

Tracs Limited

Highbridge Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 7 and 8 February 2017. This was a comprehensive inspection. The last inspection in August 2016 was a focussed inspection to look at what improvements the home had made with regard to medicines administration since their previous inspection. They had not made the required improvements and were in breach of regulation 12 of the Health and Social Care Act 2008. The previous comprehensive inspection of the home was carried out in January 2016 and the home was rated as requires improvement. Three breaches of regulations 12, 11 and 17 of the Health and Social Care Act 2008 were identified. The provider wrote to us with an action plan of improvements that would be made. They told us they would make the necessary improvements by October 2016. During this inspection we saw the improvements identified had been made.

Highbridge Court is a care home providing accommodation for up to nine people with mental health needs. At the time of the inspection, four people were living there. Each person had a self-contained flat with their own cooking facilities, table and comfortable seating. Each flat has an en-suite shower room. There is a small communal area with a dining table and a sofa, and a communal kitchen area where staff prepare meals at the weekend.

The registered manager left in December 2016 and a temporary manager was in post. The service was actively seeking to recruit a new registered manager. 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 told us they were safe. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Staffing levels were planned, implemented and reviewed to keep people safe at all times. Any staff shortages were responded to quickly and appropriately.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

There were suitable recruitment procedures and required employment checks were undertaken before staff began to work at the home. People were involved in the recruitment process.

The staff understood their role in relation to the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) should be put into practice. People's legal rights were protected because the correct procedures were followed where people lacked the capacity to make specific decisions for themselves.

Systems, processes and standard operating procedures around medicines were reliable and appropriate to keep people safe.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. The risk assessments included information about action to be taken to minimise the chance of harm occurring.

Staff knew the people they supported and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

People were supported to make healthy choices around their meals. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

Staff told us the manager was accessible and approachable. People told us they were able to speak with the manager and provided feedback on the service.

People told us staff were caring and supported them with the activities they wanted to do. The manager and provider undertook checks to review the quality of the service provided and made the necessary improvements to the service.

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.

People were being protected from abuse because staff understood the correct processes to be followed if abuse was suspected.

People were supported by staff who had received satisfactory checks prior to commencing their employment. There were enough staff to meet people's needs.

People could expect to receive their medicines as they had been prescribed because safe systems were in place for the management of medicines.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

People's rights were protected because the correct procedures were followed where people lacked capacity to make decision for themselves. People's choices were supported.

People were supported to choose their meals and receive a diet in line with their individual needs.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required.

Is the service caring?

Good ●

The service was caring.

People's needs were met by staff who addressed and related to them in a friendly and positive manner. Staff respected people's individuality and spoke to them with respect.

The home had links to local advocacy services to support people if required.

People's privacy and dignity were respected and supported.

Is the service responsive?

Good ●

The service was responsive.

People's needs and wishes regarding their care were recorded and understood by staff who ensured they were followed and respected.

People were confident concerns and complaints would be investigated and responded to.

People were supported to access the community and this reduced the risk of people becoming socially isolated.

Is the service well-led?

Good ●

The service was well-led.

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

The manager and the provider checked the quality of the service provided and made sure people were happy with the service they received.

Changes had been put into place following the last inspection to make improvements to the service people received and meet legislation.

Highbridge Court

Detailed findings

Background to this inspection

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

This inspection took place on 7 and 8 February 2017 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also viewed other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

During our inspection we spoke with three people who used the service. We also spoke with four care staff, a senior carer and the manager. We looked at the care records for three people. We also looked at records that related to how the service was managed, such as minutes of meetings, training records, three staff files, emergency procedures and a variety of audits.

Is the service safe?

Our findings

The service was safe.

During the inspection in January 2016, we found people's medicines were not managed safely. Some risk assessments had either limited or no information on how to reduce the risk. During the inspection in August 2016 which was carried out to look at medicines, we found the required improvements had not been made. During this inspection, we found the required improvements had been made.

People's medicines were managed safely. The provider told us in their Provider Information Return (PIR), "Following previous inspection we have given further focus to ensuring the effective management of people's medication in the home." The PIR described the training, observations and processes that were carried out to ensure the management of medicines was safe. We found these were being followed.

People told us, "Staff give me my medicines" and "I don't have to do anything, staff take care of it all". One person was able to self-administer their medicines with the support from staff. There were risk assessments and safe systems in place to support this. Some people were prescribed medicines on an 'as required' basis. There were protocols and safe systems in place for this. No one was receiving covertly administered medicines, though the providers' medicines policy contained the process for staff to follow should this be necessary.

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct.

A master staff signature list was available; this ensured that in the event of an error the dispensing practitioner could be quickly identified from the MAR chart initials.

The pharmacy had conducted an audit in November 2016. They identified three actions. These were to record maximum and minimum temperatures, to record the dates medicines were opened and for two staff signatures on hand-written entries on MAR charts. These were being done. Fridge and room temperatures had been recorded daily to ensure the optimal storage of medicines, such as those used for diabetes. Dates were being recorded when medicines were opened and two staff signatures were seen on hand-written MAR charts.

Where one person took a medicine which could react with certain fruit juices, staff we spoke with were aware of this. Protocols were in place which gave staff guidance what to do in the event people refused their medicines. This meant peoples' medicines were managed and administered safely.

People told us they felt safe in the home. One person showed us a file in the lounge where information was available for them about safeguarding, complaints, suggestions and advocacy. They said, "I know what's in it but I don't read it". The information was available in easy read format. Staff told us, "Yes, it's safe. We're all here for support and we're conscious of risks and people's needs", "People trust us to help them" and "People are safe here".

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff were aware of the provider's safeguarding policy and told us they knew how to recognise and report concerns they might have about people's safety. Staff said that if they had concerns then they would report them to the senior in charge or manager. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. If they were unavailable, they would contact external agencies such as the local authority safeguarding teams to ensure that action was taken to safeguard the person from harm. Where audits identified a system was needed to be able to track safeguarding referrals, this had been put in place. Records showed and staff confirmed, "Safeguarding referrals are all going through and being tracked". The manager had made two safeguarding referrals during February 2016. This meant people were supported by staff who knew how to recognise and report abuse.

Risks to people were identified using assessments. The assessments we looked at were clear. They provided details of how to reduce risks for people by following guidelines or the person's care plan. For example, one person's risk assessments gave the history of the risk and gave information for staff about possible triggers. Risk management plans included information about how staff should deal with any situations where the person may become anxious. Staff were aware of the information in risk assessments and told us, "Before anyone moves in here we have assessments from people's previous placements and we build on these".

Risk assessments also considered if there were any risks associated with the person accessing the community. Other risk assessments covered mental health conditions and medical needs such as diabetes. Where people had diabetes; there was guidance for staff around the risks of the person developing either a low or high blood sugar. The symptoms were clearly explained and guidance was available for staff about how to treat the person, together with the location of foodstuffs suitable to treat the person if they had a low blood sugar. Both the care plans and risk assessments we looked at had been reviewed regularly. This meant staff were knowledgeable about risks to people and worked in line with the assessments to make sure people remained safe.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. The manager told us there were never less than three members of staff in the home during the day, and this was reviewed as new people moved in. The number of staff was determined by the care purchased by commissioners, and where people required one to one support we saw this was provided. People we spoke with told us there were always staff around to help them. Staff told us, "There are enough staff" and "We usually cover sickness ourselves but if we can't, we get agency staff in".

Risks of abuse to people were minimised because there was a recruitment procedure for new staff. People were directly involved in the recruitment process and were asked for their views about how candidates engaged with them. People had been asked how they felt a new member of staff was fitting in. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in

the UK.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. One person asked if we had signed in, and explained it was important because if staff did a fire alarm check they needed to know we were there.

During the inspection in January 2016, we found people were at risk because the required fire practices were not being carried out and personal emergency evacuation plans did not fully reflect people's needs. During this inspection, we found the required improvements had been made. There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. Personal emergency evacuation plans gave staff information about the support people would need in the event an evacuation was necessary. A fire alarm was conducted during the inspection; people were told beforehand that the alarms would sound so they wouldn't become upset. An audit completed in November 2016 identified the fire extinguishers, fire alarms, emergency lighting, PAT tests, gas safety and five year electrical safety certificates were all up to date. Information was available for a range of situations such as loss of utilities such as electricity and water, and gave information for staff who to contact in any emergency. This showed how the service had made arrangements to reduce the risk to people in the event of a fire or other emergency.

Is the service effective?

Our findings

The service was effective.

During the comprehensive inspection in July 2015 we found people were not always supported by staff who were suitably trained. There were no systems in place to assess whether people had varying degrees of capacity and consequently no processes for keeping people safe. During the comprehensive inspection in January 2016, we found this had not improved. During this inspection, we found the required improvements had been made.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. People said, "I know staff have done training" and "Staff know what they're doing." Staff told us, "Training gives us the skills we need", "Everything I've had has been good" and "The training was very intense. The online training means we're kept up to date and have good refreshers". Records were kept electronically and managers were able to allocate training for staff. When staff had been allocated training, they could access this from home if they wished. The system identified when staff were due to have any refresher training. If staff didn't complete training within four weeks, the manager was made aware of this.

Staff had access to a range of training including manual handling, fire safety, first aid and safeguarding. Clinical training such as diabetes, mental health and other specialised training was made available for staff, to be able to meet the needs of the people they supported. Staff also completed specialist training for dealing with behaviours that challenge. Records showed 93% of staff had completed the training the provider considered necessary. The training provided had been accredited by a nationally respected training provider, so the training met the standards expected.

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. Staff were able to complete the Care Certificate. The Care Certificate is a nationally recognised standard which gives staff the basic skills they need to provide support for people. Staff told us, "I did induction covering the fire escapes and needs of the people in the home, and then started the Care Certificate" and "It was good, I enjoyed it".

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Staff said, "The MCA is about protecting people" and "It's about if people have got capacity to make their own decisions." 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.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Three people in the home had capacity to make their own decisions and one person had been assessed as lacking capacity in one area only. No-one in the home was subject to a DoLS authorisation, although the manager was aware of the process if this should be necessary.

Where people lacked capacity to make specific decision we found the correct procedures were being followed to ensure their legal rights were protected. For example, families where possible, were involved in any "best interest" meetings. A "best interest" meeting is a multidisciplinary meeting where a decision about care and treatment is taken for an individual, who has been assessed as lacking capacity to make the decision for themselves. A best interest meeting had been planned for the person who lacked capacity in one area. Staff were aware of the correct procedures to follow and told us, "We're mindful of the impact of this, so if they ask us to do something we know they don't have the capacity to decide and it's not in their best interest, we'll offer something different, such as going for a walk."

The home had links to local advocacy services to support people if they required support. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes. One person had an advocate who would represent them in forthcoming best interest meetings.

People had catering facilities in their flats and catered for themselves during the week, and staff cooked meals for people at weekends. People were supported by staff to get their shopping and prepare meals if necessary. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. People told us, "You'll never lose weight here, the food is too good" and "We have choices, so if you don't like the pizza we're having tonight you can have something else". One person had been supported to prepare two weeks menus. Staff respected the person's choices when they declined to write any more.

We saw the kitchen records which showed that all the necessary kitchen checks had been done to ensure food was cooked and stored safely. We saw four week rolling menus which showed that a variety of foods were available covering required nutritional needs. A selection of recipes for healthy meals was available for people to choose from.

People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. People told us, "I can see a doctor any time I need to" and "If I need something, they'll sort it out for me". The home had received positive feedback from a social worker who stated, "This is the only placement that's worked." Staff discussed the best way to support the person and as a result, the social worker said, "I'm now able to back off and do fortnightly visits." Other comments included, "I've seen massive improvements" and "Positive changes".

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us supervisions had not been carried out regularly until the new manager arrived. Staff said, "I had to ask for supervision, it was unacceptable before", "I'm glad we're having supervisions now, it's important"

and "We can give our view of the service during supervisions". Supervisions enabled staff to discuss any training needs or concerns they had.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Staff told us, "There have been lots of changes", "Really positive" and "Really good teamwork".

Is the service caring?

Our findings

The service was caring.

People told they were supported by kind and considerate staff. People said, "Staff are kind and compassionate" and "I like the staff". Staff told us, "We make sure care is person centred, we respect people's wishes and make sure they're not coming to any harm", "It's peoples' home and their space", "It's a little family" and "I love my job".

People told us staff were very polite and addressed them by their preferred names. We saw that staff used appropriate communication and were familiar with people's needs. People said that staff spoke calmly and with respect. We saw that staff worked actively towards maximising people's choice, control and inclusion. For example, staff suggested a variety of activities one person could try, and discussed with them ways an outing might work. The person's choices were respected throughout.

People who use the service said that staff respected their needs and wishes and they felt that their privacy and dignity were respected. We observed this in practice during the inspection, through the way staff knocked on doors before entering rooms, spoke with people and assisted them with their care needs. People said that they would feel confident to speak to a member of staff if they were worried about anything. Staff told us, "We listen to people and find out what they want", "It's about respecting their wishes and listening" and "Treating people as individuals". Other comments included, "I make sure I knock on doors", "I always ask before helping people" and "That's what we're here for and why we all signed up as Dignity Champions". A Dignity Champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this. This meant people were supported by staff who recognised people's basic human rights.

People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. We watched the interaction between the staff on duty and people living in the home. People appeared very relaxed in the company of the staff and there was a good rapport between them. Staff were offering people choice, encouraging them to undertake tasks independently and supporting them where needed.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and express their opinions.

People told us they were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. All visitors had to ring a doorbell and be invited in. Every visitor was asked to sign the visitor's book when they arrived. This meant people were able to have visitors but were kept safe by staff.

Staff were aware of people's diverse needs and ensured they treated people equally. For example, staff were able to tell us about one person's preferences and said, "We don't talk about it because the person is very shy, and it says 'We know things about you' which could make the person uncomfortable". This meant staff were aware of and respected people's individual needs.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way. People's documents were stored in an office in a locked cabinet. The office was always occupied by members of staff, but if required could be locked. By doing this people's private information was protected from being seen by unauthorised parties.

Is the service responsive?

Our findings

The service was responsive.

During the inspection in July 2015 we found care plans did not always contain specific information about the support required to meet people's individual needs. During the inspection in January 2016, we found the level of information much improved, though there were still some gaps. During this inspection, we found the required improvements had been made.

Care plans were comprehensive and provided clear and detailed information about the person's care and support needs. People said, "We've got care plans, staff ask us what kind of help we need" and "We've all got care plans". Staff told us, "We've been able to contribute to the new care plans", "They're much better because there's less in them but more detailed" and "All the unnecessary ones like COSHH have been taken out". COSHH is the law that requires employers to control substances that are hazardous to health. Other staff comments included, "The care plans underpin the care we give", "Staff follow the guidance" and "All the files are much better now."

Care plans had been completed for known risks such as assault or threats to harm others, medical needs, self-neglect and substance misuse. Where there were any known risks around violence, the care plans instructed staff to escalate any concerns to management staff outside the home. This meant there was a wider support network to support the person and staff. Other care plans considered people's social network and emotional well-being, as well as their health needs. This showed that people's care needs had been assessed and care plans were in place so that staff could meet identified needs. Staff said, "Risk assessments and care plans have all been updated", "Care plans are much better" and "We've put a lot of work into care plans and they're easy now". Other comments from staff included, "Staff can look at care plans and they've got the information they need all in one place".

The care records had been reviewed on a regular basis. This ensured the care planned was appropriate to meet people's needs as they changed. People were involved in these reviews together with any advocates, social workers or other healthcare professionals. The reviews were an opportunity to consider what had worked and what needed to change. We saw other professionals had been involved in a timely way when required, to ensure the health and well-being of people. The information also showed staff monitored people's health and checked their needs were met. For example, one person's monitoring chart identified two days when they were more anxious than usual. Their daily records showed the support staff provided to reduce their anxiety. Staff said, "We always ask how people are feeling" and "We know what's important to people through the information in care plans and through doing things with them".

Plans were in place to support people when they became anxious. These identified how staff could and should respond to any behaviour which they found challenging. This included aggression to staff or others, distress and agitation. Care plans gave guidance for staff how to interact with the person when they were not stressed in any way, and early indicators the person may be becoming unhappy. Known triggers which upset people and how staff should deal with these were identified. We asked staff about this and they were

able to demonstrate an understanding of how best to support the person. Staff told us how music was very important for one person. Staff told us how they would reassure people and offer activities. This showed that there were arrangements in place to respond to what could be viewed as challenging behaviour. Where preventative strategies had not been effective, guidance was in place for staff how to deal with situations that had escalated, this included emergency situations. Staff showed an understanding of how to respond to behaviours which may cause harm to the individual or others.

People were supported to follow their interests and take part in social activities and education. Two people told us they had joined cooking classes, and would be doing a six-week course. People said, "I'm going to do a course", "We went to the cinema last week" and "We didn't have many outings last year so we've got a car now". Staff told us, "We've got our own car now, and the money saved from not using taxis and buses is spent on theme nights" and "We're going to get some DVD's suitable for the ladies because we've got action ones which the men like, then we can have a DVD night with popcorn". One member of staff told us how they were organising people's meetings and arranging various activities such as themed nights. People told us they had enjoyed a Chinese New Year celebration and were looking forward to an American night. People told us they had made cookies and cakes as part of the activities in the home. People were able to take part in individual meetings with their key worker to decide what activities they wanted to explore. Activities were advertised on the notice board and included in-house activities such as karaoke, film nights and word-searches. This meant a variety of activities were available for people to follow.

One person had their dog living with them. Staff told us, and records confirmed people had been consulted before the dog had arrived. Feedback from everyone we spoke with was they were very happy to have the dog there.

People's concerns and complaints were encouraged, investigated and responded to in good time. People said, "Staff are nice and help me" and "I can tell staff if I'm worried about anything". One complaint had been received in the past year. This had been investigated and responded to in the timescales set out in the providers' policy. The person who made the complaint was satisfied with the response they received. A poster on display encouraged people to voice any concerns about the service. Two compliments had been received, one said, "Dear staff, thank you. I'm sure it's just a day's work for you, but it was pretty big for me. I feel you deserve thanks, so thank you". Another compliment was from a case manager who felt risk assessments and care plans showed a big improvement was being made.

There were monthly meetings for people who lived at the home. Minutes of the meetings showed people had been able to discuss their ideas around activities they would like to do and discuss menus. People were also able to talk about the staff who supported them and were reminded of the safeguarding policy. This meant people had the opportunity to express their views.

The manager sought people's feedback and took action to address issues raised. The last survey was completed in October 2016. Responses from people showed people felt safe, felt staff listened to their views and respected them. People also said they felt staff treated them with kindness and compassion, and treated them with dignity and respect. Comments included, "All staff support me in all aspects" and "Very good". Staff and healthcare professionals were also asked to complete surveys. Surveys were conducted annually and could be completed anonymously.

Is the service well-led?

Our findings

The service was well-led.

During the inspection in July 2015 we found although there were systems to assess the quality of the service provided in the home, these were not effective and placed people at risk of harm. The systems had not ensured that people were protected against inappropriate or unsafe care and support. The public were also at risk as a consequence. During the inspection in January 2016, we found some improvements had been made. During this inspection, we found the required improvements had been made.

The registered manager left the service in December 2016. The provider immediately placed a temporary manager in post and began the process to recruit a new registered manager. At the time of the inspection, interviews were being held. The temporary manager told us they will be able to provide support to the new manager when they are appointed. This meant staff had management support available to them throughout the process of recruiting a new manager.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. We saw that where shortfalls in the service had been identified action had been taken to improve practice. For example, the medicines audit identified areas to improve around documentation and storage. These had been completed. The audit also identified the home needed access to a medicines guide; this had been ordered. The audit identified the medicines ordering system was not in line with the policy, the manager had reviewed the system with the pharmacy and the medicines guidelines had been updated. Other improvements as a result of audits included purchasing a new thermometer for the treatment room and reminding staff to countersign the handover sheet. This demonstrated the quality assurance systems in place had identified issues and the manager had taken action to address these shortfalls. Audits of care plans showed a critical review had taken place and actions to improve them had been completed. In addition to the above, there were also a number of maintenance checks being carried out weekly and monthly. These included the water temperature as well as safety checks on the fire alarm system and emergency lighting. We saw audits that identified there were up to date certificates covering the gas and electrical installations and portable electrical appliances. This meant audits had been used to improve the service.

The PIR said, "Regular provider visits enable staff and people we support to raise issues with a senior manager or director." We saw a director or the nominated individual made unannounced visits in May, October and December 2016. Nominated individuals play an important role in registered services. They have overall responsibility for supervising the management of the regulated service and for ensuring the quality of the services provided. As part of their visit, they spoke with people and staff as well as looking at a range of records. Where any actions had been identified, audits showed these had been completed. This meant people had opportunities to feedback their views about the home and quality of the service they received directly to a senior member of the company.

The manager had a clear vision for the home which included ensuring the new manager would be fully

supported to maintain the improvements made. Staff we spoke with were aware of the values of the organisation and said, "They're on the notice board in the hall" and "I see them every day on the poster, it's about being inspirational, teamwork and partnership". The values of the home were displayed on the notice board and included transparency, responsiveness and empathy. Their vision and values were communicated to staff through staff meetings and formal one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

Staff meetings took place regularly. Meetings were an opportunity for staff to discuss any learning as well as considering the people they supported. Minutes of staff meetings were circulated so all staff had an opportunity to read them. Staff were also kept up to date via a regular newsletter from the provider, which kept them up to date with any new policies or developments.

All staff we spoke with the manager was approachable. Staff said, "The manager is very open. If we get a manager like this that will be good", "The manager is very approachable" and "It's better now than it's ever been." Staff told us they were able to raise any concerns and said, "If we're worried about anything we can say so" and "We can talk to the manager, they are very supportive" and "We can give feedback to the senior management as well when they visit".

The manager had recognised the challenges of leading the service on a temporary basis, such as getting to know everyone and learning about the systems in use. Staff had been involved in the changes that had taken place and told us they had been supported throughout. Staff said, "It's the best it's ever been", "Absolutely outstanding", "There have been lots of positive changes; it's more homely and paperwork is in place". Other comments from staff included, "We're very open and transparent about the care we provide", "The atmosphere here is brilliant" and "It's great, I'm really happy here".

Staff told us the atmosphere in the home was very happy and relaxed. Staff said, "It's a good home and I'm happy here", "We've been hit hard on previous inspections but there have been improvements" and "I'm forever seeing improvements in the staff team, they're more positive now" The manager told us they would be part of the team which would support the new manager, when they had been appointed.

The staffing structure in the home provided clear lines of accountability and responsibility, staff told us they felt they had better understanding of how the different roles fitted together. The manager told us, "All of the staff here are a great team, and they all know how important they are to ensure the best outcomes for people."

All accidents and incidents which occurred in the home were recorded and analysed. The information was stored on an electronic system and staff were able to log in to this. In the past year there had been seven incidents and two accidents. Minutes showed learning from these had been shared in staff meetings.

The manager had notified CQC about significant events in line with their legal responsibility. We used this information to monitor the service and ensure they responded appropriately to keep people safe.