

Parkcare Homes (No.2) Limited

Finn Farm Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out this unannounced inspection on 11 April 2017. Finn Farm Lodge is a Prader Willi Service (Prader Willi is a genetic disorder characterized by a number of health conditions that includes uncontrolled appetite). It provides accommodation for up to six people. At the time of inspection there were five people living at the service. People had their own bedrooms. Some bedrooms were located downstairs but the service was not accessible for people who needed to use a wheelchair. This service was last inspected on 1 & 4 April 2016 when we found the provider was not meeting all the requirements of the legislation in regard to the safe care and treatment of people, management of medicines and complaints, effective quality monitoring, adequate checks on staff recruitment, and ensuring new staff received an appropriate induction. We asked the provider to send us action plans of how they intended to address these shortfalls which they did.

At this inspection there was a new 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.

Although some people we spoke with wanted to move on from the home now they spoke positively about the support they gained from the registered manager and staff and felt there had been improvements since the last inspection. Professionals and relatives said the new registered manager was doing a good job; they had confidence in her knowledge and ability.

People were provided with a clean comfortable environment to live in and could personalise their own space to their requirements. All servicing and checks including the fire alarm and emergency lighting had been updated to help make the environment safe for people. Improvements had been made to fire drill frequencies to ensure all staff attended at least two annually and knew the action to take in a fire.

There were enough staff. There had been continued unsettled staffing since the previous inspection; this looked to be reducing and those staff present showed that they were knowledgeable about people's individual needs. Appropriate checks were made of new staff who were given induction and training to provide them with the basic knowledge and skills they required for their role. Specialised training was also available in regard to Prader Willi and positive behaviour support of people for when they became anxious and their behaviour could be affected.

Staff said they felt better supported and listened to. They said overall communication had improved within the team and they felt better informed. There were increased opportunities for them to meet together as a team and also to have one to one time with their supervisor to discuss training and development needs.

Staff knew how to keep people safe from harm. Individual and environmental risks that impacted on people were assessed; measures were implemented to reduce risk of harm. Staff understood their reporting

responsibilities in regard to accidents and incidents and took appropriate action when these occurred to ensure people were safe, and people's support needs were reviewed if necessary.

People were very relaxed and involved in the routines of the house and enjoyed the freedoms these gave them within clearly defined boundaries. Staff understood people's needs and preferences and provided them with individualised support. People were supported to follow a calorie controlled diet designed specifically in relation to their condition. Their health and wellbeing was monitored by staff and they were supported to attend health appointments when needed. Interactions between staff and people were respectful, kind and patient.

Improvements had been made to the robustness of the quality checks undertaken by the organisations' quality and compliance staff, and those conducted by the registered manager and staff. These provided greater assurance that the service was operating as it should and that the provider and registered manager had a better understanding of the shortfalls in the service and acted upon these to help ensure people received appropriate and safe care.

Staff worked to the principles of the Mental Capacity Act 2005. People's consent was routinely sought in respect of everyday care and support. Staff understood that when people may not have capacity to make some complex decisions other people might need to be involved in helping them make these their best interest. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made; appropriate steps had been taken to ensure those living at the service who met the requirements for a DoLS authorisation had been appropriately referred. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were enough staff to meet people's needs. Staff recruitment ensured all appropriate checks on new staff were made. Staff knew how to keep people safe.

Medicines were managed safely. Accidents and incidents were appropriately reported and acted upon. Risks were assessed and strategies to reduce risk put in place.

The premises were well maintained and all safety checks and tests carried out.

Is the service effective?

Good ●

The service was effective

People's health needs were monitored and access to healthcare supported. People's dietary needs were understood and supported in accordance with the requirements of their health condition.

New staff were provided with appropriate induction and all staff received training to give them the skills and knowledge for their role. Staff performance was monitored and they had opportunities to meet with their supervisor.

Strategies were in place to guide staff support when people were anxious. Staff worked to the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

Staff were kind and patient, they respected people's privacy and treated them with respect. People said they liked the staff that supported them.

Staff were able to spend time with people and people showed they trusted staff and were comfortable and relaxed with them.

Staff supported people to maintain contact with the important people in their lives and relatives said communication with them had improved and they felt much happier about the service.

Is the service responsive?

Good ●

The service was responsive.

People were provided with an easy read complaint process and their informal concerns were now recorded and acted upon.

New people were assessed and given opportunities to come for short stays to see if their needs could be met. Detailed care plans guided staff in the support they gave to people.

Staff understood people's different methods and styles of communication. People had individual activity planners and were consulted about what they wanted to do.

Is the service well-led?

Good ●

The service was well-led.

Improvements to the robustness of audits and checks enabled better oversight of service quality.

Staff, people and relatives found the new registered manager approachable; staff felt supported and listened to by her.

Staff were provided with opportunities to meet together more often. Policies and Procedures were kept current to inform staff practice. The Care Quality Commission was notified appropriately of any notifiable events.

Finn Farm Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 11 April 2017 and was unannounced. This is a small service for six people with Prader Willi Syndrome (Prader Willi is a genetic disorder characterized by a number of health conditions that includes uncontrolled appetite). At inspection five people were currently resident. To ensure our inspection was not too intrusive this was conducted by one inspector only.

Before the inspection, the provider completed 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 looked at all the other information we held about the service, including previous reports, safeguarding alerts, complaints and notifications. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

We spoke with all of the people using the service, although this made some people anxious and we spent less time with them to avoid them feeling overly stressed. We also spoke with the new manager and two staff in depth and met and observed four other staff. After the inspection we received feedback from one relative and three social care professionals.

We looked around the environment, and we observed how people interacted with each other and with staff. We observed staff carrying out their duties and how they communicated and interacted with each other and the people they supported.

We looked at three people's care and health plans and risk assessments. Medicine records, staff recruitment training and supervision records, staff rotas, accident and incident reports, complaints information, servicing and maintenance records and quality assurance audits.

Is the service safe?

Our findings

People liked where they lived and the freedoms they had but two felt that in the near future they wanted to move on to a different, more independent style of living. One person said they had felt that being at the service had been good for them but they sometimes found other people's behaviour upsetting and frightening. They went on to confirm that staff were available to offer support or take them out away from incidents to reduce their anxiety. A relative told us "X often says he likes Finn Farm and wants to stay there, I always confirm to him that he is there to stay."

At our previous inspection of 1&4 April 2016 we found that the provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The provider had not ensured that all the checks necessary to provide assurance that new staff applicants were suitable had not been undertaken. The provider had taken action to address these previous shortfalls. Recruitment processes were now in place that helped to protect people: Disclosure and Barring Services (DBS) checks were made. These checks identified if prospective staff had a criminal record or were barred from working with vulnerable adults. Employment gaps had been explored, references and photographic identification had been obtained. Provision of evidence of personal identity and a statement of health were also required prior to staff beginning work. All these checks helped to ensure staff were suitable and of good character.

At our previous inspection of 1 & 4 April 2016 we had found the provider was in breach of Regulation 12 of the Health and Social care Act 2008 (regulated activities) Regulations 2014. This was because the provider had not ensured that staff competency in administering medicines was routinely assessed to ensure staff were administering appropriately. Also prescribed boxed, bottled medicines and creams were not being dated upon opening to aid auditing of how much was being used and also to inform shelf life was not exceeded once opened. The provider had taken action to address these shortfalls and there were now safe processes for ordering, storing, administering and returning medicines.

At the previous inspection in April 2016 we highlighted that although regular fire drills were held not all staff had attended. Since then the provider had taken action to ensure attendance at fire drills was implemented for all staff; all staff had now attended at least one drill in the last three months. Staff knew how to protect people in an emergency and the actions they needed to take if an event stopped the service operating. Detailed guidance was available to staff so they knew how to respond and who to contact. All staff had received fire training, fire risk assessments were in place and all staff knew the evacuation procedure and assembly point. Individual personal evacuation plans (PEEPS) were in place. PEEPS took account of any needs or likely problems in people evacuating safely and informed staff how to manage this.

The premises provided a comfortable, homely and safe environment for people to live. Ensuite shower rooms had been refurbished and minor issues we had highlighted at the previous inspection had been made good or replaced. The premises were kept clean, and maintenance records showed repairs were usually addressed in a timely way. Checks and tests of electrical, gas and fire installations and fire and electrical equipment were carried out in accordance with recommended frequencies.

Staffing levels had improved since the previous inspection. A review of hours had shown there had been some understaffing for support of one person in particular and this had now been rectified and a record made of how hours were used for those with one to one hours allocated. Despite some staff turnover and absence, staffing was now sufficient and flexible to meet people's support needs inside and outside the service. Any staff hours not covered across the week were offered out to other staff to cover first before agency were considered. The registered manager said if agency were used they were only from two approved agencies and were usually staff familiar with the service. There was an on call system covered by registered managers within a small group of homes, should staff require guidance or support at any time.

Staff received regular safeguarding training; this helped them to understand, recognise and respond to abuse. Staff were familiar with their safeguarding responsibilities and had reported incidents appropriately over the last 12 months to the registered manager, appropriate agencies and to the Care Quality Commission where there were concerns for the safety of people they supported.

Some people could express their emotional anxieties through behaviour that could be challenging to other people and staff. Strategies had been developed to help staff manage and respond to these incidents in the least restrictive way. Behaviour plans described how people might behave when they were happy, or when their mood was less positive or when they were very upset and distressed. Staff responses were tailored to each mood state so people received the right support.

Each person had a range of risk assessments specific to them; these identified areas of everyday living or activity that may place them or others at risk. This included kitchen safety, use of roads and public transport. Measures were put in place to reduce the level of risk to the person and to others. Risk information was kept updated and reviewed annually or more often if risk levels changed. In the event of incidents or accidents risks were re-evaluated to consider how effective risk reduction measures were or whether further amendments and changes were needed to reduce risk levels further. There was a low level of accidents and incidents reported which indicated that current risks were appropriately assessed and supported. These were monitored by staff at head office and the registered manager for trends that may indicate reasons for such incidents occurring and this might inform changes to the persons support.

Is the service effective?

Our findings

People said that they liked the freedom to be able to help make their own breakfast and lunches, and choose the meals they wanted to eat. People went shopping to purchase some of the things they liked and could eat as part of their diet. People knew food was an issue for them because of their condition but felt staff handled this well without the need to exclude them from being in and around the kitchen area. A relative told us: "It was a very poor place when X first entered ... thanks to the managers dedicated care..., her understanding not just of Prader Willi Syndrome but of X's individual problems she has educated staff of the condition which appeared to be a revelation to them."

At our previous inspection of 1&4 April 2016 we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. In that the provider had not ensured staff were provided with information about some people's health and behaviour needs to guide their support. This inspection showed improvement in this area and staff supported people knowledgeably with their health care needs. Each person had a health action plan; this made clear people's individual health needs including regular appointments with their GP, optician, dentist or specialists who supported them with their conditions such as Prader Willi or Diabetes. Detailed support plans were in place to inform staff and guide their practice in supporting people with these conditions. Staff supported people to appointments and made a record of what was said to inform staff and relatives of any changes, a record of all contacts with health professionals was maintained. Hospital information plans had been developed for each person, these inform hospital staff about the person and how they prefer their care and support to be delivered and whether they have any special communication needs.

At our previous inspection of 1&4 April 2016 we found that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The provider had not ensured that new staff were receiving an appropriate induction into their role. The provider had since taken appropriate action to improve staff induction.

New staff were required to complete a company induction programme that included a four day induction and two weeks shadowing of experienced staff. During this time staff also completed much of their mandatory training through the organisation's 'Foundations For Growth' training programme. This provided them with the basic level of knowledge they required to undertake their role. The registered manager informed us that new staff without previous care qualifications were required to complete the Care Certificate. This was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction period and adhere to in their daily working life. Once staff had completed the training modules through the on line system the registered manager checked their competency in practice before signing off the various modules.

Staff were provided with an appropriate range of both mandatory and specialist training that provided them with the knowledge and skills to support people appropriately. Mandatory training included First aid, health and safety, Mental Capacity and Deprivation of Liberty Safeguards, safeguarding, infection control, fire awareness, food handling, and medicines which staff were required to update on a regular basis. Additional

specialist training was provided areas such as challenging behaviour, diabetes, positive behaviour support (this helped staff work with challenging behaviour in a positive way).

Training was mostly provided on- line t although there was also some face to face training. Staff had their own computer logins and were required to achieve a pass mark of 90% or above. The registered manager was able to monitor their progress and reminded staff when training was overdue. Staff were supported to undertake vocational qualifications in health and social care and 11 out of 12 staff had achieved nationally recognised vocational care qualifications at different levels. These are work based awards that are achieved through assessment and training. To achieve them, candidates must prove that they have the competence to carry out their job to the required standard.

The new registered manager had now been in post for one year and the staff team were settling down and beginning to develop a team identity. Staff said they felt supported by their colleagues and spoke positively about the registered manager's influence in driving improvement in the service. Staff said they found her supportive and approachable and available to speak with at any time. Formal supervisions were now more frequent being approximately every eight weeks. Staff said they found these helpful. They provided staff with personal time to discuss issues related to their work including performance, development and training needs. A programme of appraisal was in place and was due to start again in April.

Menus had been developed specifically to meet the nutritional and calorific needs of people with Prader Willi Syndrome and to effect weight loss, or maintain a steady weight. Pictorial menus had been developed for one person who found information provided as pictures and objects of reference easier to understand and staff were observed using this with the person. Another person said they enjoyed their meals and appreciated that because of their conditions access to food needed to be restricted. They found this handled really sensitively in the service, where they were given the freedom to go into the kitchen and were actively involved in weighing their food and preparing their breakfast and lunch. People were supported to go food shopping and purchase food that they could prepare for their lunch or other meals. Records of people's individual food intake was documented and weights were monitored. These showed most people were maintaining a stable weight but this could sometimes be compromised by external factors such as a change in routine during home visits.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. 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. 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 are called the Deprivation of Liberty Safeguards (DoLS). A Dols was in place for every person in the service. The registered manager understood the criteria and process for requesting an authorisation and had made referrals to keep these updated.

People had capacity for most everyday tasks and activities but where their condition impaired their judgment/ capacity to make important decisions for themselves for example in regard to money management, and access to food, mental capacity assessments were in place and best interest discussions held. Staff were seen to consult with people in respect of everyday activities and seek consent for their participation and involvement.

Is the service caring?

Our findings

People were comfortable in the presence of staff and confident of saying how they felt about living in the service. Staff acted very much in a support and advisory role, they were respectful and showed patience and kindness in their everyday interactions with people. They demonstrated a good understanding of people's individual needs, characters and limitations of their condition and how this may impact on them and their dealings with others.

Staff encouraged people to take an active role in decisions about their daily lives. They understood how to respond to people when they were expressing frustrations with their daily lives or the restrictions that were placed on them. They were supportive of people developing their skills for daily living.

People's potential for greater independence within supportive boundaries was being maximised each person had a house day each this involved them cleaning their bedroom, bringing down their laundry, emptying bins from their room, and vacuuming, and incentive of a preferred activity was offered to motivate people to participate. At the inspection people were seen going about their daily tasks of preparing drinks and breakfast, offering to make drinks for others, actively being involved in packed lunch choices, bringing their washing down and cleaning their rooms. People were supported to learn new skills at a pace to suit them and with appropriate safeguards implemented to keep them safe. For example, one person was an independent traveller and had shown that they were able to undertake this responsibly but their route was gone through with them each time by staff and safety measures put in place for the person to have a mobile phone and to notify staff when they picked up their connections and arrived at their destination.

We spoke with a social care professional who represented someone at the service. They commented that so far the service was keeping them informed regularly and was delivering a good service for their client. We spoke with the person they represented who told us that they were enjoying living in the service, they had made the decision to move in because they liked what they had experienced when they came for short stays and they had made a good friend since arriving; who they went out to activities with.

A relative told us that in general the service provided to their relative had been good; they said that the service had been accommodating in trying to provide a space away from some of the other people. They did have a concern about the standard of furnishing in the new room and its location in the house, but the registered manager informed us that furnishings had been discussed with the service user directly who had not wanted changes made and they had respected their decision.

Staff respected people's confidentiality and their right to privacy, they did not talk about other people's needs with other staff unless in private. People were provided with keys to their bedrooms and could decide if they wanted to use them or not. People respected each other's privacy. They had been supported to personalise their bedrooms with possessions that reflected their personal interest and taste, furnishings were to a good standard in the bedrooms people were happy for us to view. Prompting around personal hygiene was undertaken discretely to protect people's privacy and dignity and any support undertaken was in full consultation with the person concerned and in accordance with their preferences.

People were supported to maintain relationships with the people who were important to them, and were supported to make regular contacts or visits. Staff were welcoming of relatives but because people went out most days always advised them to ring if they were travelling from a distance. Where able to people were supported to make home visits and to stay over and staff supported travel arrangements where needed.

Staff showed kindness to people. For example one person was not going home for the weekend but knew everyone else was -? they were a little anxious about this. A staff member jollied them along explaining the positives for them in being the sole person supported: "X you will have the house to yourself, you can go to church in the morning come back and chill out for a while and watch television, and then we will go out for a nice meal in the evening, but you will need to put a nice shirt on for that". The person was happy with the planned activity at the weekend.

Staff showed that they understood people's individual preferences and characters. Staffing levels meant they had time to spend with people to talk about issues and talk through plans for activities, or why some decisions people wanted to make might not be appropriate. These interactions provided people with the appropriate support, guidance, interaction and stimulation they needed. People felt able to say what they wanted and made their own daily decisions and choices about for example, how they spent their time, who with, where they went, what they did, what they ate, when they went to bed or got up. Staff were seen to respect people's choices with the exception of where this may place them at risk of harm; for example if there was a high risk of their leaving the service alone

People had opportunities to express their personal views about the service or their experiences through one to one meetings with their carer or through a house representative to larger 'your voice' meetings help with representatives from other service to discuss common issues. A survey of people in the service was also conducted every three months to gauge their views and whether any trends or patterns to their responses was emerging.

People had capacity to make their own everyday decisions. They had discussed with staff what might happen if they were seriously ill or might die and what their wishes might be in those circumstances; these were recorded in their support plan and were reviewed.

Is the service responsive?

Our findings

People said they were happy with the range of activities they were involved in and that they were consulted about their plan of support. Relatives were invited to reviews if people wanted them and they were able to contribute their comments to the review process.

At the previous inspection we had expressed concern that some service user concerns were not being recorded as complaints and dealt with accordingly. Since then the registered manager had in addition to the complaints record for more formal complaints, introduced a 'grumbles book'. This was to record low level issues that occurred in the service as part of the day to day irritations people experienced living in a group of people with differing needs. The complaints procedure was provided to people in an accessible format with picture prompts to help them follow the reporting process. Some people were clearer about using the complaints process than others and felt empowered that they could do so. People said they felt listened to, they said that if they were unhappy with anything they thought that they would be able to speak to staff about it. If however, people felt unable to speak to staff they said they would feel able to raise their concerns with a relative or representative. A resident representative was present amongst the service user group and could raise issues on peoples behalf at a 'your Voice' forum on a regular basis, if these were not addressed within the service.

We spoke with someone who had recently come to live at the service. They told us they had previously lived at another service in the organisation but this had not worked out for them and they had moved back home. They had agreed to come for respite but had decided they wanted to stay because they liked it so much. We spoke with their care manager who confirmed that the person had come to stay on several occasions in a respite capacity but this had also been an opportunity for them to see if they liked the service before a decision about a longer stay was made. The person had taken this decision quicker than expected and said they wanted to stay. The registered manager had sought a range of information about the person to inform the decision to admit. During the persons stay their interaction with others and the needs they presented were also monitored and observed to ensure these could be met, and other people in the house would not be placed at risk.

People could tell us about their experiences but some absorbed information differently and this needed to be conveyed to them in a specific way to ensure they understood and were not made to feel anxious. An assessment of people's communication skills was in place and this informed the reader how the person was able to receive and provide information. The new registered manager had recognised a need to better understand one person's communication and as a result of measures put in place and consistent responses from staff, the levels of significant behaviour had dropped considerably.

During the inspection we saw people were going out with staff and returning to the service from short outings which some people preferred. For people that received additional staffing hours during the day staff recorded how these were used to support them in attending activities outside the service or in one to one support when at home. Most people went out several times each week with some going out every day. People liked shopping, eating out, going to the library or bowling or the cinema. Each person had an activity

planner which was a guide and could be changed to suit a person's mood and behaviour on the day, some people absorbed information better about activities and daily routines if this was in a pictorial format and this had been adopted for some people as they became less anxious when they understood what they were meant to be doing. Staff were seen to try and de-escalate situations prior to people going out to ensure people were able to maximise their time out.

A couple of people had made a strong friendship and liked to go out on activities together. Another person was an independent traveller and went to visit a friend on a regular basis using public transport. Staff were mindful to ensure the person was aware of the arrangements for travel and staying out and staff checked their arrival at their destination. Other people were supported when outside of the service because they were vulnerable to abuse or their behaviour could impact on others. Staff made use of public transport and walked with people to activities but had access to a vehicle for journeys and activities further away.

People were allocated a key worker who took responsibility for meeting with the person each month and establishing what was working well for the person and what they found less good. The person was able to state any changes they wanted to make to the support they received and whether they wanted to try different things, staff understood people's individual communication limitations and provided support in a way that would best help the person to engage in this process. These meetings helped to establish goals and aspirations when developing the person's plan of care and support, and gave them a further informal route to express any concerns they might have.

Each person's everyday care and support was designed to take account of the impact of Prader Willi Syndrome on their day to day care and support. Care plans were detailed and individualised to each person. They contained an initial personal profile about the person, what the person thought people liked and admired about them, how the person thought staff should support them and who were the important people in their lives including the health and social care professionals who supported them. Care plans addressed what support people needed with their continence, night time routine, behaviour, Prader Willi syndrome, independence, medicines, transport, and activities; and any risks people may experience as a result of their condition and other factors. This information was reviewed and kept updated. It provided staff with a clear guide as to how to deliver support to the person in a manner they preferred. In conversation staff showed that they were knowledgeable about each person's individual needs and character, the strategies used to ensure appropriate support was put in place and that they were delivered in a consistent manner and reflected their preferences. Goals and aspirations were clearly documented; for some people these had already been met for the review year and new ones needed to be recorded.

Is the service well-led?

Our findings

Two relatives and two social care professionals commented that they thought the new registered manager had made a good job since she had taken over the service. One relative referred to her as dedicated and knowledgeable about the needs of people with Prader Willi syndrome. "No-one has ever been as kind, patient and understanding as she has been. Her dedication to the training of her staff is second to none in my experience. So both X and myself would give the registered manager at Finn Farm full marks." A service user told us "I just want to say she is the best manager we have had here".

There was now a registered manager in post. Staff were more settled and felt better supported, and had been given the training they needed to provide them with a basic understanding of Prader Willi syndrome and the registered manager was able to enhance their understanding and their practice from a position of knowledge of the condition. Staff found the registered manager helpful and supportive and there was a happier atmosphere in the service with staff much clearer about what they were doing and how to support people better.

Previously we had identified that although there was a comprehensive audit system in place this had not been used effectively and had not identified some health and safety hazards. Since then improvements had been made to the robustness with which quality audits were conducted and the timescales for completing outstanding issues. Audits of medicines, health and safety, cleaning and catering were conducted at monthly intervals, infection control audits were carried out every six months, an annual financial audit and a health and safety audit by people appointed from the head office were also scheduled in. Previously identified shortfalls in recording within audits had been addressed and the provider and registered manager now had a better understanding of and greater assurance about, the service quality provided.

There had been a recent restructure of senior management within the organisation; it was as yet unclear how much oversight and involvement senior management would now have in monitoring service quality and actions plans in future to ensure these were implemented. The registered manager had responsibility for undertaking a quarterly review of the service which was completed on line. An action plan was produced from this and timescales set for completion of any shortfalls. Compliance with the action plan would be monitored by a senior manager along with a quality monitoring team who would provide support and guidance.

Staff found the new manager approachable, she had an open door policy and staff were observed to be easy and comfortable when talking with her. They said that they felt able to raise issues with her at any time. There were greater opportunities for staff to discuss issues or matters as a wider team through the implementation of more regular team meetings. Staff who missed these could view a copy of the minutes so they were kept informed. Staff felt free to put items on the team meeting agenda for discussion. The registered manager demonstrated she understood people's individual needs and support and gave time to listen to them. A professional told us they found she was communicating well with them about the person they had placed there and other social care professionals said that they thought the registered manager was 'Doing well' and the service was improving after such an unsettled period.

A system was in place going forward for the organisation to annually seek feedback from relatives although one had not been undertaken last year. A survey of service users and staff had taken place. Feedback was analysed. Information received from relatives where this highlighted actions needing to be taken were incorporated into the quality improvement action plan developed from audits within the service. Specific issues related to individual people would be discussed with the relevant parties to try and resolve any ongoing problems as soon as possible. Employees were also given opportunities to express their views through surveys; this information was analysed and provided to the service for discussion with staff at team meetings. This enabled staff to take an active role in trying to come up with ways they could help address areas for improvement.

Staff had access to the organisation's intranet where they could find policies and procedures that guided their practice and how the service was to operate. Policies and procedures were produced centrally and registered managers adapted these to meet the needs of their service where necessary. Staff were reminded when new information affecting how they supported people became available and which they were required to read. The organisation had membership of the Prader Willi Syndrome (PWS) Association and ensured information provided to staff, and the service routines and staff practice reflected current best practice around supporting the needs of people with PWS.

The registered manager ensured that the care quality Commission was notified appropriately and in a timely manner as and when notifiable events occurred. The provider was appropriately displaying their ratings from a previous inspection in accordance with the requirements of legislation.