Baytree Community Care (London) Limited

Holmwood

Inspection report

11 Harvey Lane
Norwich
Norfolk
NR7 0BW

Tel: 01603433437
Website: www.baytree.org.uk

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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

This inspection was unannounced and took place on the 16 and 17 March 2017. Holmwood is a service that provides accommodation and personal care for up to 32 people who may have a learning disability, mental health needs, or be an older person. It is not registered to provide nursing care. On the days of our inspection there were twenty six people living in 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.

At our last inspection in March 2016 we found the provider was in breach of five of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made. The provider was no longer in breach of these regulations.

Since our last inspection the provider had reviewed and increased staffing levels in the home. Staff confirmed that improvements had been made and there were now sufficient numbers of staff in the service. The increase in staffing levels meant that staff could spend more time interacting with people and supporting them to participate in activities. This helped ensure the service was meeting people's individual needs and preferences.

People were safe living in the home. The service took a proactive and positive approach to risks and worked collaboratively with other professionals to ensure risks to people were managed. Risk assessments were in place for people and updated when risks changed. Some further work was required relating to risks to people from the premises. However, there was a clear plan in place regarding this and the actions that needed to be taken.

Staff understood how to identify and report any safeguarding concerns. The service worked with people to help them understanding potential safeguarding risks to themselves and how they could take action to keep themselves safe.

Medicines were managed safely and people received their medicines as prescribed.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and report on what we find. Improvements had been made in this area. Staff and the management team understood the MCA and DoLS and how to provide support in accordance with it. People were supported to understand and make decisions regarding their care and support needs.

The risks to people from malnutrition and dehydration were well managed. People were supported to

access healthcare professionals, and this included in relation to nutritional risks.

Not all staff working in the service had received training in subjects the provider deemed mandatory. The registered manager was addressing this with staff and had introduced other resources such as best practice sessions to support staff to work effectively. Staff worked well together and were supportive of each other, this helped them to provide effective care to the people living in the home.

People were supported by staff that cared for and knew them. Staff listened to people and there were opportunities for people to discuss their needs. Staff identified opportunities for people to be more independent and supported people to achieve this.

People received care that was responsive to their needs and preferences. There were opportunities for people to discuss their preferences in relation to their care, as well as discuss any concerns or issues they had. People's suggestions were responded to. Activities were on offer in the home and trips out of the home had been arranged. The activities offered took in to account people's individual interests.

Care plans were accurate, reviewed regularly with people, and updated when required. Care plans provided guidance for staff on how to meet people's needs detail that was individual to people's needs, although the depth of information could vary depending on people's individual care plans.

Effective systems and processes had been introduced to monitor the quality of the service provided and make improvements where necessary. The registered manager engaged in effective networking which brought benefits to the service and people living in the home.

There was an inclusive and positive atmosphere in the service. The management team listened to people and staff, taking action in response to their views. Staff spoke positively of the registered manager, their leadership, and the changes that had taken place since our last inspection.

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 sufficient staff to meet people's needs.

There was a positive and proactive approach taken in the management of risks to people. The service took a collaborative approach which involved the person in the management of any risks to them.

Medicines were managed safely and people received them as the prescriber intended.

Is the service effective?

Good

The service was effective.

Not all staff working in the service had received the training the provider deemed mandatory, The registered manager was addressing this with staff and had introduced other resources such as best practice sessions to support staff to work effectively.

People were supported to make decisions regarding their care. Staff and the registered manager understood their responsibilities in relation to the Mental Capacity Act (MCA).

People were supported to maintain their health and manage their nutritional needs. Staff supported people to access health care where required.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff who encouraged their independence.

Staff listened to people and they were able to discuss their care needs.

Is the service responsive?

Good

The service was responsive.

People received responsive care that was individual to their needs and preferences. This included the provision of activities.

There were opportunities for people to raise concerns and complaints which were responded to.

Is the service well-led?

Good

The service was well led.

The quality of the service was monitored. The management team took action to make improvements where required, including effective networking to benefit the service.

There was an inclusive and positive atmosphere in the service. Staff spoke positively of the registered manager's leadership and the improvements that had taken place in the service.

Holmwood

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 checked 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 the 16 and 17 March 2017 and was unannounced. One inspector and an expert-by-experience carried out the first day of the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of inspection was carried out by one inspector.

Before we carried out our inspection we looked at the information we held about the service. This included notifications received by us. Notifications are changes, events, or incidents that providers must legally inform us about. We also reviewed information we requested from the local authority safeguarding and quality assurance teams. 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 reviewed this and the action plan the provider had sent us following our last inspection.

During our inspection we spoke with five people living in the home. We spoke with four support workers, an apprentice working in the home, the cook, the deputy manager, and the registered manager. Not everyone living at Holmwood was able to speak with us and tell us about their experiences of living in the service. We observed how care and support was provided to people in the home. Following our inspection visit we spoke with one health and social care professional.

We looked at three people's care records, three people's medicine records, three staff recruitment files and staff training records. We looked at other documentation such as quality monitoring, accidents and incidents, maintenance records, and records from staff and residents' meetings.

Good

Is the service safe?

Our findings

At out last inspection on 8 March 2016 we found there were insufficient staff to meet the needs of people living in the home. This had meant that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

The registered manager told us staffing levels in the home had been reviewed and increased. They also told us shift patterns in the home had been reviewed and additional staff recruited to help ensure shifts were fully staffed. Rotas we looked at confirmed this. The rotas showed the home was staffed to the numbers the registered manager had identified as being required to meet people's needs.

All the staff we spoke with felt staffing levels were now adequate in the home. One staff member told us, "There is now [enough] staff." They went on to say, "It's a big help, we don't have to work so many days now." A second staff member said, "It's a lot better now, it's not so stressful." A third staff member told us the increase in staffing meant, "I've got time now specially for the residents." They told us that this meant staff could spend more time supporting people to participate in activities and outings outside the home. Whilst a fourth staff member told us how the increased staffing levels meant staff had time to sit down with people and interact with them.

There was no separate domestic staffing in the home, so support staff undertook these duties. On the day of our inspection we saw that sometimes staff were undertaking domestic duties which meant they were less present and able to respond to people's care needs. For example, in the morning we saw all staff were on the floor and more able to respond to people in a timely fashion. However, after lunch we saw the staff presence had decreased. At this time we heard one person calling out in a distressed manner and saw that this meant staff were unable to respond so promptly.

The registered manager showed us a task allocation list for each staff member on shift which they were about to introduce to the home. This showed that each staff member would be given distinct responsibilities such as domestic tasks or personal care. The registered manager told us they hoped this would address the issues identified with the deployment of staff. They said they also considered which staff were working on which days to ensure that there was a sufficient mix of skills and experience on each shift. An apprentice had been appointed in the home who was always supernumerary on shift. This meant that they could ensure people had plenty of social interaction and their basic care needs met whilst support staff could be freed up to deal with complex needs for people as they arose. The apprentice we spoke with confirmed their role worked well and the registered manager was considering taking on a second apprentice as a result.

Staff files showed safe recruitment practices were being followed. We checked three staff files which showed references and Disclosure and Barring record checks had been carried out. This helped ensure that the staff employed were suitable to work in a care environment.

Staff we spoke with had a good understanding of adult safeguarding and knew how to raise concerns, including which external agencies to contact and when. One member of staff told us the numbers of who to contact were on display in the staff room. Whilst another staff member said, "Everybody has got the right to do that [report safeguarding concerns]." A third staff member said, "If the problem has been raised and nothing happens, then we'll raise it externally." Records we looked at showed that safeguarding concerns were reported appropriately. The management team worked in conjunction with people and other relevant professionals to manage safeguarding risks. For example, we saw one person was at risk of financial abuse and had previously lost some of their money. We saw the registered manager had discussed with this person ways in which they could keep their money safe and had reminded staff to support the person with this.

Risks to people were managed and responded to. Records showed that people were fully involved in discussing specific risks to their health and care and the service took a positive approach to risk taking which supported people's autonomy. Risk assessments for people using the service were in place and we saw these were specific to each person. These covered areas such as behaviour that may challenge, falls, fire risks, diet and self-neglect. We saw people's care plans also incorporated risks to people's health and wellbeing and provided staff with guidance on how to manage identified risks. We saw that these records were consistently reviewed and updated if risks changed.

A health and social care professional we spoke with told us the service was proactive at managing risks to people and worked collaboratively with people and other professionals. Records we reviewed confirmed this. For example, we saw one person's mental health had deteriorated significantly and this meant there was an increased risk to their wellbeing. The registered manager had worked with the person and their mental health nurse to establish factors behind this deterioration. They had written an in depth document which gave detailed information and guidance for staff on the triggers for the person and how to identify if a situation was beginning to escalate for the person. We saw they had arranged a session with staff to discuss this document and help staff understand how to manage this risk. We saw the person's psychiatrist had written to the service saying how impressed they were with the effort that had been put in to this.

We reviewed how the service was managing risks to people from the environment and looked at the associated risks assessments. The registered manager had completed risk assessments in relation to any changes to the environment, for example on recent works undertaken in the home grounds. However, there was no risk assessment in relation to the management of the environment overall or for specific risks such as water safety. We found the servicing for the boiler in the home was out of date and a piece of moving and handling equipment had an out of date health and safety certificate. The registered manager told us that the person responsible for maintenance in the home was no longer working in the service and there had been no handover of their responsibilities. This had meant that they were in the process of reviewing what actions had been taken. We saw the registered manager had an action plan of what risk assessments were required and had arranged for the servicing of the boiler to take place as soon as possible. They told us the piece of equipment had only been used two weeks after its certificate had run out. Nobody in the home at the time of our inspection needed to use this equipment. We found other checks and servicing had been carried out on areas such as the home environment, water temperatures and fire safety as required.

Medicines were managed safely and people received them as prescribed. We looked at three medicine administration records. We saw these records were completed accurately. Staff recorded when medicines for external use were opened and when they should no longer be used. This ensured staff were using medicines that were safe to use. We saw there was guidance in place for staff on how to administer 'as required' medicines. We checked the stock for two medicines and saw this tallied with recorded stock levels.

The registered manager told us competency checks on staff's ability to administer medicines were carried out. We saw the deputy manager undertook weekly audits on medicines to help identify any errors or issues.

One person in the service was self-administering their medicines. We saw that this and possible risks associated with this had been discussed with the person in detail. A detailed risk assessment was in place and the registered manager had taken actions to mitigate the risk of the person making any medicine errors.

Good

Is the service effective?

Our findings

At our last inspection in March 2016 we found the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because some staff had either out of date training or training that they had yet to complete. Staff had not received the training or support required in order to provide effective care to people's specific needs, which included training in mental health. At this inspection we found whilst some improvements had been made that meant the provider was no longer in breach of this regulation further work was needed in this area.

We found the registered manager had introduced a new system to oversee the training that staff were undertaking. This allowed them to identify who required what training and when training needed to be refreshed. We saw that the range of training provided to staff had been expanded and also included mental health needs. Other training the registered manager planned to provide included managing diabetes, epilepsy, and pressure care.

The system in place showed that there were some staff who had not completed training in some subjects the provider considered mandatory. We discussed this with the registered manager who told us they had been speaking individually to staff that had not completed the required training and would take action if necessary to ensure this was completed. They told us they would review staffing rotas to ensure there was a suitable mix of staffing knowledge on shift.

Although some staff still needed to complete some formal training, the manager had ensured staff were equipped with the knowledge and skills they required to support people effectively by supporting them personally and providing them with informal information and resources. For example, they had organised 'best practice' sessions with staff to teach and discuss specific topics. We saw they had held sessions on behaviour that may challenge and how to communicate effectively. They told us the next two sessions they planned to hold would be on the MCA and effective recording.

Staff we spoke with also told us how they supported each other and this included where they might have gaps in their knowledge. One staff member said, "We all help each other." A second staff member told us how staff would use team meetings to discuss people's support and work together to find the best way to meet their needs. They went on to say staff would work together to try different tactics or different staff members if a person did not want to engage with the support on offer.

A relative we spoke with told us how their relative's needs had increased and they had needed additional care. They said the registered manager had made sure staff received the training and support in order to meet these needs and use the equipment their relative had required. Staff we spoke with told us that they felt supported to provide effective care through their training and other support provided, such as the best practice sessions and regular supervision. One staff member told us, "That's another thing that's started since [registered manager] came, regular supervisions." They went on to say, "Any training we need to do [registered manager] lets us know what we need." A second member of staff said that the best practice sessions had helped them understand the importance of being patient with people and trying to

understand them as a person.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may the lack 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 in their best interests and legally authorised under the MCA. The application procedures for this in care home and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty was being met.

At our last inspection in March 2016 we found the provider was in breach of Regulation 11 because the provider was not acting in accordance with the MCA. We found people's care plans stated they did not have the capacity to make certain decisions, however no MCA assessments had been completed in order to fully demonstrate and assess how this had been established. We also found not all staff in the service understood the MCA. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

The registered manager told us that they felt confident that with the right support all the people living in the home had the capacity to make decisions regarding their care. We saw a key working system had been introduced which supported people with decision making. Keyworker records and discussions with the registered manager demonstrated that key information had been presented and discussed in a manner so as to support the person to understand and make decisions regarding things such as medicines and risks to their safety.

The registered manager had a good understanding of their responsibilities under the MCA and DoLS. This included forms of restraint and when they needed to make an application under DoLS. The registered manager told us where people's mental health deteriorated they would work with other health and social care professionals to assess if the person's capacity to make decisions had changed. They provided us with an example which demonstrated this.

The registered manager had given each staff member a small laminated card with the key principles of the MCA that they could keep in their pocket. One of the staff we spoke with was carrying this on them and showed us this on our visit. The staff we spoke with had a good understanding of the MCA and the practical support they could give to people to ensure they could make their own decisions. One member of staff told us about the importance of assuming every person had the ability to make decisions for themselves. Whilst another staff member told us about the importance of making a decision in the best interests of the person if they were unable to make the decision.

At our last inspection in March 2016 we found the provider was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks to people regarding their nutritional status were not always identified and actions were not always taken where people were at risk. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

The registered manager and deputy manager had introduced a system to oversee and ensure the risks to

people from malnutrition were closely monitored. The deputy manager told us this was a particular interest of theirs and they closely monitored any changes to people's nutritional status. It was clear from talking with the deputy manager and reviewing the records that they had a good oversight of each person who was at risk of malnutrition and that appropriate actions were being taken.

Records we looked at showed that changes in the level of risk to people from malnutrition were identified. Risk assessments were updated and actions taken appropriately. For example, we saw one person was being weighed monthly however on the second consecutive month of losing weight, the risk assessment was updated and the person weighed every two weeks. This allowed the deputy manager to better monitor the risk to the person. We saw that in the case of this person, and others, staff had made referrals to and liaised with relevant professionals, such as dieticians, so they could ensure they were managing the risks to people correctly.

We saw staff kept a food and fluid diary for people who were considered at risk. We reviewed these records for two people and saw they were completed accurately and with sufficient detail to allow people's dieticians to better assess the risk and actions needed.

The staff and cook spoken with had a good understanding of each person's dietary needs and how to meet these. We saw there was a system in place in the kitchen to identify people at risk and ensure they received the correct diet. Where people had been prescribed additional nutritional supplements we saw they received them as prescribed.

People spoke positively of the food on offer. People told us plenty of options were available and they could choose what they wanted to eat. One person said, "We can request what we would like to eat in the morning to the kitchen staff and they'll cook it to order, they're brilliant." Another person told us, "Although we have a rotating four week menu, kitchen staff are more than happy to accommodate [people's] needs and wants, as long as everything needed is in. We normally have a home-cooked style roast dinner on a Sunday." We spoke with the cook who told us they attended each residents meeting to discuss the menu and check if people had any suggestions. They said that if people didn't like the menu choice, alternatives were always offered, our observations confirmed this.

Throughout our visit we saw people helping themselves to hot drinks and biscuits that were available to them throughout the day. We also saw some people would come to the kitchen or office and request additional snacks which were accommodated. The cook told us, "It's their home, if you want something to eat at 3pm you'd be able to do that and people here should be able to too."

People were supported to access appropriate healthcare in order to meet their needs. Records we reviewed showed people were support to access a range of health care professionals such as opticians, district nurses and their community mental health team. We saw that staff liaised appropriately with healthcare professionals with any concerns that arose.

Good

Is the service caring?

Our findings

People we spoke with talked positively about the staff. One person told us, "It's not been too bad at all in the time I've lived here, [staff] do the best for me." Another person told us, "The staff are wonderful." A third person said, "The staff here are always lovely to talk to." A relative we spoke with told us how their relative had been unwell and needed a lot more care. They said staff had put a lot of effort in to ensuring their relative had the care and supported they needed.

Staff we spoke with told us how they would keep trying to ensure people were cared for and supported. One staff member told us staff, "Keep going and find another way." A health and social care professional provided us with an example of how staff had put in additional effort to ensure a person in the home had the support they needed. They said, "A couple of things were not in their remit, they said we'll do it if that's what it takes." The professional went on to say, "There is a real sort of push to do what's right for a particular person."

The registered manager told us they tried to create a caring family home atmosphere. Staff we spoke with echoed this ethos. One staff member told us they viewed the staff and people living in the home as one big family. Another said, "It's like a house not a care home." Two of the staff we spoke with told us the décor in the home was worn and they wanted the décor of the home to be nicer for people. One staff member said, "If it's not good enough for me, it's not good enough for [people living in the home]." A second staff member told us how they had discussed with the registered manager that staff could undertake decorating in the home themselves to improve this. During our inspection we saw some of this work was underway.

From speaking to staff it was clear they knew people living in the service well and had built up relationships with them. A health and social care professional told us, "They know [people's] foibles, they know them well, and can work with them." We saw people had keyworkers which allowed them to build up a relationship with a particular member of staff. Records of keyworker sessions showed people's views and decisions on their support were sought and listened to.

One person told us, "I feel listened to by the staff here." Three of the staff we spoke with said that due to improvements in the home staff now had the time to talk and listen to people living in the home. One staff member told us, "It should be like this in every care home, that there is enough staff for staff to listen to people, it's very important so you understand how people feel." Whilst people and staff told us people were listened to we saw one occasion when a staff member offered to help a person without properly asking them what assistance they would like. This meant that whilst they were trying to help the person the outcome was the opposite of what the person had wanted. We clarified with the person what assistance they did want, the staff member then apologised to the person, and they were supported to achieve the outcome they wanted.

We saw some people in the home had difficulty with verbal communication and their speech could be impaired at times. Staff knew people well and we saw that this meant they could understand each person. This helped people with communication difficulties feel listened to and able to communicate their needs.

During this inspection, our observations and how staff recorded information about people showed they considered people's dignity and privacy. One staff member told us how they had discussed with the registered manager their plans to turn an unused room in to a grooming salon. They said they hoped this would encourage those people at risk of self-neglect with regard to their personal care to manage this area better and help improve their dignity. People we spoke with told us they felt their privacy was respected. One person told us privacy was very important to them. They said, "If I don't feel good they [staff] will give me space and privacy. I can just stay in my room if want to."

Whilst most of our observations were positive we saw on one occasion two staff members were in the dining room with people. Both were engaged with their personal mobile phones and were not interacting with the people who were present. We found that this was not respectful of people. Whilst we saw this did not cause a particular problem for people at the time, there was a missed opportunity to engage and interact with people. We discussed this with the registered manager who told us they were most unhappy about this behaviour and staff had been told previously that personal phones were to be used only whilst staff were on a break and in the staff room. They said they were concerned that it also meant staff would have been less aware and able to respond should people in the room have become distressed or need assistance. They told us they would take immediate action to speak with all staff regarding this.

Staff supported people to be independent. One staff member said, "Our aim is to get people out of hospital. We try to progress them on to supported living whenever possible. Some even move on to live independently again whenever it is possible and appropriate." We spoke with one person who told us how staff had supported them to manage their own medicines themselves and were supporting them to move out of the home and in to their own accommodation. From talking to this person we could see this mattered a great deal to them and had made them feel happy and able. A health and social care professional told us the registered manager took action when they felt people could be more independent and this was a motivation for them. They provided us with an example which showed the registered manager had been proactive at contacting other professionals to ensure one person was living as independently as possible.

Good

Is the service responsive?

Our findings

At our last inspection in March 2016 we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the support provided did not meet people's needs and preferences, particularly in relation to activities. We found care plans did not support staff to provide care in line with people's needs and preferences because they did not contain accurate information and staff did not always have correct knowledge of people's needs. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

We found people received responsive care that met their individual needs and preferences. For example, one person had expressed that they wanted to be more independent with certain tasks and move to supported living. We saw the registered manager had been proactive in ensuring this happened. We saw for another person they had expressed a wish to stop certain medicines they were receiving. The registered manager had carefully discussed this with the person and relevant healthcare professionals. They had respected and supported the person's preferences whilst ensuring there was a clear care plan in place for staff on how to manage this and how to respond should the person become more unwell as a result. A staff member we spoke with told us how they had supported a third person to develop a mood journal to help them identify any triggers for their mood and deal with them appropriately. They told us how this had become an important piece of activity for the person and played a big role in their support and wellbeing. A relative we spoke with told us that staff had worked hard and responsively to ensure they could meet the growing needs of their relative as they became more unwell. This had meant their relative had been able to stay in the home rather than have to move on.

The registered manager told us they were trying to change the culture in the home away from one in which staff saw, "The behaviour and not the person" and which tended to benefit staff rather than the person. We saw the work they had done with staff underlined this and helped to promote individualised and responsive care.

Records we reviewed of key worker sessions with people had opportunities to discuss their care and showed people's needs and preferences were considered and supported. Two of the staff we spoke with told us how people and key workers were matched up carefully taking in to account each other's personalities and interests. Care plans we looked at also showed that people had been involved in discussing and reviewing them. One person told us, "I've seen my care plans several times before and I'm involved with my care here." This helped ensure the support provided met people's individual preferences.

The care plans we looked at were current and accurate. We saw they were reviewed on a monthly basis, with appropriate changes being made and documented. Care plans we looked at contained information regarding people's interests and personal histories. Providing this information for staff can help ensure support is provided in a more person centred way. Care plans contained detail for staff on how to meet people's needs and in line with people's preferences. However, the amount of detail varied. In some care plans there was in-depth guidance, particularly where the risks involved were high, but others would have benefited from further information. For example, for some people with behaviour that may challenge it was

recorded that staff should use de-escalation techniques. The specific detail of what this might be and what might work particularly well for each person was not given. The registered manager told us since they had started to work in the home following our last inspection care plans for everybody in the home had been reviewed and rewritten. They agreed that some care plans would benefit from further detail. This was a work in progress and they hoped at each review to add further more person centred detail to support this. Because staff knew people well and were closely supported by the manager, we acknowledged that this did not result in a negative impact for people.

Staff we spoke with demonstrated they knew people well and their individual needs. The registered manager and deputy manager took an active role in monitoring people's needs and ensuring these were met. For example, we saw where people had particular complex needs the registered manager allocated themselves as the person's key worker and undertook the key worker sessions. This meant that although some care plans could benefit from further guidance we were reassured by the fact staff knew people well and the support the registered manager provided which helped ensure responsive care.

Staff and a relative we spoke with felt activities in the home had improved. Two of the staff felt staffing levels meant that there was more opportunity for staff to support people in activities. There was no activities co-ordinator or programme of activities and outings in the home. The registered manager told us all staff were responsible for engaging in activities with people, but they had asked the apprentice in the home to take a lead. On the days of our inspection we saw activities had been arranged and were taking place with varying success. A film afternoon was taking place on one of the days we visited. However, we went to observe this activity and found the film playing to an empty room with no staff or people present. A member of staff told us that there had also been an outing to the nearby park for a walk. We saw a bible reading group session was taking place in the home as well. This was well attended. The registered manager told us this had been organised at the suggestion of people living in the home, one of which had previously worked in this area. A number of people in the home liked to watch the horse racing, we saw the next race was displayed on the activities board in the home and was playing for people to watch in one of the lounges. We saw a number of people happily watching this. We noted that two other people were engaged in therapeutic colouring and other artwork with staff.

We reviewed the meeting minutes of resident meetings in the home and saw activities were a standing item on the agenda. People were asked for ideas on activities and we saw the home had responded to these. For example, we saw one person had suggested a pool table for the home. At the time of our inspection we saw this, and a football table were in place in the home. We saw trips out had been discussed at the residents meeting in January 2017. Those who had attended had said they did not wish for trips out to take place due to the cold weather. We saw this had been revisited in February 2017 and a number of suggested trips had been put forward for the forthcoming month. The registered manager told us since our last inspection the provider had purchased a mini bus so group outings could take place. We saw photos from outings over the last year that showed people had been on trips such as visiting a seaside town and an animal sanctuary.

We saw residents meetings and keyworker sessions gave people an opportunity to raise any issues or complaints. A relative we spoke with told us the registered manager and deputy manager were, "Very approachable, you can go in and say [if there is an issue]. People we spoke with told us they had no need to complain about their care. One person said, "I've been here for years now and I've always been happy with the service here." Another person said, "I'm happy with how much I pay and the level of care I receive here, I've never had an issue that wasn't sorted out quickly."

Good

Is the service well-led?

Our findings

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 2014. This was because effective systems and processes to assess and monitor the service were not in place. Additionally the provider did not effectively assess, monitor and mitigate the risks related to the health, safety, and welfare of people using the service. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

The registered manager had introduced an improvement action plan for the service. We saw this was broken down in to each of CQC's key questions. We looked at this and saw that the registered manager had clearly identified areas for improvement, the actions needed, who was responsible and how they were monitoring the progress of the improvements. The registered manager told us this worked as an audit system, helping them to focus on the breaches of the regulations, by reviewing what action had been taken and establishing whether sufficient improvements had been made. They told us they were planning to introduce further audits in the form of daily, weekly, and monthly management checks in April. We saw blank copies of these audits that were ready for use. These covered many areas such as staffing, meetings, key worker sessions, and health and safety.

Other audits were currently in place in the home, these included infection control, health and safety, and medicines. The provider also undertook their own regular audits which covered areas such as care plans, daily notes, health and safety, and staff supervisions. We saw where issues had been identified a clear action plan was in place.

Throughout our inspection the registered manager and deputy manager were open and transparent. It was clear they were motivated to make improvements and ensure the service provided was of a good quality. They sought feedback on the actions and systems they had put in place. The registered manager kept a note throughout our visit of the ideas that these discussions generated so they could take action and add these to their plan. Following our visit the registered manager sent us documents that showed they had started to put these ideas in to action. A health and social care professional we spoke with told us, "[Registered manager] is someone I can work with, you get a real sense they are trying to turn it around and to tighten up their procedures."

The registered manager had introduced a system to ensure incidents and accidents in the home were reviewed and analysed. They told us this helped them identify any patterns, assess actions taken in response, and to ensure they were reported appropriately. We reviewed some of these and confirmed that the registered manager signed off each incident and checked appropriate actions had been taken. Our own records showed the registered manager reported incidents appropriately.

The registered manager had attended a number of conferences; local health and social care meetings, and networked with other professionals to help them improve the service. For example, they had asked health and social care professionals to come and speak to staff regarding their role and share their expertise. We saw from attending one meeting regularly they had been able to volunteer the home for a pilot in managing

hoarding behaviours which would particularly benefit some people living in the home. The registered manager told us, "Networking is so valuable because it means as a manager you can have sixteen different minds available to you at any one time and that makes it better for the residents."

Staff and the relative we spoke with talked positively of the changes in the home and the improvements that had been made. The relative said, "Personally I think it's the best it's been, a lot of changes for the better." A health and social care professional told us they were, "Seeing really positive changes." They said, "There's a good team there to pull it forward." Whilst a staff member told us, "Everything runs better."

Staff told us that the management team were hands on and this helped them monitor what was happening in the home and make improvements as necessary. One staff member said, "[Registered manager] is on the floor, comes round all the time and checks on us." Another staff member said, "The management team are very understanding and acceptable. It's good to see that things are moving forward. It's good that we see [management team] on the floor and getting hands on. [Registered manager] isn't afraid to get stuck in. It's inspiring."

There was an inclusive atmosphere in the service. Throughout the days of our visit we saw people would stop in the registered manager's office, sit down and chat with them about their day or any issues they had. Staff told us the culture in the home had changed and was more positive. One said, "A year and a half ago everyone was really fed up, people are much happier. I think it's because we've got a manager that knows what they're doing." Another staff member said, "This team today is a much nicer team than there has been for a long time."

We saw there were regular meetings in place for staff and people living in the service. We reviewed the minutes of these which showed the management team discussed with people and staff what was happening in the service. They asked for ideas, listened to them, and took action. This was echoed when speaking to staff members. One staff member told us, "If you need to see [registered manager] about anything, they will try and get it sorted." A suggestions box for people to use was also available in the home and we saw the registered manager was developing feedback forms to be used with people to gain their opinions on the service provided.

Staff meeting minutes also showed that the registered manager discussed staff's roles and responsibilities. We saw that if they wanted staff to do a particular task they explained why this was important so staff had a clear understanding. The registered manager told us, "Everything we do we communicate to the staff team, if we can get them included in the system and the processes they're obviously going to have more ownership of it." A staff member we spoke with agreed. They said, "We [staff] all know what we're doing."

Everyone we spoke with was positive about the registered manager's support and leadership. A relative said, "[Registered manager] that runs it now has been the best." A member of staff told us, "[Registered manager] gives me all the support I need." A second staff member said, "I think [registered manager] is a good manager, making sure staff are alright and doing their job properly." A third staff member told us the registered manager was, "As a manager should be."