

Consensus Support Services Limited

Strawberry Fields

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Strawberry Fields is a residential care home that provides accommodation and personal care for people who have learning disabilities and some associated physical or/and sensory disabilities. There were seven people using the service at the time of inspection.

The service was a large service, bigger than most domestic style properties. It was registered to support ten people which is larger than best practice guidance. However, the provider had clear plans to amend the size of the service and create a space better suited to people's needs. This would include two self-contained flats and reducing from ten beds to seven.

People's experience of using this service:

- The outcomes for people using the service reflected the principles and values of Registering the Right Support. This document describes what the Care Quality Commission (CQC) look for to help them decide if they can allow a service that looks after people with learning disabilities, to open. Care homes should ideally be small to allow for more personalised care and part of the local community to promote inclusion. The provider must also be able to demonstrate how they will help people to stay independent and make choices about what they want to do.
- There was a new manager in post that was spending time with people on shift to understand their preferences, routines and needs. Although they had only been in post for three weeks, staff, relatives and a professional were already optimistic about this change. The service had had three managers in the last year and concerns had been raised by the local authority about how this lack of continuity was impacting on people and staff. The manager had not yet registered with the Care Quality Commission (CQC) but was planning to do this. Despite positive feedback, the manager required more time to implement and imbed changes.
- People were kept safe and we could see they felt comfortable around staff they knew well. Areas of risk had been identified and assessments told staff what these were and how risks could be managed.
- There were enough staff to meet people's needs and they had been recruited safely. Management had recognised improvement was needed to staff retention and had implemented several new initiatives.
- Due to the fact the new manager was spending time on the floor and observing people and needs, they had taken action to ensure incidents didn't happen again. This was something they planned to continue moving forward.
- We saw medicines were given, stored and managed in a safe way.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.
- Staff had received a variety of personalised training to meet the needs of people, particularly with regard to behaviours that challenged. Staff told us they felt well supported in their roles with regular supervision

and team meetings. They felt their induction had given them the skills and knowledge to understand people and their routines, which were important to them.

- People's nutritional and health care needs were met. They had continuous support from health and social care professionals to improve their well-being. This had a positive impact on their lives.
- Relatives and a professional told us staff were, "So very caring" and, "Know people extremely well." We observed relationships had been built between people and staff based on mutual trust and respect. People's privacy, dignity and independence was important to staff and promoted.
- People had their own bespoke activities timetables, based on their interests and preferences. They had choice and control over what they wanted to do each day. Staff regularly reviewed people's choices and needs to ensure they were happy with the care provided. People also had choice of who they wanted to support them each day.
- Although the manager and operations lead were fairly new, they understood the historical concerns related to the service. They told us they were "Determined to turn the service around" and had been working closely with the local authority to address concerns. A peripatetic manager was working closely with the manager to ensure they had full support during their induction. We were told they would remain at Strawberry Fields, "As long as it took for the manager to be confident."

Rating at last inspection:

At their previous inspection, Strawberry Fields were rated Requires Improvement overall. (Report published 22 June 2018) At this inspection, we found that significant improvements had been made. The service has now improved to Good overall.

Why we inspected:

The inspection was prompted in part by a series of notifications received by the provider regarding people's safety. However, the information shared with CQC indicated potential concerns about the management of risk and people's safety. This included managing incidents between people. This inspection looked at these issues to ensure people's safety.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Strawberry Fields

Detailed findings

Background to this inspection

The inspection:

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

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Inspection team:

The service was inspected on 25 March 2019 by two inspectors.

Service and service type:

Strawberry Fields is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of inspection seven people were living at Strawberry Fields.

The service did not have a manager registered with the Care Quality Commission at the time of inspection. A new manager had been in post for three weeks and had plans to register with the Care Quality Commission. One registered, this means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The service had been developed and designed in line with the principles and values that underpin Registering the Right Support guidance. This ensures that people using the service can live as full a life as possible and achieve the best outcomes. The principles reflect the need for people living with learning

disabilities or autism to live meaningful lives that include choice, control and independence. People using the service receive planned and person-centred support that is appropriate and inclusive for them.

Notice of inspection:

This was an unannounced inspection.

What we did:

Before the inspection we reviewed;

- Information we had received about the service. This included details about incidents the provider must notify us about
- Information the provider sent us in the Provider Information Return [PIR]. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make
- We spoke with the local authority regarding concerns about incidents at the service

During the inspection we reviewed;

- Staff rotas and contingency plans
- Three people's care records
- Three people's medicines records
- Three staff files, including recruitment, training and supervision records
- Records of accidents, incidents and complaints
- Audits and quality assurance reports

Due to people' complex needs, they were not always able to tell us about their experiences living at Strawberry Fields. Therefore, we observed;

- Interactions between people and staff
- Meal time experiences
- Activities
- How staff supported with behaviours that challenged
- How staff supported with medicines

We spoke with;

- Two relatives
- Four members of care staff, the peripatetic manager, manager and operations lead
- One health professional□

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- In 2018, the Strawberry Fields inspection was brought forward due to concerns from notifications we received from the provider. This involved incidents between people and the potential use of unsafe equipment. Similarly, we brought this inspection forward due to an increase in incidents between people and concerns that these were not being managed consistently. We also received concerns that there was a lack of continuity with managers, not enough staff and poor role modelling practice by senior staff.
- Although there had been an increased number of incidents regarding people, the manager and peripatetic manager were aware of these and had increased staffing levels and training to reduce this. The manager had been in post for three weeks and spent this time observing and working with people to better understand their needs and behaviours. This meant they had a good understanding of routines and patterns of anxiety. Since the manager had started at Strawberry Fields, there had been no further incidents. Investigations had been completed regarding poor role modelling practice and the staff member involved was no longer working at the service. Each incident had been managed appropriately and relevant others notified.
- Although people were not able to tell us whether they felt safe or not, we observed them to be relaxed and comfortable around staff they knew well. Relatives told us they had no reason to doubt the safety of their loved ones, particularly as, "Staff know people and risks to their safety so very well."
- Staff had received safeguarding training that was regularly reviewed. They were aware of signs of potential abuse and who to report to with any concerns. There was a whistleblowing policy that staff were all aware of. Whistleblowing is a way of an employee notifying the appropriate authorities if they feel that the organisation they work for is doing something illegal or immoral. A staff member said, "I feel passionate about the people who live here. If I felt something wasn't right I would take action immediately, without any doubt. I know who I can talk to."

Assessing risk, safety monitoring and management

- People were supported to remain safe with assessments that identified areas of risk and how this could be reduced. This included risks associated with moving and handling, health and hygiene, managing medicines and going out. Some people had assessments of risk for health conditions such as epilepsy. These assessments detailed seizures specific to the person, historical knowledge of patterns, signs the person may be unwell and actions staff should take to support.
- Other people could display behaviours that challenged when they became anxious. Robust assessments detailed the types of behaviour, how staff should respond and the importance of the persons preferences and routines to avoid anxiety. One person required a specific type of physical support from staff when they became anxious. Their challenging behaviour support plan included pictures of what this support looked

like and when it should be used.

- Staff completed health and safety checks of the building that included fire safety, equipment and water temperatures. There was a health and safety lead who ensured these checks were made at the right time and any actions completed. We viewed safety certificates from external professionals that included equipment checks and gas and electrical safety. The peripatetic manager and health and safety lead completed full safety checks twice a year. This was in addition to an external health and safety professional.
- There were good processes for managing fire safety risks. Fire alarms were tested weekly and full fire drills completed with people every month. Each drill reflected on the response of people and staff. Each person had their own Personal Emergency Evacuation Plan (PEEP). This reflected on any mobility issues, challenging behaviour, visual or hearing impairments and the person's understanding of the fire evacuation process.

Staffing and recruitment

- We viewed staff rotas and found there were enough staff to meet people's needs. Where there were vacancies, regular staff and agency staff covered shifts. The agency staff used had worked at the service regularly and knew people well.
- The manager was aware of their previous high staff turnover and had worked with remaining staff to understand reasons for this. Actions had also been taken to improve retainment of staff, for example, staff receiving a pay rise. The manager told us that they were in the process of recruiting new staff and would be recruiting more than was needed to ensure there was always enough staff to cover absences and ensure people had their needs met. We observed that people received the support they needed. Some people required 1-1 or 2-1 support and there were enough staff to provide this.
- Recruitment processes were robust. The provider had completed background checks on new staff as part of the recruitment process. This included applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings. References from previous employers were also sought regarding their work conduct and character and these were evidenced in staff files.

Using medicines safely

- People received their medicines in a safe, person-centred way. We looked at people's Medication Administration Records (MAR) and saw they received their medicines as prescribed. Medicines records identified medicines, what they were for and how people preferred to take them. We observed people being given their medicines in this way. For people that had medicines on an 'as required' basis, there were clear protocols identifying the dose, reason and how the person would demonstrate that this medicine was needed.
- There had been minimal medicines errors since the previous inspection and staff had a good understanding of actions to take should an error occur. This included seeking medical advice, reporting incidents and monitoring people's well-being.
- Staff were only allowed to give medicines when they had received training and had their competency assessed by a manager. One staff member said, "I receive regular spot checks from the peripatetic manager. I also observe staff as part of my role to ensure they have a good understanding of medicines practice and people's needs."

Preventing and controlling infection

- We found the building to be clean, tidy and well maintained. One relative said, "I have always found the environment pleasant. They also support my relative to keep their room clear and tidy."

- Staff had a good knowledge of preventing the spread of infection and had received training in infection control. We observed staff using Personal Protective Equipment (PPE) such as gloves and aprons when supporting people with personal care or when serving food.
- The manager told us that they did not have additional domestic staff and that cleaning was completed by staff and people. "There wasn't a cook or cleaner when I arrived - staff are really good with these tasks and do it together with people – I am now not planning to hire additional domestic staff. Staff are so good, it involves people and improves their skills."

Learning lessons when things go wrong

- The operations lead, peripatetic manager and manager had spent a lot of time reflecting on concerns and issues that had arisen within the last year. The manager said, "Staff retention has been a huge problem - honestly, because management kept changing as well. This is a complex client group and by no means an easy job. Staff had lost faith in management and themselves." Although the manager had only been in post three weeks, they had spent this time solely working with people and staff to better understand needs, skills and any areas for improvement. They had met with staff daily to talk about their concerns. One staff member said, "It has been amazing. It feels like they have listened to us about what went wrong and are trying to fix it. We are feeling optimistic as a team for the first time in ages."
- This process of reflection had also been applied when addressing concerns about incidents regarding people. The manager identified a need for more specific training about challenging behaviour. They had organised for a challenging behaviour specialist to complete several personalised training workshops about people, for staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

At their previous inspection, Strawberry Fields were rated requires improvement in Effective. This was because the building had not consistently been adapted to meet the needs of people. We found improvements had been made to the environment to improve experiences for people. This included soundproofing to communal areas to reduce noise and additional furniture to make areas feel more homely. All bathrooms had been refurbished and flooring in people's bedrooms replaced.

Adapting service, design, decoration to meet people's needs

- The operations lead told us that extensive work was planned to further improve the building. This included plans to reduce the numbers of beds in the service and create two studio flats to suit people's needs. A specialist interior designer for autism had spent time at the service meeting people and gaining understanding of their needs. They had then developed plans for improving the environment, which included looking at how communal spaces were used, people's preferences for design and colour. Specialist furniture to support with behaviours that challenged was going to be purchased as well as other sensory equipment to meet people's needs. The operations lead said, "The plan is to make the service feel more warm, cosy and homely. Plans are exciting and everyone is getting involved. The provider is really committed to making this happen."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. DoLS applications were made where required and regularly reviewed by management. All conditions were known by management and being met.
- We observed that people were offered choice in all aspects of their care. This included what they wanted to do, preferences for what they wanted to eat and drink. Staff had a good understanding of the balance between maintaining people's routines and respecting their choices. One staff member said, "People's

routines are important to them because they make them feel safe. However, just because their activities plan says they should be doing something, doesn't mean they don't have the right to refuse." We saw an example of this for one person who was scheduled to go out. The person was clear in their choice to stay at the service and staff respected this by suggesting other activities they could do inside instead. We observed pictures and objects of reference being used to support people in their decision making.

- For people that were unable to make decisions about aspects of their care, there were decision specific mental capacity assessments. These included conversations had with the person, how they had been communicated with, how decisions about their capacity were reached and views of others such as relatives or professionals. Assessments also included ways that staff should support people to make decisions about their care.
- Some people had referrals made to an advocacy service. This service provides a means of support to people that may not have others to aid decision making. One person received a visit from an advocate during the inspection. Information about advocacy services was available in an easy read format for people to improve their understanding.

Staff support: induction, training, skills and experience

- Although people could not talk to us about staff training, we saw that staff had a good understanding of them and their needs. Relatives were confident that staff had the skills and experience to meet people's needs. One relative said, "Staff have a very good understanding of autism and challenging behaviour. They know my relative very well and how to support them when they become anxious." Another relative said, "My relative can display very challenging behaviour but know manage this very well."
- The peripatetic manager had identified that training was an area of improvement and worked with staff to ensure this was reviewed. Training such as safeguarding, mental capacity, health and safety, infection control, food hygiene and medicines management had been reviewed. Staff had received more specialised training in autism, Makaton (a form of sign language) and epilepsy to meet the specific needs of people. A positive behaviour specialist had also completed several personalised workshops to ensure all staff had the skills to manage specific behaviours when they occurred. A staff member said, "These workshops are really bespoke and so useful. Everyone that lives here is different so a 'one size fits all' training session on challenging behaviour would never work. The workshops mean we can be personalised in our approach."
- Staff were positive about their induction into the service, which included understanding their role and the service. Staff were provided with two weeks of shadowing opportunity, where they could watch experienced staff and get to know people's routines and preferences. We observed a new staff member shadowing staff with a person and also reading their care plan. The experienced staff member took time to explain the person's preferences and ensure they were comfortable with the new staff member being there.
- Staff told us they were receiving monthly supervisions with the peripatetic manager until the manager was more settled in their role. One staff member said, "It is an opportunity for me to suggest things or to complain if I need to." Another said, "Although they are monthly, I can request a supervision whenever I need one. I have opportunity to raise issues, I like to have a plan of what we're doing."

Supporting people to eat and drink enough to maintain a balanced diet

- We observed that people had choice and control over what they wanted to eat and drink on a daily basis. People had chosen meal options from a variety of pictures and these choices had been used to formulate a six-week menu. Pictures of the menu and alternatives were displayed on a notice board in the dining room for people to see. We also observed staff leading people into the kitchen to choose from a variety of drinks.
- One person had specific support needs with eating to reduce the risk of choking. This included staff remaining with them at all times, encouraging smaller mouthfuls and regular drinking. We observed this

support to be provided at meal times. Other people had support from the speech and language team (SALT) regarding eating and drinking. Staff were aware of this guidance and followed it.

- People were supported to choose and prepare their own food and drink at a time of their choice. We observed staff regularly offering and supporting people to stay hydrated.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had regular input from health and social care professionals to improve their wellbeing. This included input from learning disability nurses, GP's, challenging behaviour specialists, health professionals for specific conditions, physiotherapists and the speech and language team.

- A relative told us that their loved one's wellbeing had improved significantly since moving into Strawberry Fields. "Before here, my relative was stressed and underweight – They have gained weight since being there and their overall health is much better. I am very impressed with how they have improved leaps and bounds - their behaviour and level of confidence especially. Their general persona also – they are much more engaging and a lot calmer."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Although people couldn't tell us about their relationships with staff, we observed that they were comfortable and relaxed around staff that knew them well. One person was smiling and going around to staff, pressing their face into their hair. We were told this was a sign that they liked them. Another person had a set of toys that were very important to them and took everywhere with them. They were smiling and allowing staff to touch these toys when engaging with them. We saw other positive interactions that demonstrated strong relationships had been built between people and staff. One person was pretending to chase a staff member in their wheelchair and staff engaged by pretending to be scared and running away, which made the person laugh. Other people were initiating high fives or 'fist bumps' with staff when greeting them.
- Relatives were complimentary of staff and their caring approach. One relative said, "My relative has built good relationships with staff – their key worker is fab – they been there since day one and knows my relative very well." Another said, "I am really happy with the quality of staff at Strawberry Fields. My relative is finally settled and happy - everyone is comfortable and there is a nice atmosphere." A professional agreed about the caring nature of staff. "Staff are good with people - they defuse situations and know people well. The staff that have been there a long time are fantastic. I always look forward to going there as it's a lovely service."
- One person was repetitive in asking the same questions but staff were patient, kind and consistent in their responses. They took time to explain timescales and why things weren't happening straight away and this helped the person to be calm.
- Staff had a good understanding of equality and diversity and had all received training in this area. Staff all knew people's preferences and responded to behaviours that challenged in a personalised way. One staff member said, "If people have similar interests, we don't assume they want to do things together. For example, two people love swimming, but we always ask if they are happy to go together before we arrange the activity."

Supporting people to express their views and be involved in making decisions about their care

- People were consistently asked for their views and involved with decisions about their care. For example, due to anxiety, one person had a set team of staff that worked with them on a 1-1 basis. The person was asked who they wanted to be a part of their support team. Every evening they were told who would be working the following day and asked who they would like to support them. The rota was then changed to reflect this decision and the staff member allocated to work with them.
- People had monthly meetings with their keyworkers where they reflected on what had gone well and any

short or long-term goals. They were asked what activities they wanted to engage in and their support needs reviewed.

Respecting and promoting people's privacy, dignity and independence

- Staff gave us examples of how they supported people with privacy and dignity. This included talking to them in their preferred way, ensuring they had privacy during personal care and being discreet with support needs. We observed staff to speak to people in a dignified way, using their preferred names. Staff had also completed confidentiality training and had a good understanding of sharing information on a need to know basis. We observed staff closing the door to the office when discussing people's needs so that no-one else could overhear. People's documentation was kept locked in a filing cabinet in the office that only staff could access.
- Staff associated dignity with understanding people, their preferences and needs and making sure these were met. For example, one person had been supported to move into a larger bedroom. Staff had recognised that this could cause some anxiety and so did this over a period of time. They explained to the person why this would be of benefit to them and decorated the room to the person's preferences. The move had gone well and the person's relatives were very pleased at how smooth the transition had been.
- People's independence was encouraged and promoted. Since the cook and cleaner had left the service, staff had been completing these tasks with people and this had increased their skills. One staff member told us that a person was now taking their own laundry and loading it into the washing machine with guidance which was a huge achievement. We observed another person going with staff to the kitchen to make their own lunch and drink. Pictorial labels had been attached to cupboards and drawers in the kitchen to remind people where things were and to improve their independence. Another person mobilised independently and staff were patient, not rushing the person and praising them often.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

At their previous inspection, Strawberry Fields were rated requires improvement in Responsive. This was because staff did not always respond to people in a person-centred way nor in line with their communication needs. Improvements were needed with regard to communication tools to meet best practice guidance. We asked the provider to take action to make improvements and this action has been completed.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- From August 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.
- At this inspection, improvements had been made to people's documentation to ensure communication needs could be met. Menus were pictorial, which ensured people could see what was on offer and choose what they wanted. We observed staff using these pictures and objects of reference to communicate with people and seek their decisions. Monthly review documentation had also been reviewed to include pictures and simple language. This meant that people could be more involved with their reviews. Their responses and views had been documented as part of the process and staff reflected that having this easy read form helped when communicating with people.
- Staff had a good understanding of people's communication needs and were consistent in their approach. A relative confirmed this, telling us, "Staff are very good, they are always there, they listen and understand my relative. They are non-verbal but staff recognise their behaviours and facial expressions. Staff understand what they want and when."
- We observed staff to be responsive to people when they became anxious. One person began shouting and staff were calm, kind and discreet. They followed guidelines from the person's care plan, which included going outside, offering reassurance to help the person feel calm and introducing a second member of staff. This resulted in the person feeling less anxious quickly.
- People's preferences and support needs were regularly reviewed. Pre-admission assessments were completed with each person before they moved in which identified their support needs, preferences and wishes. These were then used to implement a robust care plan which included routines, impact of autism and detailed positive behaviour support plans. People had easy read documentation such as one-page profiles. This included headings for, 'what people appreciate about me', 'what is important to me', 'how best to support me' and, 'things you need to know about me.' There was also an assessment on managing emotions. This included information on non-verbal communication such as how staff would know a person was happy or sad and how to support them.
- People were involved in activities that promoted their health and social well-being. Each person had their

own personalised timetable that included activities such as swimming, horse riding, shopping, pub lunches, music and sensory sessions. Activities reflected people's interests such as plane spotting or cooking. On the day of inspection, people went out for a picnic and bowling. An aromatherapist visited regularly to support people in managing their anxiety. Staff had recently completed rebound therapy training, which involved a 2-day course in exercises and activities to do on a trampoline. We were told that people had really enjoyed this activity. We observed that people were offered activities in line with their timetables but if they didn't want to do this, staff respected their decision and offered alternatives.

Improving care quality in response to complaints or concerns

- There was a good system for managing concerns and ensuring they were responded to quickly and efficiently.
- Although no official complaints had been received within the last year, the management team documented any smaller concerns and actions taken to improve.
- Relatives told us they were aware of the complaints process and would have no issues raising concerns with either key-workers or management. One relative had raised concerns previously and told us these had been addressed quickly and professionally.
- Easy read documentation had been implemented to support people to complain. Staff advised that they asked people regularly if they were happy with the service and would support them to complete the complaints form if required.

End of life care and support

- No-one was receiving end of life care at the time of inspection. People living at the service were young, with no life-threatening health conditions. The manager told us that if anyone's needs changed, they would work with the relatives, local authority and health professionals to ensure they received the right care. They were aware of easy read documentation to support people with making decisions about end of life care, should it be required.
- Some conversations had been had with relatives about people and their end of life wishes. Where relatives had expressed they didn't wish to discuss this support, this had been documented in people's care plans. One relative had been happy to discuss this and provided information about wills and funeral preferences.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At their previous inspection, Strawberry Fields were rated requires improvement in Well-led. This was because concerns we had found regarding people's communication needs and the environment had either not been picked up on or fully actioned. There was also a very new manager who needed more time to implement and imbed changes. We had brought forward the inspection due to concerns raised by the local authority and an increase in incidents between people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- During this inspection we found a lot of improvements had been made to concerns we raised at the previous inspection. This related to communication tools and the environment. However, similarly to the previous inspection, we had received numerous concerns from the local authority about a lack of consistency in management and incidents between people. This caused us to bring this inspection forward also. We found that incidents had been managed well and that people were safe. However, the service had had three different managers since the previous inspection. We found a similar situation in that there was a brand-new manager in post. They had only been at the service for three weeks and had not registered with us yet.
- Although feedback regarding the new manager was very positive, we raised concerns that inconsistent management has been an on-going issue with this service and this had previously impacted on people and staff morale. Staff, relatives and a professional all commented that manager turnover had been a challenge and they were hopeful this could be resolved. Since the previous inspection we could see that the service had improved. However due to the continuous changes in management and the new manager only being in post a short amount of time, more time was needed to imbed and sustain changes and reassure professionals, staff and relatives that a consistent manager was in post.
- The new manager had vast experience of the provider from their previous role at operations level. They told us they were the manager of Strawberry Fields approximately ten years ago, were excited to be back and, "Here for the duration." As a result of their previous manager role, they were known by some staff, a professional and relatives as well as the local authority, who all fed back that they were pleased the manager had returned.
- Relatives expressed concerns that there had been a lot of changes to management at Strawberry Fields but were happy that the manager had returned. One relative said, "I am so pleased they are there again as they were very good before." Another said, "I have heard of the manager before and that they were good. I

hope this means consistency of management will now improve."

- A professional said, "There have been lots of changes to management but I really feel that this service is turning a corner. I am delighted that the manager is back - it was a fabulous service when they were here before. They are good with staff and residents. They're extremely committed and professional. They will turn it around as they are fantastic."
- Staff told us that the manager had spent the three weeks in post on the floor with them, getting to know people and listening to their concerns. One staff member said, "The new manager is new but seems very good, always out observing, very hands on. They are being supported by the peripatetic manager who is also very supportive." Another staff member said, "The new manager has taken time to listen to us and as a team, we feel very positive for the future." The manager said, "I want to reassure staff that they are doing it right - they have not had stable management and as a result, have lacked confidence. They had never been told they were doing things well and this has a huge impact on feeling valued."
- To increase staff feeling valued and improve staff retention, several incentives were being introduced. This included a Strawberry Fields 'staff member of the month' and a provider 'team of the quarter', where staff would be rewarded for good practice. All staff had received a pay rise and an additional scheme for supporting with driving lessons had been implemented.
- The manager was being supported in their new role by a peripatetic manager and a new operations lead, both of which had recognised the previous consistency issues. The operations lead said, "The peripatetic manager will be around as long as is needed. They are completing auditing and processes at the moment to give the manager time to get to know people and staff. It will be a slow, thorough induction and take as long as it takes."
- There was good oversight of the service with a robust quality assurance process completed each month by the peripatetic manager. This included reviewing people's documents, staff files, complaints, incidents and health and safety. Senior management then reviewed this information and discussed it with management during supervisions. We saw that areas of improvement had been identified and actions taken immediately to rectify them. For example, during a health and safety audit, it had been identified that data sheets for substances that could be hazardous to people's health, required reviewing. These had been actioned immediately.
- The manager, peripatetic manager and operations lead had a good understanding of their responsibilities under the duty of candour. This guidance is about being open and transparent with people or those involved with their care, when things go wrong. We saw that when incidents occurred, immediate action was taken to reduce reoccurrence and notify relatives. A relative confirmed, "They are always very good at contacting us when things change or something has happened."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were asked to complete feedback forms for their views of the service and staff. These were available in an easy read format and staff had documented people's responses to questions. Staff had also completed feedback forms and the results were in the process of being analysed and responded to. Audits of the service had identified that feedback forms for relatives and professionals had not been sought since the previous inspection. The peripatetic manager was aware of this and was in the process of sending these out. They said, "I think with all the changes to management, this area has slipped. But we are well aware and new forms have arrived today so we will send them out as soon as possible."
- Staff us they were involved with monthly meetings where they discussed people and their support needs or any concerns. Meeting minutes demonstrated that policies and procedures, training and quality audits were also reflected on so that staff remained up to date with any changes.

- The operations lead told us that a part of their continuous learning was listening to staff and making changes to improve. They said, "Communication is always an area to improve, particularly the gap between management and staff." Staff said that newsletters received from the provider helped to bridge this gap. There was an 'In-focus' weekly newsletter that looked at legislation, CQC inspections, training and general changes to care. There was also a six weekly, 'All together now' newsletter that all homes from the same provider contributed to, with stories from the director and from people.
- The management team understood the importance to working with the community to enhance people's lives. They were in the process of getting a community theatre group to come in and work with people. They also advised they had been building relationships with owners from local shops to develop their understanding of people. The peripatetic manager said, "The local shop owner knows people and their behaviours well - he has also learned some Makaton signs so he can communicate with people. This has improved his and people's confidence."
- The new manager had already met with the local authority to talk about areas for improvement and how they can move the service forward. The manager said, "I will continue to meet and work with professionals to improve areas of concern. Working together is the key and opening up discussions with everyone involved."