

Counticare Limited

# Parkwood House

## 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

We previously carried out an unannounced comprehensive inspection of this service on 18 December 2015. Breaches of legal requirements were found. We told the provider to make improvements to become compliant with Regulation 9, 12, 13, 17 and 18. At this inspection we found that improvements had been made.

This inspection was carried out on 13 October 2016 and was unannounced. This was a comprehensive inspection and included an inspection of the previous breaches of legal requirements. The service provided accommodation and personal care for up to 13 adults with learning disabilities. There were 7 people living in the service when we inspected.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again and kept under review. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

There was a registered manager in place when we inspected the service. 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 and provider had made significant changes to the service since the last inspection and in particular to the way risk were managed to prevent harm to people. Incidents and accidents were also appropriately managed to reduce or prevent reoccurrence.

People received a service that was safe and relative's felt that their loved one was safe. Systems were in place to protect people from the potential risk of abuse. Staff had access to an up to date safeguarding adult's policy. Staff had received training about protecting people from abuse and knew what action to take if they had any concerns. Accidents and incidents involving people had been recorded, assessed and reviewed. Immediate action was taken by the provider following a serious incident previously.

Risks to people's safety had been assessed and recorded with measures put into place to manage any hazards identified. The premises had been maintained to ensure the safety of people. Risks to people's safety had been assessed and measures put into place to manage any hazards identified. The premises were maintained and checked to help ensure people's safety. People's safety in the event of an emergency had been assessed, recorded and reviewed.

People received support and assistance from enough staff to meet their assessed needs. There were enough staff on duty with the right skills to meet people's needs. Staff had been trained to meet people's needs. Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with

people who needed care and support.

People received their medicines safely and when they needed them. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely. People were supported to remain as healthy as possible with the support of healthcare professionals.

Staff had received sufficient training to meet people's needs including any specialist needs. New staff received an induction before starting to work at the service. Staff received support and guidance from the registered manager to fulfil their role in meeting people's needs. Staff said they were encouraged to discuss ideas and suggestions they had to improve the service.

People's needs had been assessed to identify the care they required. Care and support was planned with people and their relatives and reviewed to make sure people continued to have the support they needed. Detailed guidance was provided to staff about how to meet people's needs including any specialist support needs. People were given food and drink that they enjoyed and had chosen. People were supported to maintain their nutrition and hydration. Healthcare professionals were involved if people were at risk of malnutrition or dehydration.

People participated in activities of their choice within the service and the local community. There were enough staff to support people to participate in the activities they chose with staff allocated to particular activities. People and their relatives were involved and asked for suggestions of ways the service could be improved, these were acted on. People and their relatives had access to a compliant policy and procedure. Systems were in place to monitor the quality of the service being provided to people.

People's capacity to consent had not always been assessed as per the Mental Capacity Act 2005. Some decisions had been made for people without their consent and without the principles of the Act being followed. Staff offered people choices and gained their consent prior to offering any support. Staff were kind and caring towards people and took appropriate action to maintain people's privacy and dignity. We have made a recommendation about this.

Systems were in place to monitor the quality of the service being provided to people. External governance systems were now in place to ensure the service continued to maintain and improve the quality of the service. Records were not always stored safely and securely. We have made a recommendation about this.

## 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 protected from the potential risk of harm and abuse.

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

The premises had been maintained to ensure the safety of people.

Recruitment practices were safe to ensure people were suitable to work with people who needed care and support.

### Is the service effective?

Good 

The service was effective.

People were supported by staff who knew their needs well.

Staff encouraged people to eat and drink enough.

Staff met with their managers to discuss their work performance. Each member of staff had attained the skills they required to carry out their role.

### Is the service caring?

Good 

The service was caring.

Staff used a range of communication methods to help people engage with their care.

Regular individual and group meetings were held to enable people to express their views about the service.

People were treated with dignity and respect. Staff understood how to maintain people's privacy.

Records about people were kept confidential.

### Is the service responsive?

Good ●

The service was responsive.

Care plans included information about people's learning disabilities and conditions.

People were provided with opportunities to take part in activities both in the service and out in the community.

Information about people was updated often and with their involvement when possible so that staff only provided the care and support that was necessary.

People were encouraged to raise any issues they were unhappy about.

### Is the service well-led?

Good ●

The service was well-led.

Systems were in place to monitor the quality of the service that was provided to people.

The registered manager understood their role and responsibility in providing quality care to people.

Staff felt supported in their role by the registered manager.

# Parkwood 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 inspection took place on 13 October 2016 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we asked the provider to complete 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 also looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

Some people living at the service did not use verbal communication; instead they used a mixture of sounds, gestures and signs. We made observations of interactions between people and staff for people who were unable to tell us about their experiences. We contacted the relatives of the seven people using the service to gain their views and experiences.

We spoke with two people about their experience of the service. We spoke with two care staff, a senior support worker and the registered manager to gain their views. We asked four health and social care professionals for their views about the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems, internal audits and the quality assurance system. We looked at three people's care files, six staff record files, the staff training programme, the staff rota and the communication systems.

# Is the service safe?

## Our findings

One person told us they felt safe and liked living at the service. Relatives told us that since the erection of a fence around the property they felt their loved one was safe and secure.

At our last inspection on 18 December 2015, we identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not protected from the potential risk of harm and abuse. At this inspection we found that improvements had been made.

People were protected from the potential risk of abuse. Staff had access to an up to date safeguarding policy and procedure and they knew what action to take if they suspected abuse, such as contacting the local authority or using the whistle blowing policy. There was a current safeguarding policy, and information about safeguarding. Staff told us and records confirmed that staff had received training regarding how to safeguard vulnerable adults and they knew what action to take if they suspected abuse, such as contacting the local authority or using the whistle blowing policy. One member of staff said, "The registered manager has stepped up the safeguarding training and this has been very important." Records showed that the staff had made relevant safeguarding referrals to the local authority and had appropriately notified the CQC of these. This demonstrated that the staff and manager understood the arrangements in place to protect people from harm.

There were personalised risk assessments and behaviour intervention plans in place. The actions that staff should take to reduce the risk of harm to people were included in the care plans. The registered manager was being supported by a behavioural support specialist to develop positive behaviour care plans. These assist staff to identify people's triggers for behaviours that had a negative impact on themselves or others or put others at risk. The steps and early interventions staff should take to defuse these situations and keep people safe was recorded. Following a serious incident and since the last inspection the management team had reviewed its processes relating to reducing any potential risks to people.

At our last inspection on 18 December 2015, we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not deployed staff effectively to meet people's needs and, the skill mix of staff on duty at the time did not meet people's needs. At this inspection we found that improvements had been made.

Systems were in place to ensure there was enough staff on duty and deployed throughout the day to meet people's assessed needs. Some relatives told us that they felt the staffing levels were too low. We looked at eight weeks of rotas which showed a consistent number of staff on duty throughout the day. This included one senior support worker and four support workers between the hours of 07.15am to 21.00pm. Any additional support hours people had were clearly marked on the rota and the shift planner. The registered manager told us they were actively recruiting staff to fill the current vacancies. These included a deputy manager post and six care staff vacancies. The registered manager told us that the service used regular relief staff employed by the provider and regular agency staff to provide consistency to people. Observations during our inspection indicated that there was enough staff to meet people's needs. People were not

waiting for staff support and there were staff around when people required assistance. Staff were clear about who they were supporting and records showed that people were receiving their assessed hours of support.

Recruitment checks were completed to ensure staff were suitable to work with people who needed care and support. These included obtaining suitable references, identity checks and completing a Disclose and Barring Service (DBS) background check. These check employment histories and considering applicant's health to help ensure they were safe to work at the service. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. Written references from previous employers had been obtained. Staff were given a job description which outlined their role and a contract of employment. Any risks that had been identified during the recruitment process had been fully assessed and recorded. Each member of staff had a new starter checklist in place which enabled the registered manager and the provider's HR department to track each member of staff and ensure the correct documentation was in place.

At our last inspection on 18 December 2015, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Incidents involving people had not always been reported, reviewed and investigated. At this inspection we found that improvements had been made and there had been a change in practice since an incident that was investigated by the police.

Accidents and incidents were recorded via an online system. A health and social care professional told us they felt the service was not reporting all incidents that had occurred. However, the records we saw could not confirm this. We reviewed four separate accidents and incidents which had all been recorded appropriately. Staff completed a paper version of the incident form which was then recorded online by a member of the management team. Accidents and incidents were investigated by the registered manager and an action plan was then completed. The system was able to detect and alert the registered manager to any patterns or trends that developed. All notifiable incidents had been reported correctly. The registered manager was able to see, at a glance, whether accidents and incidents were decreasing. The provider took immediate and appropriate action following a serious incident.

The premises and equipment were maintained and checked to help ensure the safety of people, staff and visitors. Records showed that specialist equipment people used were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. A weekly safety check of all emergency exits and firefighting equipment was completed to monitor any safety hazards. A system was in place to monitor and record any maintenance issues that were found within the service. Records showed that issues that had been reported had been responded to such as, a radiator cover which had come away from the wall. The organisation had their own internal maintenance contractors which were used for any reported issues.

Environmental risks to staff had been assessed and recorded which included guidelines for staff to follow. For example, legionella, lifting loads, the use of equipment and cooking with people in the kitchen. A system was in place to ensure these were reviewed on a regular basis. People could be assured that any potential risks to them or others had been assessed and reduced following the control measures.

A fire risk assessment was in place and a contingency plan which was to be followed in the event of an emergency. Records showed that actions from the fire risk assessment had been completed such as, the fire system being installed within the sensory room. These checks enabled people to live in a safe and adequately maintained environment.

People had a personal emergency evacuation plan (PEEP) located in the fire file which was kept by the front door and a copy kept within their care plan. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated from the service in the event of a fire. People's safety in the event of an emergency had been carefully considered and recorded.

Medicines were managed safely and staff followed a medicines policy. People's medicines were stored securely within their own bedroom. Systems were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicines that had been administered. The records were up to date and had no gaps showing and all medicines had been signed for. Any unwanted medicines were disposed of safely. Medicine audits were carried out on a monthly basis by the registered manager. An annual audit had been completed by the local pharmacy. Actions that had been identified had been addressed by the registered manager such as, a new medicines fridge. These processes gave people assurance that their medicines would be administered safely.

Staff were trained in how to manage medicines safely. Some people had "As and when required" PRN medicines. Guidance was in place for staff to follow which included the dosage, frequency, purpose of administration and any special instructions. Information leaflets regarding people's medicines were kept within people's medicines files for staff's reference.

## Is the service effective?

### Our findings

Some people living at the service were unable to verbally tell us about their experiences of the care they received. We spoke with relatives and made observations of interactions between people and staff. People living at the service had lived with each other for a number of years. Observations showed people smiling when staff spoke to them, we observed that people were relaxed and comfortable with staff when care was delivered. Some relatives said that they felt that communication aids which were in place for their loved ones were not being used effectively. However, some relatives felt that this had recently improved. Staff understood people's individual communication styles, such as body language or behavioural changes which may indicate people were unhappy or distressed. People could go to staff who would understand and listen to them if they were unhappy about something.

At our last inspection on 18 December 2015, we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not received appropriate support, supervision and training to carry out their roles. At this inspection we found that improvements had been made.

Staff were provided with one to one supervision meetings as well as staff meetings and annual appraisal. These were planned in advance by the registered manager and were fully recorded. Staff told us that in meetings or supervisions they could bring up any concerns they had. They said they found supervisions useful and that it helped them improve their performance. Staff and supervision records, confirmed staff were able to discuss any concerns they had regarding care and welfare issues for people living at the service.

Staff also told us that they received supervision and felt supported in their roles. Records showed that when new staff started they would begin training using the Care Certificate Standards. These are nationally recognised training and competency standards for adult social care services. Records showed that supervision meetings with staff were held with senior members of staff. Staff also had meetings during their probationary period to discuss their progress and any developmental needs required. Staff were supported to enable them to provide care to a good standard.

Staff told us that there was a training programme in place and that they had the training they required for their roles. This included specialised training to a recognised national standard in the management of challenging behaviours. Staff had a good level of skill and training to manage people with any behaviours that challenged themselves or others. Staff understood how and when to escalate their interventions if needed and they ensured that everyone was kept safe. Staff were supported in this by a specialist in behavioural management who was brought in following the previous inspection. Staff learning was provided in a number of ways, including e-learning, distance learning courses and face-to-face training and this was supported by records we checked. Additional training was provided to meet people's specialist needs such as person centred care planning for people with learning disabilities and Autism.

At our last inspection on 18 December 2015, we identified a breach of Regulation 9 of the Health and Social

Care Act 2008 (Regulated Activities) Regulations 2014. People were not provided with a choice regarding their food which met their needs. At this inspection we found that improvements had been made.

On the day of the inspection all of the people were out on planned activities and we were unable to observe the lunch routine. However, from records viewed and staff feedback the way eating and drinking was managed worked well for people. People were encouraged to get involved in weekly menu planning through one-to-one meetings with staff. Pictures were used to assist people's understanding and choice. One person we spoke to after they returned to the service told us they liked the food. A relative said they felt the "Food is of good quality." Another commented that the meals were usually cooked using fresh produce.

There was lots of flexibility for people around eating, drinking and meals. People had access to the kitchen and they were supported to prepare drinks and snacks. This helped people maintain their independence and created a person centred culture around meals. People had been asked for their likes and dislikes in respect of food and drink. Staff supported people to avoid foods that contained known allergens people needed to avoid. Food preparation areas were well presented and clean. Members of staff were aware of people's dietary needs and food intolerances.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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).

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. The manager understood when an application should be made and how to submit them. Care plan records demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

However, care plans for people who lacked capacity, did not show that decisions had been made in their best interests. People had not been supported to make informed choices about their care other than in relation to medicines. This meant that people were not always protected with the spirit of the MCA. We discussed this with the registered manager. They were aware that work was needed to improve the levels of best interest and mental capacity assessments for each person in a range of activities, including daily living routines and medical appointments.

We have recommended that the registered manager fully implements the guidance in the Mental Capacity Act 2005 (MCA) and researches how to implement this in a learning disability setting.

People were supported with their agreed and recorded daily routines by staff. People's health needs were monitored by staff and comprehensive information was provided about people's conditions. For example, people behavioural management guidelines in place which staff knew how to follow. Staff we talked with were knowledgeable about people's needs and we observed them putting their knowledge into practice and gaining implied consent from people. For example, we observed staff encouraging people to participate using the recorded methods, by sitting with them, waiting for people to respond and giving people time to

make choices. This reduced the potential for people to become anxious and agitated.

People were assisted to access other healthcare services to maintain their health and well-being, if needed. People had full access to their GP and help from other health and social care professionals like dentist, opticians and community nurses. Records confirmed that people had been seen by a variety of healthcare professionals, including a GP, nurse and dentist. Relatives told us that they were kept informed of any health issues and were informed of any outcomes.

# Is the service caring?

## Our findings

One person told us the staff were "Friendly." A relative said, "Staff always appear kind, caring and respectful." Another said, "The staff at Parkwood House seem to be very caring. The staff are all very polite." We observed good communication between staff and people living at Parkwood House and found staff to be friendly and caring. People who needed advocacy support to express their views could access this. People with changing capacity to make day-to-day decisions about their care were still offered choice and provided with information to help them decide what they wanted to do.

The staff we spoke with were aware of what was important to people and were knowledgeable about their preferences, hobbies and interests. Some relatives told us that they had been involved in developing their loved ones likes and dislikes with support from the staff team. They had been able to gain information on these from the 'Person centred care plans', which had been developed through talking with people and their relatives. This information enabled staff to provide care in a way that was appropriate to the person. We observed positive relationships that had developed between people who used the service and the staff.

People's care plan's contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about people's backgrounds. Staff said, "We like to support people so they have fun." And, "I love working with the people I support."

Staff members were able to describe ways in which people's dignity was preserved, such as making sure people closed toilet doors and by ensuring that doors were closed when providing personal care in bathrooms. Relatives said and we observed staff knocking on doors and waiting for a reply before entering. All information held about the people who lived at the service was confidential and would not be discussed outside of the service to protect people's privacy. A relative told us that staff maintained people's confidentiality and only spoke in private. Information was stored in a separate locked office. However, the storage cabinet was not fit for purpose as it was damaged and allowed easy access to people's files. The registered manager told us that a new filing cabinet was on order and he was waiting for a delivery date.

We have recommended that confidential information is stored in line with published guidance and practice.

People were encouraged to be as independent as possible. We observed staff prompting people in a helpful and supportive manner, while retaining courtesy and professional interaction. Staff sought the guidance and opinions of people living at the service relating to their activities and wishes for the day and their wider self-determining choices.

People and their relatives were asked for feedback about the service. Decisions about household routines were taken collectively by people. There were a number of information leaflets in the service which included information about the service, safeguarding, the complaints policy and activities. These had also been provided in accessible format using symbols or actual photographs so that people might better understand

the information provided. For example, photographs of staff on shift for the day were displayed in the hall, as was other information about the day and date.

## Is the service responsive?

### Our findings

Some people living at the service were unable to verbally tell us about their experiences of the care they received. We spoke with relatives and made observations of interactions between people and staff. One person said when talking about activities, "I get to go out in the car when I want to." A relative commented, 'Activities in the past were minimal but (name) is now very busy with different activities.'

At our last inspection on 18 December 2015, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not provided with activities which met their needs. At this inspection we found that improvements had been made.

The provider had appointed a registered manager who had implemented systems to ensure staff were responsive and flexible to people's choices and needs regarding activities. A learning culture had been introduced. For example, a record was now being kept of new activities people tried and whether they enjoyed it or disliked it. This was enabling staff to plan activities based on actual experiences. The registered manager said, "We are now working with occupational therapist to help design appropriate activities plans, and we have a member of staff allocated to activities planning." The provider had also appointed a behavioural support therapist who was supporting the registered manager and staff to develop meaningful person centred care plans. This meant that people would be supported by staff who could plan and deliver appropriate activities.

During the inspection two people were away on a one-to-one supported holiday. Two people were out at an activities centre and another person was out on a one-to-one activity in the local town. Also, clearer guidelines were in place in relation to gender sensitive staffing was now being offered for assisting with bathing and dressing. Positive behaviour support plans encouraged participation in the wider community.

In the afternoon people were participating in one-to-one activities such as arts and crafts, listening to their favourite music and using the sensory room. At other times, people were engaged in activities using items they were familiar with and that provided them with visual and tactile experiences. We observed people were keen to participate in the activities. For example, using setting up the music system for their music and helping to get the arts and craft material ready.

Activities included learning such as developing social skills and involvement in household tasks. People could change their minds and told us they did not have to do their chosen activity. Other people had a routine for one to one staff support in the community. This included participating in leisure activities, going to the pub for lunch and personal shopping. Staff were allocated to people's activities based on their skills and experience. The staff rota and activities planner showed that activities were on-going and planned in advance. People's activities records evidenced that planned activities had taken place. A relative commented about the increased activities, 'This has had a tremendous impact on my son's life and wellbeing recently. Examples of activities are train journeys, sensory sessions and on site cookery classes.'

People's needs had been fully assessed and care plans had been developed on an individual basis. Care

plans were detailed and included individualised information about keeping healthy, communication styles, daily routines, likes and dislikes and information to assist other health and social care professionals meet people's needs in other settings, for example in hospital. The new format care plans immediately gave staff information about who people were, their backgrounds and their hobbies and interest.

People were encouraged to get involved in their care planning through the use of photographic reminders of people, places and activities. This helped staff engage with people. The provider employed their own specialist behavioural management advisor who assisted staff with training and in the development of positive behaviour care planning. This meant that people and staff could access assessment, review and care planning advice easily and quickly.

People were encouraged to discuss or indicate they may have issues about their care through one to one key worker meetings. Staff understood how people's mood, behaviour or body language may indicate they were unhappy or distressed. Care plans contained comprehensive information about people's individual communication styles.

Assessments were completed and reviewed with people, their care manager from the learning disability team or their relatives whenever possible. Before people moved into the service an assessment of their needs had been completed to confirm that the service was suited to the person's needs. After people moved into the service they and their families where appropriate, were involved in discussing and planning the care and support they received. Assessments and care plans reflected people's needs and were well written. Care planning happened as a priority when someone moved in. The provider had some good examples of personalised care planning formats in their policies files and the manager of the service had been working to improve the personalisation of care plans and records.

The care people received was person centred and met their most up to date needs. People's life histories and likes and dislikes had been recorded in their care plans. Staff encouraged people to advocate for themselves when possible. This assisted staff with the planning of activities for people. Each person had a named key worker. This was a member of the staff team who worked with individual people, built up trust with the person and met with people to discuss their dreams and aspirations. We saw from care plans that when people had met and chosen activities these had been organised by their key worker and they recorded when they had taken place.

Behavioural support care plans detailed early interventions based on people's individual needs. This enabled staff to intervene early if they saw people becoming upset or agitated. Staff understood the recorded behavioural triggers for each person. If people's needs could no longer be met at the service, the manager worked with the local care management team to enable people to move to more appropriate services. This had happened when people's behaviours had become distressing to others living in the service.

The manager sought advice from health and social care professionals when people's needs changed. Records of multi-disciplinary team input had been documented in care plans. These gave guidance to staff in response to changes in people's health or treatment plans. This meant that there was continuity in the way people's health and wellbeing were managed.

The manager and staff responded quickly to maintain people's health and wellbeing. Staff had arranged appointment's with GP's when people were unwell. This showed that staff were responsive to maintain people's health and wellbeing.

There was a policy about dealing with complaints that the staff and manager followed. This ensured that complaints were responded to. People had one to one meetings with staff. At these meetings people were encouraged to talk about any concerns or complaints they had about the service. Staff understood that people with learning disabilities, autism or mental health issues may not always be able to verbally complain. Staff compensated for this by being aware of any changes in people's mood, routines, behaviours or health.

There were complaints and concerns recorded which had been raised. These were kept in a book and were addressed. There had been one recorded complaint since the last inspection. This had been fully investigated and responded to by the registered manager.

## Is the service well-led?

### Our findings

At our last inspection on 18 December 2015, we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The previous registered manager had not supported the staff within their role to provide care and support to people. At this inspection we found that improvements had been made.

A new registered manager was in post who had been managing the service for the last nine months. The registered manager had implemented systems to ensure staff were supported in their roles through planned induction, training and supervision and that people were engaged in making choices. Staff told us they enjoyed their jobs. The provider asked staff their views about the service. Staff felt they were listened to as part of a team, they were positive about the management team in the service. Staff spoke about the importance of the support they received from senior staff, especially when they needed to respond to incidents in the service. They told us that the registered manager was approachable. One member of staff said, "The registered manager promotes a learning culture." And "We like the fun side of the service." Other staff described the management team in the service as being 'Good role models.' A healthcare professional told us that things had improved within the service since the new registered manager has been in post. A relative said, "Since the arrival of (registered manager) the service has changed considerably for the better." Another said, "The new manager is enthusiastic, and has good ideas."

The registered manager had a good understanding of their role and responsibility to provide quality care and support to people and had 25 years' experience working within social care. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, if a person had died or had had an accident. All notifiable incidents since the last inspection had been reported correctly. A relative commented, 'Things have improved but there is a way to go.' The registered manager was supported in their role by a locality manager. The registered manager said, "The locality manager is very supportive and listens to my ideas and suggestions." External governance systems were effectively used to ensure the service continued to offer a quality service to people. The registered manager supported staff in their roles and offered guidance following any incidents.

Relatives felt that there was a lack of communication between themselves and the management team at the service. Feedback from the recent relative's survey showed that relative's felt the communication was poor between themselves and the management team. Some relatives told us they felt that the new registered manager had improved communication. The registered manager told us that were aware there had been issues previously regarding a lack of communication between management and relative's. As a result the registered manager had organised quarterly family coffee mornings and newsletters as a way to ensure effective communication between everyone. These had been effective and relatives told us if they were not able to attend they received the minutes detailing what was discussed.

The aims and objectives of the service were set out and the registered manager of the service was able to follow these. Staff received training and development to enable this to be achieved. The manager had a clear understanding of what the service could provide to people in the way of care and meeting their

assessed needs. This was an important consideration and demonstrated the people were respected by the registered manager and provider.

The registered manager and their staff team were well known by people. The values of the organisation were clearly noted and identified within the policies observed and displayed within the service. Staff were committed and passionate about delivering high quality, person centred care to people living with learning disabilities and autism. We observed them being greeted with smiles and staff knew the names of people when they spoke to them.

At our last inspection on 18 December 2015, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems were not in place to assess, monitor and improve the quality of the service being provided to people. At this inspection we found that improvements had been made.

Systems were in place to monitor the quality of the service being provided to people. Audits were completed by the registered manager and the locality manager on a regular basis. The registered manager had created an action plan when he started work at the service using the previous inspection report. The monthly audits completed by the registered manager included medicines management, health and safety, finance checks and a system audit. These audits generated action plans which were monitored by the registered manager. Action was taken when issues were found such as, the water temperature checks were three days late to be tested. Feedback from the audits were used to make changes and improve the service provided to people. The provider implemented systems following a serious incident which was investigated by the police to reduce the risk of a reoccurrence.

There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed.