

## Parkcare Homes (No.2) Limited

# Melling Acres

### Inspection report

Giddygate Lane,  
Melling,  
Liverpool.  
L31 1AQ.

Tel: 0151 549 2100

Website: [www.craegmoor.co.uk](http://www.craegmoor.co.uk)

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#### Ratings

### Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



#### Overall summary

This unannounced inspection was conducted on 14 July 2015.

Melling Acres is a residential service with step-down facilities for people with high level care and support needs. The location provides assessment and specialist support for up to 16 adults and young people with profound, severe and moderate learning disabilities or autistic spectrum conditions, who may also present severe challenging behaviours. The service accepts people who have an associated mental health need in addition to their learning disability. The service offers

positive behavioural supports to enable people through residential to community living to empower, encourage and develop their self-esteem. The accommodation is located in a rural location of Melling. It is set in three acres of private gardens and woodlands. It is situated two miles from the towns of Kirkby and Maghull.

The location includes three distinct facilities:

- Melling House – all male service that supports up to seven adults with challenging behaviour. Each person has a bespoke 1:1 care package

# Summary of findings

- Melling Lodge – supports up to four people who display challenging behaviour and varying mental health needs. Each person has a bespoke 1:1 care package
- Melling Mews – self-contained apartment style cottages for six people who are supported to live more independently. Each person has a bespoke 1:1 care package

At the time of inspection 12 people were using the service.

A registered manager was 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.

There were sufficient numbers of staff available to meet the commissioned hours for each person living at the home. There was an extensive programme of staff training available, which included general health, social care and specialist topics relevant to the needs of the people using the service. Staff were recruited subject to satisfactory references and appropriate checks being completed.

People were not always protected from the risks associated with fire. Three fire door closures were disengaged at various points throughout the inspection. This was rectified on the third occasion. The registered manager and the deputy manager acted quickly to request a more permanent solution to this issue.

People using the service did not always receive their one-to-one support. On two occasions we saw people without their designated one-to-one staff in the vicinity. This was addressed as soon as it was reported to the manager. Other people were engaged in individual activities with staff.

Systems were in place for people using the service and staff to raise concerns. Evidence of appropriate and timely responses to issues raised was provided.

The service had a system for the ordering, storage, administration and disposal of medication and had appointed a dedicated member of staff to conduct regular audits and checks.

Applications to deprive people of their liberty under the Mental Capacity Act (2005) had been submitted to the Local Authority. Some people had a deprivation of liberty safeguard (DoLS) plan in place. Staff sought people's consent before providing routine support or care.

Individual dietary requirements were met through the production of personalised menus and involving people in shopping for ingredients. This was documented in care files. One person told us, "I go with a staff member for shopping and to get food". Another person told us, "I like my packed lunches. I have a choice of food and drinks".

People had access to a range of primary health care and specialist services, such as; GPs, dentists and mental health teams.

People were supported with dignity and respect throughout the inspection. Staff demonstrated awareness of the needs of the people and interacted with them in a professional, caring and courteous manner. Each person had a nominated key-worker.

Each person was supported to be as independent as possible through a process of positive risk taking. Appropriately detailed risk-assessments supported this process.

People had private space within the service and staff were respectful of this when engaging with them.

Relatives and friends were free to visit the service without any obvious restriction.

Systems were in place to encourage people to discuss any concerns with staff. Changes to care plans demonstrated that the provider had responded to people's preferences and changing needs.

The provider shared documents which demonstrated that they had listened to and acted on concerns and complaints. There were systems in place to engage with people using accessible communication.

The accommodation was decorated and furnished to a high standard. People had chosen to decorate some areas according to their personal preference. Shared areas were bright, clean and uncluttered.

The provider had appointed an activities coordinator who had successfully developed a range of individual and

# Summary of findings

group activities for people to access. One person told us that, “I love football. I’m looking forward to going to matches with my staff when the new season starts. I’m also looking at going to college next year”.

The service had supported people to move-on to alternative provision but the registered manager acknowledged that two other people lived at the home required an alternative model of support.

Staff and managers engaged with the inspection team throughout the day. Conversations were open and transparent. Staff noted the recent improvements within

the service. In response to concerns raised about management style and approach, the registered manager told us that he had addressed staff performance in accordance with company procedure and was determined to improve quality across the service.

The service had systems in place to monitor and support quality assurance. The registered manager had taken-up duties within another service in the provider group. His deputy had been appointed as the new manager. On the day of inspection another manager was in attendance at the service to support the deputy during the transition.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

People were exposed to an increased risk of fire because fire door closure mechanisms had been disabled at various points throughout the inspection.

Assessments and support plans promoted positive risk taking.

The service had systems for checking the safety of recruitment, administration of medicines, equipment and the buildings.

Staffing levels were appropriate to meet the needs of the people living at the home and their commissioned hours. Staff were trained in adult protection and safeguarding procedures.

Requires improvement



### Is the service effective?

The service was effective.

Staff received training, supervision and appraisal to meet the needs of people living at the home.

Information was available to staff to inform the provision of care and support and consent was sought.

People's health was supported by access to primary health services.

People were supported to ensure their nutritional needs were met.

Good



### Is the service caring?

The service was caring.

Staff demonstrated understanding of the people using the service and their support needs.

Staff spoke to people in a manner which promoted dignity, respect and autonomy.

People were supported to access advocacy services and maintain contact with their families and social workers.

Good



### Is the service responsive?

The service was responsive.

People's independence was promoted through person-centred approaches, positive risk-taking and regular reviews.

The provider had recruited an activities coordinator who had developed a range of individual and group activities for people.

The provider had systems in place to deal with feedback and complaints.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

The provider had systems in place to drive improvements in service quality and individual outcomes.

The provider had systems in place to communicate with service users, staff and other stakeholders.

Good



# Melling Acres

## Detailed findings

### Background to this inspection

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

The inspection took place on 14 July 2015 and was unannounced.

Two adult social care inspectors, a specialist in supporting people with complex and challenging behaviours and an expert by experience with an understanding of the needs of people with learning disabilities undertook this 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held

about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We observed care and support and spoke with people living at the home and their staff. We also spent time looking at records, including four care records, six staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service. We contacted social care professionals who have involvement with the service to ask for their views.

On the day of our inspection we spoke with six people living at the home. We also spoke to two relatives on the telephone. We spoke with the provider, the registered manager, the regional manager, the deputy manager and four other staff. Our opportunities to speak to people living in the home and staff were limited because the majority of them were engaged in activities away from the home on the day of the inspection.

# Is the service safe?

## Our findings

Due to their complex needs, all of the people living at the home received a minimum of one-to-one staff support throughout the day and evening. One person living at the home told us, “There are always enough staff here.” Due to complex communication needs very few people were able to verbally share their views on the safety of the service. One resident told us, “[I] do feel safe and get on with them [other residents] all.” Another resident told us that he, “Feels safe and is treated with dignity and respect.”

We observed that two people were asleep in lounge areas and their allocated member of staff was not in the vicinity. This meant if they awoke and became upset or distressed then their allocated member of staff was not available to support them and diffuse any potentially unsafe situations. We highlighted this to the manager and staff were quickly returned so they were available to support the person. Throughout the remainder of the visit we saw people with an allocated member of the staff team. A relative said, “I am happy, I like the staff, but it’s a shame that the staff change so much. My son went to hospital with a member of staff who did not understand him as well as the usual staff which caused some problems”. The provider told us that staff turnover for the previous 12 months was 2.99%.

People were not fully protected from the risks associated with an outbreak of fire. Three closure devices on designated fire doors had been disabled. One of the doors connected the kitchen in the main building with a shared lounge. A fire door connecting a lounge with the main corridor was found to be ill-fitting and did not close completely. A member of staff told us that both staff and people living at the home were responsible for disabling the mechanisms and had been asked not to do this but the practice had continued. We observed a person living at the home disabling a closure device. The manager was unaware of the issue. This was reported to care staff on two separate occasions during the inspection. On the third occasion the matter was reported to the registered manager. He instructed immediate repairs and remedial action to restore the functionality of the doors identified. The registered manager informed us that the closure devices would be assessed and replaced with alternatives where appropriate and provided evidence that he had

passed a request to the relevant department before the end of the inspection. The manager told us that a system of checks had been introduced until the remedial work had been completed.

Individual personal emergency evacuation plans (PEEPS) were in place for each person living at the home.

People were protected from bullying, harassment and avoidable harm. Staff understood the care and support needs of the people living at the home. Staff were trained in adult safeguarding procedures. When questioned they demonstrated an understanding of the types of potential abuse and what they should do if they suspected that abuse was occurring. Staff were trained in whistle-blowing. Whistle-blowing is the act of registering concern about a service internally or with an external organisation. This can be done anonymously if the person prefers. Staff demonstrated an understanding of whistle-blowing and when to use it. One member of staff told us, “I speak up more. Management has been supportive, but I know what to do.”

Staff were trained in techniques which minimised risk within the service and the community caused by behaviours that challenge or may be unsafe. Staff told us that the training was focused on de-escalation and reducing the need for physical intervention. This was achieved by knowing the person and their behaviours well and identifying early signs that the person was becoming anxious or distressed. Staff were also trained in accredited physical intervention techniques for situations where a person was presenting risk to their own or other people’s safety.

We noted from the care records we looked at that the risks associated with each person and their activities were identified and plans were in place to promote their safety. We could see from the records that people were involved in the decision-making process regarding their risks. One relative told us about a person who, “easily gets into trouble”. They told us that Melling Acres continues to support them to access the community and engage in activities.

Incidents were recorded and analysed to inform changes in care and support. One example provided related to a series of incidents which occurred with one person in the same setting. Analysis identified that the person did not have any structured activity at a specific point in the day. Their

## Is the service safe?

activities were re-assessed and a new plan introduced. The incidents stopped following the introduction of the changes. This showed that incident reports were being analysed to identify themes, which were then acted upon.

Systems were in place for people living at the home and staff to raise concerns. One person reported that he had been assaulted by another person living at the home. The manager was aware of the incident and demonstrated that appropriate action had been taken to reduce the risk of a reoccurrence. One relative told us, “There is no cruel treatment at Melling Acres”.

Staff were recruited through a robust process which required a minimum of two satisfactory references and a Disclosure and Barring Service (DBS) check at the appointment stage. A DBS check is a process for establishing if employees have a criminal record or have exhibited behaviours which may make them unsuited to work with vulnerable people. There was a policy and process in place for staff to disclose if their DBS status changed during their employment. Details were held on a central database which issued reminders to the registered manager to check annually.

We looked at how medicines were managed. The provider had a system for the storage, administration and disposal of medication. Records and checks on stock levels were completed at the end of each shift. A comprehensive audit was completed monthly. Individual arrangements for the administration of medication were supported by plans and staff were assessed for competency before being authorised to administer medication. The service had appointed a dedicated member of staff to manage the storage and administration of medication. Systems were in place for safe storage and the management of controlled drugs. The British National Formulary (BNF) in the medication room was dated March 2014 to September 2014. The BNF is a nationally recognised medication reference that is updated every six months. The provider told us that the latest version of the BNF would be purchased.

Where errors had occurred, appropriate action had been taken to re-train and re-assess before staff were authorised to administer medication again. The errors identified related primarily to a failure to sign the MAR sheets. We asked the registered manager about the history of

medication errors reported by the service. He told us about the introduction of a more rigorous checking system and a reduction in the number of staff authorised to administer medication. He told us that there was now one member of staff to oversee and check medicines. We spoke to this member of staff and examined the storage facilities. We also examined the records and audit process records for administration of medication. It was identified that the new systems, included the requirement for a handover between staff and had generated a significant reduction in errors. A person was identified as requiring covert medication. This was agreed with their GP, pharmacist and written into their care plan. Staff had not actually needed to give the medicine covertly as the person had been agreeable to taking it. The agreement remained in place because the person had fluctuating capacity and there was a concern that they would not take their medication if their health deteriorated.

The provider employed a full-time person with responsibilities for maintenance and safety. In addition to basic maintenance of environments and equipment, he held responsibility for testing of portable electrical equipment, alarm systems and emergency lighting. These systems were subject to regular checks and records were maintained. Fire evacuations were conducted every six months. The last evacuation was recorded on 16 June 2015.

We looked around the home and it was clean and uncluttered. Suitable equipment and materials were available to staff for the management of infection control. Colour-coded equipment was in place to minimise the risk of cross-infection. Staff were observed using this equipment correctly. We found that some paper-towel dispensers were empty. Staff advised us that the paper towels were stored elsewhere but available as required. This arrangement was in place because one of the people living at the home had repeatedly removed the paper towels from the dispensers. There was a strong and unpleasant odour outside the bedroom of one of the people living at the home. The registered manager was aware of this and they were looking at various ways to minimise the odour including a rigorous cleaning regime. The service was subject to an infection control audit by Sefton Environment Health Team in February 2015. They awarded the home a score of 99.8%.



# Is the service effective?

## Our findings

Preferences for food and special dietary requirements were documented. These were complimented by support plans for the preparation of food where appropriate. We did not have an opportunity to observe people preparing their own food. Kitchens were accessible to people living in the home and individual storage facilities for food were in place in the main building. One person told us, “I go with a staff member for shopping and to get food”. Another person told us, “I like my packed lunches. I have a choice of food and drinks”. One person who lived at the service was at risk of malnutrition and dehydration because of their mental health condition. We saw evidence that the provider had engaged with specialist support and had developed and implemented a plan to minimise risk in this area. The person’s weight was monitored and staff were observed to encourage the person to eat and drink. The person was encouraged to drink tea and coffee by making it a social activity where they could spend time with the registered manager.

Staff were required to complete an extensive programme of training. This was a mix of e-learning and face-to-face sessions. Records were maintained on a central database. The system was unable to report fully on staff qualifications but the management team provided evidence that all staff were suitably qualified. PROACT-SCIPr-UK training was recorded on 2 and 3 of June 2015. PROACT-SCIPr-UK training equips staff to identify and support with behaviour that challenges in a manner that promotes safety, dignity and respect for people and staff. The content of the training was detailed and took account of UK law with a large section on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA 2005 is a piece of legislation which covers England and Wales. It provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. DoLS is part of the MCA and provides legal protection for vulnerable people who are, or may become, deprived of their liberty in a hospital or care home. The training had a focus on positive risk taking and de-escalation techniques. A member of staff reported that the training was, “Very good and informative.”

Staff performance was addressed through supervision, annual appraisal and disciplinary procedures. One member of staff confirmed that they had received their annual appraisal, but said that they had only received formal supervision once in 2015. The staff files and that we saw recorded that regular supervision sessions and annual appraisals were conducted in addition to team meetings.

Staff demonstrated a good understanding of the needs of the people they supported and they made a significant contribution to the development and review of care and support plans. Detailed daily records were maintained to ensure that care and support plans were delivered by staff and to record any changes or other important information about the person.

Two people were on standard DoLS authorisations. Others were subject to an urgent authorisation. Applications had been submitted for each person living at the home because of the security arrangements in place throughout each building. These arrangements included the requirement for the use of swipe cards and key-codes on some doors. Some people had fobs to allow them free access throughout the main building. This practice was supported by individual risk assessments. DoLS was referenced in care plans with a good level of detail provided. The plans were accessible to staff and provided clear explanations of the reasons why each person had a DoLS in place.

We observed from the care files we looked at that mental capacity assessments had been completed relevant to each person’s needs. These included assessments in relation to road safety, behaviours in the community and food restrictions. Assessments were accompanied by best-interest documentation outlining how decisions had been reached.

Pre-admission assessments were detailed and included medical histories. There was evidence that further assessments were undertaken following admission. There was evidence in the care files that people had regular access to primary health care services including, GP’s, dentists, mental health services and speech and language therapy. Each of the files we looked at contained a health action plan.

# Is the service caring?

## Our findings

### Our findings

All of the staff and managers we spoke with during the inspection demonstrated a detailed knowledge of the people living at the home, their needs, wishes and preferences. We observed staff engaging with people in a manner which promoted their dignity and demonstrated respect throughout the inspection. We saw one member of staff discussing alternatives for breakfast with a person who lived at the home. The person was encouraged to make a choice, but was reluctant to engage with the staff member. The member of staff told us that the person, “Liked a full-English.” They then told the person what they would be doing and prepared a cooked breakfast. We heard staff encouraging and supporting people to make their own decisions throughout the inspection. One person who lived at the home told us, “I get on with my staff team”. People told us that staff treated them with kindness and in a way that they liked to be treated. Another person who lived at the home told us, “I am treated with dignity and respect.”

There was evidence that people living at the home were engaged at a local, regional and national level and this was supported by minutes of monthly meetings. The minutes contained information about activities, events and the provider. They included feedback from issues raised at previous meetings. The provider used a range of formats to

communicate information including; written reports, photographs and symbols. Each person had their own communication plan that explained the most effective way to communicate with them.

A key-worker system was in place and monthly meetings are held with people to discuss their satisfaction with the service. A key-worker is a member of staff who ensures that care and support is delivered in accordance with the person’s plan and updates the plan when necessary. The recording of key-worker meetings was inconsistent. Some were held monthly, but others were held less frequently.

Difficulty accessing independent advocacy services was identified as a concern during a discussion with the registered manager. He explained that the local authority had been in the process of re-negotiating the contract and that this may have caused delays in accessing advocacy services for those who required them. One person told us, “I have heard of advocacy. I have been waiting four months to see one”. The registered manager told us how the staff team had supported people to keep in contact with advocacy services and to speak to their social workers. Evidence of this was provided in care records.

People were seen to have varying degrees of autonomy and access depending on their needs and associated risk assessments. People’s right to privacy and confidentiality was managed discretely within shared environments. There was no restriction on the number of visitors or visiting times identified and suitable spaces were readily available to meet with family and friends.

# Is the service responsive?

## Our findings

We spoke to the registered manager regarding the mix of people living at the home and its suitability to meet their needs. It was identified at the previous inspection in 2014 that two of the people were not suited to live there but neither had moved on. The registered manager told us that the service was supporting them to identify alternative accommodation and support. He told us that, “Melling Acres is not a home for life”. One of the people who lived at the home had written letters of complaint to the registered manager and other staff. Staff had supported the person to make applications to move. The registered manager told us and provided information to confirm that they had discussed the need for some people to transfer to alternative services with their social workers. Transitional arrangements were in place in order to facilitate a move for one of the people to supported living. Feedback on the service was positive but two people told us that they were looking to move-on to more suitable accommodation.

People were being supported to develop independence skills in preparation for moving-on. This process was fully risk-assessed and subject to regular review. The registered manager said that the number of people placed from other parts of the country limited the availability of social worker input for some people. He said that this may have been a contributing factor in the length of stay for those people.

The majority of people living at the home that we spoke to expressed their satisfaction with the care and support received. One of the two relatives we spoke with told us that the service was not suited to their daughter’s needs because, “It’s not a specialist unit. Her mental health is the issue here.” They said, “It’s not suitable where she is, but no one has any better ideas”. The provider showed us recent correspondence which demonstrated that they were supporting the person to move-on to alternative services and were positive that this would happen.

Care and support was personalised to the needs of each person and informed by person-centred planning. People’s one-to-one support was utilised to deliver individualised care and activities. There was also evidence of group activity. Each person received one-to one staffing for fourteen hours per day. Some people received two-to-one staffing for specific activities.

A person expressed mixed views about whether they wished to be supported by male staff so it was unclear how important the gender of the staff was to them. We noted from the care records that people were not consulted about their preferred gender for staff support. The registered manager said that this would be taken into consideration when reviewing people’s care with them.

People’s signatures were missing from documentation even where the person was deemed to have capacity. For example, the individual risk assessment had a section to record the person’s views. However, in all the care files we looked at that section was populated with a standard statement that said, ‘This risk assessment will be shared with family members and professionals during reviews or if the risk changes’.

People had decorated their bedrooms and homes to their own taste. Shared areas were bright, modern, clean and homely. One person had decorated his bedroom in red in support of his favourite football team. He did this semi-independently with limited staff support.

The rural location of the service meant that use of a vehicle was required for some people to access the local community and facilities. For those who did not have their own vehicle, minibuses were available. On the day of the inspection two minibuses were used to transport people to community-based activities. The service had introduced an activities coordinator to improve the options available to people and promote their independence. People had been involved in the design of individual and group activities. The people that spoke to us reported that they enjoyed the activities on offer. These include; biking sessions, art classes, cookery, walks, shopping, swimming and cinema trips. They were available to access individually or as part of a larger group. The use of commissioned hours was planned to promote access to activities and subject to regular review.

One service user told us, “It’s nicer here. You get to do activities. It is way better than the last place I stayed in”. Another person told us, “I love football. I’m looking forward to going to matches with my staff when the new season starts. I’m also looking at going to college next year”. People also told us that they were free to get up and go to bed when they wanted and were not forced to do anything that they didn’t want to.

## Is the service responsive?

‘Have Your Say’ was provided as evidence of further engagement. ‘Have Your Say’ is a questionnaire that is sent to people each year. It provides a way for people to tell the registered manager what is working well and what needs improvement. This was available in a range of formats including; plain text, text with symbols and text with pictures. We were not provided with evidence to confirm what had been done with the surveys or what impact they have had on the service.

Compared to national statistics gathered by CQC there were a higher number of complaints received for a service of this size than would be expected. The provider told us

that a large number of the complaints were from one person using the service. They told us that the complaints related to the person’s wish to move to an alternative service and their fluctuating mental health. Evidence from the complaints file indicated that they were dealt with within a reasonable timescale and that the outcome was communicated to the complainant in each case. There was no evidence of unresolved complaints in the evidence presented. A relative we spoke with told us, “I have no complaints”. One person who lived at the home told us, “I get on with my staff, but I would tell the manager if I wasn’t happy”.

# Is the service well-led?

## Our findings

People living at the home engaged readily with the registered manager and the deputy manager. They clearly felt comfortable to approach them and were treated with dignity and respect when they did so. One person told us, “I like the bosses here”.

The registered manager was also managing another service within the provider group and told us they would be leaving Melling Acres in the near future. The registered manager was spending time at the home preparing the newly identified manager for the role of registered manager. Plans were in place for the new manager to apply to CQC to register as manager once this transition had taken place. On the day of inspection a regional manager was present. When we asked, she told us that she was there to support the new manager during his transition.

Incidents were properly analysed and care and support was reviewed as a result. For example, the registered manager had noted an increase in incidents for one person. He had carried out an analysis, including looking at the staff who were on duty at the time of the incidents. An emerging theme had been identified and the registered manager had put strategies in place to deal with this and it was being monitored closely.

Prior to the inspection CQC had received anonymous concerns about the service regarding the approach of management. The registered manager explained that he had needed to address and manage under performance in a number of areas across the service and re-define expectations. This had been done in accordance with company policy and procedure. He told us that he would continue to work with the new manager to ensure that staff were clear about what was required of them.

Some staff we spoke with were positive about the style of management and the level of support available. Some staff declined to comment and others were unclear in their comments. One member of staff told us, “I speak-up more. Management have been supportive, but I go with the flow”.

Personnel records were disorganised and contained out-of-date information. We asked the registered manager what the arrangements were for auditing the records. He told us that information is increasingly held on a central database and that paper files were being audited by senior

staff to ensure that only relevant information remained. Evidence of this was made available to the inspection team. Staff were regularly supervised and records maintained.

Effective mechanisms for staff communication and engagement were in place. Records viewed identified open communication and the opportunity to discuss management decisions. Responses had been followed-up with actions.

CQC had received anonymous concerns regarding the way in which a person was being supported. We discussed this with the registered manager and the deputy manager and looked at the person’s care file. We concluded that care records and observations supported the assertion that staff were trying to address a number of issues to improve this person’s health and wellbeing.

We had been made aware of a number of other anonymous concerns relating to the service before this inspection. Each matter was discussed with the registered manager and explored as part of the inspection process. The registered manager was aware of each issue and explained what steps had been taken to address them. Appropriate action had been taken to address each of the concerns identified.

Because we had identified that care records contained repetition and unnecessary information, we asked the registered manager about how they audited the care records. The registered manager explained that this was due to a corporate approach to care planning which required a full-set of care plans to be completed and reviewed regardless of their suitability for any particular person. We highlighted that this was not consistent with a person-centred approach to care and support planning. The registered manager told us that they had previously raised this with the provider and would continue to do so. The review of care plans did not follow a specific schedule. The provider told us that this was because plans were often reviewed as needs changed and that this impacted on subsequent review schedules.

The registered manager told us that they were promoting completion of the Diploma in Positive Behaviour Support (PBS) for managers and have started, ‘practice workshops’.

## Is the service well-led?

This requires them to assess daily records to identify themes and patterns and to amend support plans accordingly. They told us that the PBS lead spends twenty hours per week completing this analysis.