home. They completed monthly audits of all aspects of the service, such as medication, infection control, care records and personnel files. They used these audits to review the home. We found the audits routinely identified areas they could improve upon and both the manager and the operations and development manager produced action plans, which clearly detailed what needed to be done and when action had been taken.

The home had implemented and encouraged communication with people who use the service through the development of care files that included user friendly communication passports, which provided clear descriptions of how people communicate. For example, we found communication passports which were user friendly with pictures in people's files. Communication needs varied for people in the home, using one or several of communication aids such as pictures, objects and signing supported people with their understanding. By improving people's communication and therefore their understanding staff have found people's behavioural challenges had reduced. Further, easy to read information had been developed to help people understand their support and healthcare needs. Management now had adequate communication systems in place for people who had difficulties in communicating. The new manager also informed us that they continued working with healthcare professionals in the development of further communication tools for people.

Communication within the home was facilitated through monthly team and house meetings. We looked at minutes of May 2017 team meeting and saw that this provided a forum where areas such as DOLS/MCA, activities, five key lines of enquiries, CQC, family involvement, dignity and respect and people's needs updates amongst other areas were discussed. Staff told us there was good communication between staff and the management team.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures had been updated by the management team and cross referenced to new regulations.

The manager was aware of when notifications had to be sent to CQC. These notifications would tell CQC about important events that had happened in the home. We saw that notifications had been sent appropriately when incidents had occurred. This demonstrated the manager understood their legal obligations.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the entrance in the hallway and on their website.

The new manager told us that the home worked well with other agencies and services to make sure people received their care in a cohesive way. The manager told us that they worked in a joined up way with external agencies in order to ensure that people's needs were met. We found that the provider achieved a gold rating in Investors In People. Investors in People is the standard for people management. The provider had also sign up to 'Driving Up Quality'. This is a code for providers and commissioners. Signing up is a commitment to driving up quality in services for people with learning disabilities. The provider is also a member of 'Learning Disability Alliance'. This organisation stands up for people with learning disabilities to be valued equally, participate fully in their communities and be treated with dignity and respect. The manager also told us that they worked closely with the local authority speech and language therapist (SALT) in order to continually improve on how people's needs are met. Being a member of these organisations and working with the local authority meant that they supported the management team in consistently raising standards of care and support in the home.