Parkcare Homes (No.2) Limited

Autumn Leaf House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

Autumn Leaf House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Autumn Leaf House provides care and accommodation for up to eight people with a diagnosis of a learning disability or autistic spectrum disorder. There were two people living in the home at the time of our visit.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service was last inspected on 24 August 2017 when we found the provider was not meeting the required standards. We identified three breaches in the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action to ensure people's care and treatment was provided in a safe way and to take action to mitigate risks. Also, systems to continually assess and monitor the service provided to people needed to be improved.

The provider's action plan informed us the required actions would be completed by the end of February 2018. We checked during this inspection and found sufficient action had been taken in response to the breaches in regulations.

A registered manager was in post. They had started working at the home in January 2018 and registering with us in July 2018. 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

People's relatives felt people were safe at Autumn Leaf House and told us the consistency of staff had begun to improve. The provider's recruitment procedures minimised risks to people's safety and we saw enough staff were on duty to keep people safe during our visit. Since our last inspection further management and staff changes had occurred. Some new staff members had recently been recruited and they were due to start working at the home shortly after our visit.

Staff understood the risks associated with people's care and how these were to be managed. Staff were trained to use techniques to support people remain calm when they were feeling anxious.

Procedures were in place to protect people from harm. Staff and the registered manager understood their responsibilities to keep people safe. Staff had received training in 'safeguarding adults' to protect people

from harm and described to us the signs which might indicate someone was at risk.
People's relatives felt overall, staff had the skills to provide the care and support peopled required. New staff received effective support when they started working at the home. Staff completed the on-going training they needed to be effective in their roles.

People received their medicines when they needed them. However, some areas of medicines management required improvement because staff did not always follow the provider's medication policy. Action was being taken to address this. Some systems and processes to assess monitor and improve the quality and safety of the service continued not to always be effective. Action was being taken to address this.

Staff understood the provider's emergency procedures and the actions they needed to take in the event of an emergency. Checks took place to ensure the environment and the equipment in use was safe for people and staff to use.

People received effective care and support from health professionals. Staff had a good understanding of people's dietary needs and people were involved in choosing their own meals. People's relatives confirmed people got enough to eat and drink.

People's needs were met by the design of the building. The home was clean and well maintained. Staff understood their responsibilities in relation to infection control which protected people from the risks of infection.

Overall, relatives told us the staff were caring. Staff knew the people they supported well. There was a calm atmosphere at the home and we saw people confidently approached staff when they needed assistance.

People received care that was responsive to their needs and personalised to their preferences. Each person had their needs assessed before they moved into the home and people planned and reviewed their care in partnership with the staff. People had opportunities to participate in activities that they enjoyed.

The provider was working within the principles of the Mental Capacity Act 2005. Staff had received MCA training and demonstrated they understood the principles of the Act and why restrictions were in place.

The provider's complaints policy was accessible to people and people's relatives knew how to make a complaint and felt comfortable doing so. The registered manager used complaints as an opportunity to drive continuous improvement in the home.

Staff enjoyed working at the home and felt more supported by their managers since our last inspection. Staff had regular supervision of their work and attended team meetings which gave them the opportunity to discuss any issues of concern and ideas for improvement.

The quality of care had improved at the home but occupancy at the home was low. The changes made needed to be sustained over a longer period of time to be fully embedded in to the organisation.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People received their medicines when they needed them but some areas of medicines management required improvement. People's relatives felt people were safe and the consistency of staff had begun to improve. Staff knew how to manage risks associated with people's care. The provider's recruitment procedures minimised risks to people's safety. Procedures were in place to protect people from harm. Staff and the registered manager understood their responsibilities to keep people safe. Incidents had been analysed with a view to implementing a more person-centred approach to risk management. We saw the home was clean during our visit.

Is the service effective?

Good

The service was effective.

People's relatives felt that overall staff had the skills they needed to provide people's care and support. Communication at the home had improved since our last inspection. New staff members were provided with effective support when they first started work at the home. Staff had completed the training they needed to be effective in their roles. Managers and staff understood their responsibilities and the requirements of the Mental Capacity Act and the Deprivation of Liberty Safeguards. Staff demonstrated good knowledge of people's dietary requirements and people had enough to eat and drink. People had access to healthcare services when they needed them.

Is the service caring?

Good

The service was caring.

People's relatives told us the staff were mostly caring. Staff knew people well and we saw positive interactions between people and the staff. People were encouraged to maintain relationships that were important to them. Staff promoted people's independence and supported people to make choices about how to spend their time. Staff understood the importance of respecting people's right to privacy.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support that met their needs. Staff demonstrated they knew people well. People had opportunities to participate in activities that they enjoyed. The provider's complaints policy was accessible to people and people's relatives knew how to make a complaint and felt comfortable doing so.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems and processes to assess, monitor and improve the quality and safety of the service were not always effective. Progress had been made to improve the quality of care provided but this needed to be sustained over a long period of time. Relatives felt the leadership of the service had started to improve. Staff felt supported by their managers.

Autumn Leaf House

Detailed findings

Background to this inspection

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

This unannounced comprehensive inspection took place on 19 June 2018 and the inspection team consisted of two inspectors.

The provider had already submitted a Provider Information Return (PIR) within the previous 12 months, so we did not ask them to resubmit this information. We require providers to send us the PIR information at least once annually to give us some key information about the service, what the service does well and improvements they plan to make.

Prior to our inspection we reviewed the information we held about the service which included information we had received from people, relatives, the local authority commissioners and the statutory notifications that had been sent to us. A statutory notification is information about important events, which the providers are required to send to us by law. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority. The commissioners did not share any information of which we were not aware.

People had limited verbal communication. We therefore, used other ways to understand people's experiences such as, observing their interactions with the staff that provided their care. However, these observations were limited because our presence in the home caused people to feel anxious. We spoke with the registered manager, five support workers, the quality improvement manager and the positive behaviour support practitioner.

We looked at the records of both people who lived at the home to see how their care was planned and delivered. We also looked at two staff files, training records and other records related to people's care and how the service operated. This included records of the checks the provider and management team made to assure themselves people received a good quality service.

Following our visit we spoke with three relatives and a health professional via the telephone to give them the opportunity to share their views on the home and the care and support people received.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in August 2017 we rated the key question of 'safe' as 'requires improvement.' This was because the risks to people's safety were not always managed well. Staff had failed to maintain the required level of supervision people needed and some people had left the home unaccompanied which was unsafe. This was a breach of Regulation 12 (Safe Care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the service was no longer in breach of the Regulation. However, further improvement is still required.

Since our last inspection electronic security gates had been erected at the front of the home and we saw the gates remained closed during our visit. This safety measure had prevented people leaving the home unaccompanied which meant people were kept safe.

People who lived at the home displayed behaviours that could cause harm to themselves or others if they became anxious. Staff told us since our last inspection they had received further training and guidance which had helped them to manage people's behaviours safely and consistently. Risk assessment tools were used to identify potential risks to people's health and wellbeing which helped to keep people and staff safe when delivering care. Where risks had been identified, detailed risk management plans had been completed and regularly reviewed to support staff to minimise and manage risks. We saw staff signed to confirm they had read and understood the content of people's risk management plans.

Staff understood the risks associated with people's care and described how to manage risks. One told us, "It is our responsibility to keep them [people] safe inside and outside the house which is why it is important to read and follow the risk assessments for each safety risk." This further assured us risk management had improved at the home since our last inspection.

Incidents of challenging behaviour had not been consistently analysed at the time of our last inspection. This meant opportunities to identify a person's patterns of behaviours had been missed which had impacted on their health and well-being. During this inspection we found improvement had been made. Staff used ABC charts, to record when people's level of anxiety caused them to display behaviours that challenged others. ABC charts are an observation tool used to record information about a particular behaviour. The aim of using the charts is to better understand what the behaviour tells the observer about the person's response to a particular trigger. We saw completed ABC charts had been analysed with a view to implementing a more person-centred approach to risk management. Triggers and patterns of behaviour had been identified and as a result of this staff changed how they supported people to minimise the risk of further incidents occurring. The positive behaviour support practitioner said, "After analysis we have changed the way we support people. The number of incidents has reduced significantly. Last year there were 35 incidents for one person in one month. Last month there were just two."

Staff had been trained to 'de - escalate' situations and use techniques to support people remain calm when they were feeling anxious. Debriefing sessions were held following incidents of challenging behaviour. This gave staff an opportunity to reflect on what went well; how they were feeling and what lessons could be

learnt. A staff member commented, "Debriefs are good, we get them and they help us to reduce further incidents happening."

At our last inspection a higher than expected turnover of staff had meant people had felt unsettled by the changes. Since that inspection further staff changes had occurred and we received information of concern that alleged sufficient numbers of staff were not always on duty which placed people at unnecessary risk. We shared the information with the local authority and the provider who completed an investigation. The investigation concluded there was no evidence that sufficient numbers of staff had not been on duty.

During our visit enough staff were on duty. For example, both people required one to one supervision from staff when they were at home to keep them safe. When we arrived at the home two staff were on duty. Staff we spoke with told us there was always enough of them to provide the care and support people needed. Comments included, "Yes, there are always enough staff on duty." "Staffing isn't a problem. We work together and when needed we cover for each other."

Further staff changes were planned to take place. The registered manager explained seven new staff members had recently been recruited and they would start working at the home shortly after our visit. They said, "I am confident that we have the right staff with the right skills coming on board. Whilst it means further changes for people initially it will be better in the long run." A relative told us they felt anxious about further staff changes as their relation was 'not good with new faces.' We discussed this with the registered manager who assured us new staff members would be introduced to people gradually to reduce the risk of people feeling unsettled.

The provider's recruitment procedures minimised risks to people's safety. They ensured, as far as possible, only staff of suitable character were employed. Prior to staff starting work at the home, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. One staff member told us, "No one is allowed to start until the manager has got all checks back and is happy with them."

At our previous inspection we found people's medicines were not always managed safely. This was because some people's medicine had been signed for by staff to show it had been administered, but we found it had not been given. Furthermore, following our last inspection visit, we received information of concern about the storage of people's medicines. The provider told us these issues were being addressed.

During this inspection we checked to see if the improvements had been made and sustained. We found some improvements had been made. However, other areas of medicines management, where the home had previously performed well, now required improvement.

Medication administration records (MARs) we reviewed showed us people's medicines had been administered as prescribed. However, we saw on two occasions staff had signed for a medicine that had been discontinued. This meant we could not be sure staff checked people's medicine was correct before administering. We discussed this with the registered manager. They told us they would meet with staff to identify why this had happened and ensure the item was removed from the person's MAR.

Where people were prescribed medicine to be given on an 'as required' basis, protocols had been written to ensure people did not receive too much or too little of this type of medicine. Protocols informed staff what the medicine had been prescribed for, however they did not clearly inform staff of the signs to look for which may indicate people needed to take their medicine. This was important because one person was unable to tell staff if they were in pain. We spoke with the registered manager who told us they would ensure protocols

were more detailed. Despite the lack of detail staff demonstrated to us they understood when to give people their medicine.

People's medicines were securely stored in individual lockable cupboards. Individual medication folders contained information to inform staff the medicine the person was prescribed and how the person preferred to take their medicine. For example, one person's folder informed staff they preferred to take their medicine with a glass of orange or blackcurrant squash. We checked the stocks of medicines and found these were correct.

People's medicines were administered by trained staff and regular observations of their practice took place to ensure they remained competent. One staff member told us, "I am doing my medication competencies. I can't deal with medication until I have completed my training and been signed off as competent." However, we found staff did not always follow the provider's medication procedure. For example, the procedure stated all 'external preparations' (lotions and cream) must have the date of opening and expiry date recorded. This is important because the effectiveness of some prescribed items decreases over time. We found prescribed creams and lotions in people's rooms did not have the date they were opened or the date when they should be discarded recorded. Manufacturer's instructions for one medicine stated it should be discarded within three months of opening. However, whilst no opening date was recorded the dispensing label suggested the item had been in use for four months. A medicine audit completed on 14 June 2018 had not identified these issues. The registered manager told us they would ensure all items were removed and new stock requested. Also, the audits of medicines would be reviewed and improved.

People's relatives told us people were safe at Autumn Leaf House. Comments included, "Yes, overall they [person] are safe," and, "Yes, the safety is ok, they always get 1-1 care." The provider protected people from the risk of abuse. Our discussions with the registered manager assured us they were aware of their responsibilities to keep people safe. They knew how to correctly report any safeguarding concerns which meant any allegations of abuse could be investigated.

Staff had received training in how to protect people and they confidently described the types of abuse people may experience and the signs which might indicate someone may be at risk. One staff member said, "It could be physical, emotional, neglect or financial." They added, "Their [people's] mood may change or they might have an unexplained bruise." Another staff member told us, "We have safeguarding posters and little cards about safeguarding around the home so everyone knows what to do."

Staff demonstrated they understood their responsibilities to report any witnessed or allegations of abuse and were confident their concerns would be dealt with. One staff member explained this was because they had previously reported a concern. They said, "As soon as I raised it (the concern) it was investigated and dealt with." Another staff member explained the provider had a confidential help line they could use. They told us, "There is a whistleblowing policy and an employee support programme if we need to speak in confidence." Whistleblowing is when an employee raises a concern about a wrong doing in their workplace which harms, or creates a risk of harm, to people who use the service. They added, "I think it's an excellent idea to have this kind of help available." We checked and found the contact details for the confidential helpline were available to staff.

Prior to this inspection we received information of concern that alleged the management of people's monies were not being managed safely because some people's monies held by the home were unaccounted for. We shared this information with the local authority and the provider. In response the provider's fraud manager had completed a full financial audit of people's monies. Their audit had concluded all monies were accounted for and the provider's procedure for handling monies had been

correctly followed by staff. During our visit we checked and found monies were handled safely and accurate records of expenditure were kept.

Emergency plans were in place to ensure the home could be evacuated quickly and safely such as, in the event of a fire. Staff demonstrated they understood the provider's emergency procedure and the actions they needed to take in the event of an emergency. One staff member told us, "We have regular fire drills with the residents." They explained this was important in trying to familiarise people with the fire procedure and the sound of the fire alarm to reduce any anxiety people may experience when the fire alarm sounded.

The provider's fire file contained up to date Personal Emergency Evacuation Plans which provided staff and the emergency services with up to date information about the level of support people would need in the event of an emergency. Records confirmed regular maintenance checks of the fire alarm system were completed. We saw the provider's fire procedure was displayed throughout the home and directional signage guided people, visitors and staff to the nearest fire exit.

Checks took place to ensure the environment and the equipment in use was safe for people and staff to use. For example, a health and safety audit completed in May 2018 had identified some of the emergency lighting in the home was not working. Records showed action had been taken in a timely way to replace the lighting.

We saw the home was clean and tidy during our visit. Staff confirmed they had received training which meant they understood their responsibilities in relation to infection control and hygiene. One staff member told us, "We have different (single use) gloves to use in the kitchen and for personal care. We keep the (people's) laundry separate to ensure there is no cross contamination."

Good

Is the service effective?

Our findings

At our last inspection in August 2017 we rated the key question of 'effective' as 'requires improvement.' This was because some staff had not correctly followed guidelines to manage a person's behaviour. Also, we had also received information that alleged restraint was being used by staff, when it was not necessary or in an appropriate way. This was a breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13. Safeguarding services users from abuse and improper treatment.

At this inspection we found the required improvements had been made and the service was no longer in breach of the regulation. This was because restraint techniques had not been used by staff to manage people's behaviours since our last inspection. Also, staff had received further training and on-going support to increase their confidence and competency to manage people's behaviours.

Staff explained the support had included workshops and refresher 'Proact Scip' training to support people who had behaviours that could place themselves, or others, at risk of harm. The aim of the training is to minimise the use of physical intervention and to use de-escalation techniques to reduce a person's anxiety. Staff spoke positively about the 'Proact Scrip' training. One told us, "We get lots of support, we feel more confident now." Another said, "It's important. You need to understand how to deal with each situation. They [people] respond differently. Like [name] needs time on their own but [name] needs you to give reassurance or diversion."

The provider's processes ensured new staff received the support and training they needed when they started working at the home. A recently recruited staff member described their induction as 'informative'. They explained their induction had included working alongside an experienced staff member, reading the provider's policies and procedures, completing training the provider considered essential, and working towards the Care Certificate. The Care Certificate assesses staff against an agreed set of standards during which they have to demonstrate they have the knowledge, skills and behaviours expected of specific job roles in social care sectors. This demonstrated the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.

Staff spoke positively about the on-going training they received to meet the needs of people who lived at the home. This training included Autism training, effective communication and person centred care. The training schedule we reviewed assured us staff training was up to date.

People's relatives felt overall, staff had the skills they needed to support people. One said, "They look after [person] brilliantly." However another told us, "There have been so many staff changes I'm not 100% confident all staff are skilled."

At our last inspection relatives and health professionals told us the communication between them and the home needed to improve to benefit people. Since our last inspection new processes had been implemented to address this issue. For example, weekly telephone calls took place between staff and a person's relative to update them on how their relation had spent their time. The quality improvement manager told us, "We

are all committed to improving communication."

Staff confirmed communication at the home had improved since our last inspection. One said, "The new manager listens so communication is better, we find out about any changes and if we need to do things differently." We saw good team work and communication between the staff during the visit. For example, we saw staff confidently approached the registered manager who provided them with support and advice. We looked at communication processes which included handover records and communication books. This showed that staff could pass on information and receive important messages from the management team.

During our last inspection staff did not have individual meetings (supervision) with their managers in line with the provider's policy. Since then a 'supervision tracker' had been implemented which showed us meetings were taking place. Staff confirmed they had regular meetings which they valued and made them feel supported. One staff member said, "I had supervision just a week ago. We talked about how I'm doing. I got good feedback about my performance. It was lovely." Another staff member described supervision meetings as a positive experience used to discuss any concerns, their performance and or development needs. They said, "Since [manager] came we have regular meetings. It helps because you have time set aside to talk."

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 an assessment shows a person lacks 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 is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The provider was working within the principles of the MCA. People had been assessed to determine whether they had capacity to make their own decisions. Where people had been identified as not having capacity to make specific decisions about their care, appropriate discussions had taken place with those who knew the person well, to make decisions in their best interests. The outcomes of these discussions were clearly recorded.

We checked and found authorisations to deprive people of their liberty had been submitted correctly and authorised by the supervisory body where restrictions on people's liberty had been identified. For example, people received constant supervision from staff and they were not free to leave the home unaccompanied.

Staff had received MCA training and our discussions with them demonstrated they understood the principles of the Act and why restrictions were in place. For example, one staff member said, "The DoLS are there to keep people safe. [Name] would be really unsafe to go out without the staff. The DoLS gives us permission to not to let that happen." Another said, "We have to keep the gates locked. They have DoLS which allow us to lock them."

During our visit we saw staff sought consent from people before providing them with assistance such as, when supporting them to them get dressed. A staff member told us they did this, "Because [person] may not be able to say what they want but we still have to get their permission. You can get their consent by reading their body language or behaviour."

The design of the building ensured people were able to live comfortably. There were a variety of communal rooms including a lounge. The home was furnished to a high standard and the decoration of the home was

under constant review to ensure it remained a nice environment for people to live in. However, we saw the rear garden area was overgrown which meant people could not access all areas of the garden. We were made aware that a community gardening group were scheduled be visit the home shortly after our visit to complete the necessary maintenance.

Prior to this inspection we received information of concern that alleged people were not getting enough food to eat and they were not given a choice of different foods. We shared this information with the local authority and the provider. In response the provider completed an investigation which concluded there was no evidence to support the allegation.

During our visit we saw people were involved in choosing their own meals with support from staff. People's relatives told us they got enough to eat and drink to maintain their health. However, one relative commented the food provided did not always look appetising.

Staff had a good understanding of people's dietary needs and weekly individual food menus were on display which included a variety of the food people enjoyed to eat. One told us, "We know what people like to eat and there is always a choice based on that." Another said, "[Name] loves chocolate but we have to make sure there are healthy options as well."

People had access to healthcare when they needed it. A relative explained they had been concerned that their relative was underweight. In response to this concern staff had arranged for the person to see their GP who confirmed the person was a healthy weight. A health professional spoke positively about how the home worked in partnership with them to benefit people. Where changes in people's behaviours had been identified they had been referred to the relevant healthcare professionals to support the person.

Good

Is the service caring?

Our findings

At our last inspection in August 2017 we rated the key question of 'caring' as 'requires improvement.' This was because following our inspection visit we received information of concern that a staff member did not always act appropriately around people who lived at the home. The provider had investigated this concern and informed us there was some evidence that this had happened. During our visit we found improvements had been made because this issue had been addressed and staff had been reminded of the behaviours expected of them.

Overall, relatives told us they thought the staff were caring. One said, "They [person] seem happier. Last year I was worried because staff didn't know [person] but it's got better now." Another told us, "It is a bit better than last year. I think staff care but some are better than others."

We saw the interactions between people and staff were positive. There was a calm atmosphere and we saw people confidently approached staff when they needed assistance.

All staff showed concern for people's wellbeing and spoke affectionately about them. We asked staff what caring meant to them. One said, "The way I see it is I'm here for the job not the money. My job is to make sure their life is the best it can be. We don't treat people any different to how we would want our family to be treated." Another staff member told us they 'enjoyed' spending time with the people who lived at the home. They added, "We are a family, a team. We all work together." A health professional felt staff did a 'good job' and they would recommend the service to others.

Relatives confirmed they were involved in the planning and review of people's care. Care records showed us that staff had spent time with each person and their families finding out what people needed and wanted.

People were supported to maintain relationships with those closest to them. There were no restrictions on visiting times and visitors were encouraged to visit whenever they wanted to. However, one relative explained they would like staff to support their relation to visit their family home more often. The registered manager told us action was being taken action to address this.

People were able, where possible, to make choices about how they spent their day. We saw people chose where they wanted to spend their time. For example, in their bedroom or in the communal lounge. One person made choices by guiding staff by the hand to show them what they wanted. We saw they wanted their radio switched off and they showed staff this by taking them to the radio. Staff knew what this gesture meant.

Staff knew the importance of people being involved in making decisions to ensure had as much choice and control over their lives as possible. For example, one explained how they always held up two different items of clothing so a person could choose what they wanted to wear each day.

Staff understood the importance of encouraging people to be independent. One told us, "We [people and

staff] do things together like the cooking or laundry. It is important to encourage them to do things. It's part of everyday life." "Another said, "Part of our job is to enable people to do things." Relatives confirmed people were supported to be independent as possible.

Staff understood the importance of respecting people's right to privacy. People's rooms provided them with their own private space, and where possible they had been supported to choose how their rooms were decorated and furnished. We saw staff maintained the 1-1 supervision people needed discreetly when people chose to spend time in their bedrooms.

People were cared for in a dignified way. One person was sensitive to touch and often chose to remove items of their clothing. Staff described in detail and provided examples of how they had maintained the person's dignity.

The provider and the registered manager promoted equality and diversity at the home. Staff completed equality and diversity training as part of their induction and training was refreshed annually to ensure the culture of the home was inclusive. One staff member said, "Everyone is welcome here."

Confidential information regarding people was kept locked so people were assured their personal information was not viewed by others.

Good

Is the service responsive?

Our findings

At our last inspection in August 2017 we rated the key question of 'responsive' as 'requires improvement.' This was because people had not received care and support from consistent staff which had had a negative impact on their wellbeing and behaviours. Also, people were not supported to pursue interests that were important to them.

During this inspection we found improvements had been made. For example, the keyworker system in place meant people were supported by a consistent named worker with whom they could build a relationship. Relatives knew who people's keyworkers were and told us the consistency of staff had begun to improve which had a positive impact on people.

People received personalised care and support that met their needs. For example, it was important to one person to go out in their car for a drive. However, during our visit their car could not be used. In response to this we saw staff made alternative arrangements so the activity could still take place. The registered manager told us, "It's so important to the person to go out in the car; if we hadn't sorted it out quickly [Person] would have been unhappy for the rest of the day."

Staff demonstrated they knew people well. They told us this was because they read people's support plans, spent time with them and observed their body language which helped them to understand people's needs. For example, they supported one person to manage their level of anxiety by playing their favourite song which helped them to remain calm.

Prior to moving into the home, people were assessed to determine their level of independence and support needs. Assessments included staff and managers visiting the person several times to get to know them and understand their needs. The registered manager explained the assessment process had been improved and lessons had been learnt since our last inspection. They said, "Getting the assessment right is really important. Previously people lived here and their needs could not be met. Hand on heart when new people move in I will make sure that this home is the right place for them to live."

From the initial assessments support plans were devised to ensure staff had information about how people like their needs to be met. People's support plans included information about their culture, likes, dislikes and preferred routines which supported staff to provide personalised care. We saw support plans were reviewed regularly and people were involved as much as possible. One relative told us, "I couldn't attend a recent meeting but I shared my views over the phone, I am able to contribute my views."

During this inspection we found that people had opportunities to participate in activities that they enjoyed. We saw people's individual activity programmes had been reviewed and improved since our last inspection because activity timetables reflected activities based on people's hobbies and interests. For example, one person enjoyed swimming and they went swimming during our visit. Photographs were on display of recent activities that had taken place including trips to the cinema and local parks. One relative told us, "They [staff] are always taking [person] out, they go for meals, swimming and bowling which is good."

The registered manager was familiar with the 'Accessible Information Standard' [AIS]. The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. People's communication needs were assessed and guidance for staff was in place to inform them how to support people to achieve their desired outcomes. We saw information about the home was available in a format people could understand, for example, pictures and a 'talking book'.

The provider's complaints policy was accessible to people because it was on display in communal areas of the home in a picture format they could understand. It included information about how to make a complaint and what people could expect if they raised a concern. People's relatives knew how to make a complaint and felt comfortable doing so. One told us they had made complaints in the past which had been resolved to their satisfaction.

Records showed two complaints about the quality of care had been received and resolved within the last six months. The registered manager told us they used complaints as an opportunity to drive continuous improvement in the home.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in August 2017 we rated the key question of 'well led' as 'requires improvement.' This was because the service had not been consistently well led since it registered with us in September 2016. There had been a high turnover of staff and management which had resulted in inconsistent leadership and senior managerial oversight. Relatives felt the constant changes had affected their family member's anxiety levels and behaviours. Staff did not always feel supported by the provider. Systems and processes to assess, monitor and improve the quality and safety of the service were not always effective. Incidents and accidents had not been consistently analysed to identify trends. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvements had been made and the service was no longer in breach of the regulation. However, further improvement is still required.
We asked people's relatives if the leadership of the service had improved since our last inspection. One said "I think it's improved a bit. Things are starting to settle down but time will tell. I am not yet fully confident in management." Another told us," I know the manager but I'm not confident the home is any better. Too much has happened to make me think it's well managed."

Since our last inspection an improvement action plan had been implemented and closely monitored by the provider to drive forward improvement. The quality improvement manager said, "We have worked hard to address issues. We are in a better place but we need to embed the changes over time now and build up trust with families." The registered manager told us, "Over the last six months there has been definite improvement, we are moving in the right direction, we are not where we want to be just yet but we are well on our way."

The registered manager told us they were committed to improving the quality of care people received. During the short period of time they had worked at the home we saw they had identified areas which needed improving and had either improved them, or were working towards those improvements. We saw good progress had been made but further planned changes were due to take place. Also, the occupancy at the home had been low. Therefore, changes needed to be sustained over a longer period of time for us to be certain that changes had been fully embedded into the organisation to benefit people.

At our last inspection we found systems and processes to assess, monitor and improve the quality and safety of the service were not always effective. The provider's action plan told us effective systems and quality assurances processes would be implemented and embedded by the end of February 2018. During this inspection we checked and found some improvements had been made. However, further improvement was required because the most recent medicine audit had not identified staff had not followed the provider's medication procedure correctly. Action was being taken to address this.

The registered manager had worked at the home since January 2018 and registered with us in July 2018. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are registered persons. Registered persons have legal responsibility for

meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
The registered manager was supported by the quality improvement manager, the positive behavioural support practitioner, a deputy manager, and a senior support worker. The quality improvement manager told us, "[Registered manager] is such a strong leader; she has a proven track record. Admittedly we needed her a long time ago but she is her now. She is doing an amazing job."

Staff told us they enjoyed working at the home and improvements had been made which made them feel more supported since our last inspection. One staff member who had worked in a range of care settings described the management team as 'the best I have ever known'. They added, "They are 100% approachable. You can talk to them about anything." Other comments included, "…very supportive and always there if you need to talk or need help on the floor." and "What I like is being made to feel we are all part of the team and we all have a positive contribution to make regardless of your job role."

Staff told us the provider operated an 'on call system' so they had access to a member of the management team outside normal office hours. One staff member said, "If needed a manager is always available." We saw an up to date list of 'on call' managements contact details on display.

Staff told us they had regular team meetings. Staff said these meetings gave them the opportunity to discuss any issues of concern and ideas for improvement with their managers. One staff member said, "Meetings are really good. We all get a chance to say how we think things are going and what could be changed." Another staff member explained they felt listened to because they had suggested introducing an 'evaluation' activities form to inform future activity plans. They told us the registered manager felt this was a 'good idea' and evaluations were now taking place.

The registered manager said they were, "Proud of the staff team," and it was "Really important to recognise how hard staff work and make them feel valued." The provider had a process of recognising individual staff member's commitment with 'Priory Awards'. This showed us the provider had a way of identifying good care and encouraging all staff to develop their skills to improve the service.

The registered manager knew which notifications they were required to send to us so we were able to monitor any changes or issues within the home. The provider has a legal duty to display their last inspection rating. We checked and found during our visit our visit the rating for the service was on display.