Lansdowne Road Limited

Charnwood Lodge

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

This comprehensive inspection that took place on 15 June 2017. The inspection was unannounced. We returned announced on the 22 June 2017

Charnwood Lodge provides residential care and support to up to 17 people with learning disabilities and mental illness. At the time of our inspection there were 17 people using the service.

The service had a 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 were not always protected from abuse. We saw that incidents had occurred where people's behaviour had negatively impacted on other people using the service. Staff understood their responsibilities to protect people from abuse and report concerns.

There were enough staff to keep people safe. Staff have been recruited following safe recruitment practices.

Staff understood how to support people to remain safe when they displayed behaviour which could harm. Risks associated with people's support needs were assessed and action taken to minimise the risk of avoidable harm.

People usually received their medicines as prescribed by their doctor. People had access to health care professionals and were supported to meet their health needs.

The registered manager understood their responsibility to ensure people were supported in line with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Consent was sought from people to provide their care.

Staff received training and guidance to carry out their role. They had a clear understanding of their role and how to support people who used the service as individuals.

People enjoyed their meals and were supported to have sufficient to eat and drink.

People were treated with kindness and respect. Their independence was promoted and they were offered choices about the things that were important to them.

People were supported to maintain links with people who were important to them. They had access to independent support if they needed it.

People received care and support that was tailored to their individual needs. People were asked for feedback about the support that they received to ensure that it was delivered in the way that they wanted it.

The registered manager and staff team were working to support people to engage in activities that were meaningful to them.

People who used the service felt they could talk to the registered manager and had confidence concerns would be acted upon. Staff were clear of their role.

There were systems in place for gathering information about the service and identifying areas of concern. These were not always effective in identifying concerns or action was not always taken in a timely way.

People's relatives expressed concern about the high turnover of staff. The registered manager was working on a recruitment and retention plan to address this.

The registered manager was aware of their responsibility to report events that occurred within the service to CQC and external agencies.

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.

There were sufficient numbers of staff to meet people's needs. The service followed safe recruitment practices when employing new staff.

People were not always protected from abuse. Incidents had occurred where people's behaviour had negatively impacted on other people using the service.

People usually received their medicines as prescribed by their doctors.

People were protected from risks associated with their care needs. The environment was maintained to ensure that it remained safe.

Is the service effective?

Good

The service was effective.

People were supported by staff who were suitably trained and guided to meet their needs.

Consent was sought from people to provide their care. Where people lacked the capacity to make specific decisions about their care they were supported in line with the MCA.

People were supported to eat and drink well. They had access to healthcare services when they required them.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect. Staff were kind and caring and understood what was important to people.

Independence skills were encouraged and people were supported to make choices about the things that mattered to them.

People were supported to maintain links with people who were important to them.

Is the service responsive?

Good

The service was responsive.

People received support that was based on their individual needs and preferences.

People had access to activities that were meaningful and of interest to them.

The provider's complaints procedure was followed and people felt able to raise a concern if they had one.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems and processes were in place to monitor the service. These were not always effective in identifying concerns or where they did action was not always taken in a timely manner.

People and their relatives had confidence in the registered manager. Most staff felt supported by the registered manager.

The registered manger was supported by the provider in their role. They understood their responsibilities.

Charnwood Lodge

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 checked 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 15 and 22 June 2017 and was unannounced on the first day. The inspection team consisted of two inspectors.

Prior to the inspection we reviewed notifications that we had received from the provider. A notification is information about important events which the provider is required to send us by law.
Before our inspection, we reviewed information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had safeguarding responsibility for the people who used the service. We also contacted Healthwatch (the consumer champion for health and social care) to ask them for their feedback about the service.

We spoke with three people who used the service. Following the inspection we spoke with five people's relatives to get their feedback. We also received feedback from some people's advocate. An advocate is a trained professional who can support people to speak up for themselves.

We observed care and support being provided in the communal areas of the service. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not people were comfortable with the support they were provided with and it helped us to understand the experience of people who could not talk with us.

We spoke with the registered manager, the provider's Quality Improvement Lead, two team leaders, two care workers and the cook. We looked at the care records of six people who used the service and other documentation about how the home was managed. This included policies and procedures, medication records, staff records, training records, staff rota and records associated with quality assurance processes.

Requires Improvement

Is the service safe?

Our findings

People were not protected from abuse. We saw that incidents had occurred where people's behaviour had negatively impacted on other people using the service. A person's relative told us, "Safe, I don't know, you never know what the other clients will be like." There had been occurrences where people using the service had been physically aggressive towards other people using the service. On another occasion a person was subjected to verbal assaults which would amount to psychological abuse. These cases were investigated by the local authority safeguarding team and found to be substantiated. Staff members had been guided to support people to prevent occurrences however they were not always successful in their interventions. The provider had recognised that people were at risk and people using the service were moved to other services in order to protect people. However we saw that the occurrences had taken place over a number of months.

People and their relatives told us that they felt safe. One person said, "As safe as anywhere." Another person said, "Safe yes." A person's relative said, "Staff are very good. They keep him as safe as possible." A staff member said, "I do not feel concerned for their safety." Staff were clear on their responsibility to keep people safe from abuse. One staff member told us, "Our safeguarding procedures are very tight." Staff were aware of how to report and escalate any safeguarding concerns that they had within the service and, if necessary, with external bodies. The provider had a confidential whistleblowing line, however not all staff were aware of this. We saw that a poster informing staff of the provider's confidential whistleblowing hotline was on display in the staff office. We asked the registered manager to remind all staff of how to access this information. The registered manager was aware of their duty to report and respond to safeguarding concerns. They had ensured that all staff had received training with regards to identifying safeguarding concerns and taking appropriate action if they had concerns. We saw that there was a policy in place that provided people using the service, their relatives and staff with details of how to report concerns and who to.

We checked how medicines were stored, administered and managed. We found that people usually received their medicines as prescribed by their doctors. Medicines were stored securely and a stock check of medicines was taken regularly. A visiting health professional said, "They are quick to contact us and vigilant so that they don't run out." We saw that medication administration record (MAR) charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. MAR charts had been completed accurately when people had taken their medicines however were not always completed when people had used prescribed creams or toothpastes. We saw that protocols to guide staff to support people to take medicines that were to be given when needed were in place. These had not been reviewed. The registered manager told us that staff would review them following our inspection. Where people refused medication this was respected and strategies were in place to encourage people to take their medicines at times that they wanted to. We saw that one person's MAR chart stated that they did not have an allergy however a health record stated that they had an allergy to anti-biotics. We asked the registered manager to ensure that allergies were recorded accurately. This was important to ensure people were not at risk of receiving potentially fatal medicines.

Staff had received appropriate training before they were able to administer medicines to people. Their competence was checked, by the registered manager to ensure that their practice remained safe. We were

made aware of an incident that had occurred whereby a person had not received their medicines for a period of days. Staff had not followed the provider's policy and had not demonstrated good medicine management practice. The registered manager had taken action to investigate this and retrain staff members. We saw that additional checks had been implemented following this incident. These checks had identified a further error and allowed action to be taken to ensure that the medicine was given to the person as prescribed by their doctor.

People were protected from risks associated with their care needs. A staff member told us, "It's important to keep people safe and enhance their quality of life." We found that risk assessments had been completed on areas such as nutrition and accessing the community. Completion of these assessments enabled risks to be identified and guidance for staff to be put in place to minimise the impact of these risks. A visiting health professional said, "They moved one person from upstairs to downstairs when they had fallen." Risk assessments had been reviewed to ensure that they remained current and continued to be effective in preventing avoidable harm. Action was taken following events.

The environment and equipment was maintained to ensure it was safe. We saw that routine checks were made in areas such as water temperature and electrical systems to ensure that they were safe. Measures were taken to prevent fire and equipment and systems checked regularly. We were told that a fire door had been identified as in need of repair two months prior to our inspection. This had been reported to the provider but had not been replaced. We also saw that a fire risk assessment was reviewed in February 2017. It identified that there were not enough staff trained in fire safety. We asked the registered manager about this they told us that staff were booked to attend this training. There were plans in place should the home become unsafe to use, for example in the event of extreme weather. This meant that should an emergency occur staff had guidance to follow to keep people safe and to continue to provide the service.

Some people displayed behaviour that may be risky to themselves or others. Staff understood how to offer safe support should this have occurred. We saw that staff had received training to keep themselves and other people safe. Where physical intervention was used to keep people safe at times of high anxiety this followed best practice guidance. Staff used diversion and low arousal techniques to defuse situations when people's behaviour became a concern. A staff member said, "We don't challenge. We try to reassure and to change the subject to something we know he likes to talk about." During our inspection we observed staff supporting a person who was experiencing high levels of anxiety. Staff give the person the space they required and gently offering reassurances. People's care plans gave clear guidance to staff on how they should support people during times of high anxiety. A visiting health professional told us, "They ask me to stand back where needed if I get too close to a person and they are in a bad frame of mind." In these ways staff understood and knew how to respond to people's behaviours.

There were enough staff to meet people's needs. A persons' relative told us, "There are people with him all the time. Lots of staff around." Some people were assessed as requiring dedicated staff support. Staff confirmed that people received this. A staff member said, "(Person) never without someone." They went on to say, "Staffing numbers – the odd days we could do with more." Another staff member said, "It's a lot better than it has been." We reviewed staffing rotas and found that this support had been provided to people. A visiting health professional told us, "Every time I visit there seems to be sufficient staff. Always someone about." The registered manager told us that they had recognised that they had some staffing vacancies that they were actively recruiting into. During our inspection visit we saw that newly recruited staff had been employed and were working through their induction training.

Safe recruitment practices were followed. The provider had followed their recruitment procedures. The necessary pre-employment checks had been carried out. These included Disclosures and Barring Service

checks. These are checks that help to keep those people who are known to pose a risk to people using Care Quality Commission (CQC) registered services out of the workforce.

Good

Is the service effective?

Our findings

People were supported by staff who had received training and support to meet their needs. Staff who were new to the service were prepared for their role thought indication training and shadowing more experienced staff. One staff member told us, "I've done (physical intervention) training and some online courses. Also I'm still working on the care certificate." They went on to tell us, "What I've done has been really good and informative." The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role. New staff were able to shadow more experienced staff members and had allocated time to read through people's care plans so that they could be prepared to meet people's needs. A staff member said, "Induction was reading the notes about the role and the expectations. I got shown around, what my duties were." "I got to observe what people were like."

The registered manager told us that they had recognised that some people using the service needed to be supported by familiar staff with particularly characteristics. They had arranged for these staff to mentor less experienced staff to help them develop confidence when working with these people. A staff member told us, "I'm getting on well through the support of the managers and the support workers who have been here longer."

Staff received ongoing training and support in order to meet people's needs. Training records showed that staff had access to up to date information in order to ensure their knowledge was current. Staff had raised with the senior management team that they felt face to face training was more beneficial than the online training that they had received. The registered manager told us that the provider was arranging for this to happen. They told us that they were introducing further training courses to meet the needs of the staff at the service. This included training around developing a positive culture as staff had expressed an interest in this course.

Staff received guidance and support through supervision meetings. The aim of these meetings was to checks staff's understanding of the provider's guidelines and people's support needs. Also to check that staff had received the training and direction that they needed and offer them an opportunity to feedback any concerns. Most staff told us that these meetings were useful, however we also received feedback from some staff that they were not. A staff member said, "I had one (supervision) in August 2016, September 2016 and March 2017. They were not very good. I'd feel more comfortable speaking with someone else." We reviewed staff supervision records and found inconsistencies in the level of detail that was recorded within them. Supervisions were conducted by team leaders. The registered manager had identified that team leaders were not all suitably trained in order to conduct effective supervisions with staff. They told us that they were arranging for senior staff to receive more training in the area.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Act. 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 we found that it was.

The registered manager was aware of the legislation and had considered these requirements during care planning. Most staff had received training about the MCA and understood how if affected their role and the people they were supporting. One staff member told us, "Don't assume people don't have the mental capacity to make a decision. Try to advise them options to see if they can make a decision. If not, you could go back later." Where people were supported under DoLS we saw that authorisations were in place and reflected the care that people received. Staff were given clear guidelines around how to support people in line with the authorisations that were in place. Mental capacity assessments were completed and the appropriate records were held. The relevant people had been consulted and best interest decisions had been made on behalf of people in line with the requirements of the MCA. We saw in people's care plans that people's relatives had been asked to sign consent forms on behalf of people. There was no legal agreement in place that would allow the relatives to consent for people. In most cases a best interest decision was already in place for the decision. We asked the registered manager to remove these consent forms. They told us that they would.

People told us that they enjoyed the meals on offer. One person said, "Nice food, healthy food." We asked another person if they had enjoyed their lunch. They said, "It was nice." People had enough to eat and drink. The service had a main kitchen where meals where prepared by the cook and a kitchenette where people could access at any time to make a drink or snack. A staff member told us, "We have the kitchenette for people to do their own breakfast." "It's always open and fully stocked." Throughout our inspection we saw that the kitchenette was available for people to access and we observed people preparing drinks with staff support. The cook confirmed that they checked to ensure that the kitchenette was kept stocked with drinks, cereal and snacks. The registered manager and the cook were working to support people to have more choice around their meals. The cook had been to visit another service run by the provider in order to support them with implementing best practice in providing choice and nutritionally balanced meals. A staff member told us, "(People)are eating better, its doing them the world of good." We saw that a tasting session had taken place with some people where they were offered food that was not normally on the menu and asked for their feedback. The service had been achieved the highest rating available by the Food Standards Agency in June 2017.

People's health needs were met. A person's relative told us, "We had a meeting a couple of months ago with the GP and nurse." Another person's relative told us how staff supported a person with their medical condition. A visiting health professional told us, "They seek support in a timely way. On the day." They went on to say, "If I tell them to do something they carry it through as directed." A staff member told us, "If I had concerns about someone's health I report it to a team leader. They will check and phone the GP if needed." We saw where people had concerns over accessing health care appointments this was recognised and they were supported. Records relating to people's health care appointments were being updated at the time of our inspection. We saw that one person had refused to access health care appointments. The records detailing which appointments they had refused were not clear. We asked the registered manager to ensure detailed records were kept to demonstrate that the person had been offered access to health care support.

Good

Is the service caring?

Our findings

People received support from staff who were caring. One person told us, "I like Charnwood Lodge." They went on to tell us how staff had supported them in a caring way. They said, "(Staff name) is my keyworker, she helps me every day." A key worker is a staff member who takes a lead role in ensuring a person's needs are met and helps them to express if they have any concerns. A person's relative told us, "Staff are very friendly." Another relative said, "The staff are caring." A visiting health professional told us, "They are really caring, know people well down to their background and what they've eaten. Quite helpful and really caring." A staff member told us, "A lot of staff genuinely care." We observed staff treating people in a caring and respectful manner throughout our inspection visit.

People's dignity was protected. A person we spoke with told us, "Staff close the door for privacy." We asked another person if their room was kept private to them. They said, "Very much so yes." We observe staff supporting people's dignity throughout our inspection. For example we saw that a person's dignity could have been compromised while they were experiencing a high level of anxiety. Staff took appropriate measures to protect their dignity while not increasing their anxiety. On another occasion a staff member told us that they had stepped out of a bathroom so that a person could have some privacy while they used the facilities. We did see that records containing personal information about people were left out in the dining room. This meant that people's sensitive information was not being handled carefully. We pointed this out to the registered manager who assured us that they would have these records moved and stored securely. Staff understood people's preferences and what was important to them. For example a staff member explained that an activity of daily living that a person needed to complete to remain healthy was not of interest to the person and that staff needed to be mindful of this when supporting the person. They said, "It's not important for (person) to (activity), they don't understand the consequences." A visiting health professional told us, "Staff know people inside and out." People's care plans guided staff on what was important to people and how best they could met people's preferences.

Staff supported people to make choices. A person that we spoke with said, "I have more freedom than when I was (at previous home)." One staff member said, "Some residents say 'I don't want to', and that fine, it's their choice." Another staff member told us, "They all go to bed at different times." People had the opportunity to decide who they wanted to support them. A staff member told us, "It depends on [person's] mood. If [person] lets me I do. [Person] gestured he didn't want me in the room so I stayed outside it. [Person] grabbed my arm, took me downstairs to see who else was available." We observed people being offered choices throughout our visit. For example if they wanted a hot drink or to access an activity. We saw that people's care plans guided staff on how to support people to make choices.

Information was presented in an easy to understand format including the complaints procedure and service user guide. There were information boards in the hallway. However we saw that the service user guide required review as some of the detail was out of date. The registered manger told us that they would ensure this was updated. Where people required support with their communication this had been considered. We saw that some people's communication style and needs had been assessed and strategies put in place to aid them with their understanding. For example a person's care plan stated "I communicate verbally but

prefer you to talk in simple sentences, give me time to process." The registered manager told us that they intended to implement visual aids to support people to choose their meals. We would recommend that the registered manager consider further best practice around supporting people's communication needs.

People were supported to develop independence skills. A staff member told us, "A lot of people become more independent." They went on to explain how people were supported with basic cooking skills. They did say that, "The equipment could be better to enable independence." Some people had facilities within their individual flats to support them to develop their skills. For example some people were involved in menu planning, shopping for and cooking their meals with support. We saw that the kitchenette was available to people so that they could independently make themselves a drink or snack when they wanted to.

People were supported to maintain links with people who were important to them or who could help them if they needed the support of someone who was not employed at Charnwood lodge. People's relatives could visit them when they wanted to. We were told that staff had supported people to maintain relationships with their relatives by arranging transport and support to visit them on a regular basis. People's relatives told us that this was important to help them keep in contact with people. People had access to advocacy services if they needed them. An advocate is a trained professional who can support people to speak up for themselves.

Good

Is the service responsive?

Our findings

People received support that was based on their individual needs and preferences. A person's relative told us, "They have been very good." Another relative said, "We are pleased with what they do for (person)." A staff member told us, "It's all about them at the end of the day." Another relative told us, "He gets the best care." We saw that people's needs had been assessed and care plans had been put in place for staff to follow to ensure that their needs were met. The staff that we spoke with were able to explain people's support needs and preferences and had a good insight. Care plans contained detail information about what was important to people and their preferences including their usual routines.

Care plans were kept under review to ensure that they remained current and reflected people's needs. We saw that care plans did not always provide consistent guidance for staff. Some inconsistencies were found in guidance for staff about how people like to take their medicines or how best to support people to access activities. A staff member said, "The care plans are too lengthy, too much information and they are not all laid out the same. The manager is aware of it and she is open to making changes." The registered manager told us that they were in the process of updating records to ensure that the information contained within them was consistent and simple for staff to access and understand.

Staff were provided with clear guidance around supporting people who were experiencing high anxiety. This included checking for warning signs and using distraction techniques to help people manage their anxieties. We saw that some people were offered medicines to help them with their anxieties. It was not always clear within care plans when this should be offered. The registered manager told us that they would make this clearer. The provider employed a staff member who was skilled in promoting positive behaviour support. The registered manager told us that they would be working together to identify proactive ways to support people during times of high anxiety and further develop guidance for staff to support people to achieve their goals.

People's bedrooms were individualised and decorated to their personal tastes. One person proudly told us that they thought their bedroom was "Beautiful." They showed us their new television. We saw that bedrooms contained items that were important to people. The service Quality Improvement Lead told us that they had identified that the home would benefit from further personalisation and that there were plans to involve people more in the décor in the home.

People were asked for feedback about the support they received. Staff had changed the ways that they sought feedback from people as it had been recognised that people were not engaging or offering feedback. We saw that 'Your Voice' engagement sessions had been implemented. These gave people the opportunity to formally feedback and review their care or to do so informally through their behaviours and levels of engagement. This also allowed for staff to contribute to the feedback. We saw that people's enjoyment of outings and celebration events had been checked. We saw that extra staff had been made available to help people make pancakes and celebrate Shrove Tuesday based on this being a wish that people had expressed. People had been asked for feedback in an environment that they felt comfortable in for example their bedroom. In these ways people's views had been sought.

People were supported to engage in activities that were of interest and meaningful to them. A person that we spoke with said, "I went for a walk this morning." A person's relative told us, "They do a lot of things with him." Another relative said, "I know (person) goes out for meals." A staff member told us, "We designed activities based on [person] and what [person] likes. We have all done work to improve them. Weekly food shops, cinema trips, into town. People choose their own films." Another staff member said, "They do a lot of activities getting them out and about." People had access to vehicles in order to access the community. A staff member told us, "Transport is pretty much continuously used. Some don't go out quite as often as others. They might not want to go out." We saw that there were enough staff available to drive the vehicles and that people were not having to wait to access them if they wanted to.

There was recognition within the staff team and management that more work was needed to develop further opportunities for people to access the community and fill their time with meaningful activity. The provider's audit in June 2017 had raised concerns that activities were not taking place as planned and in some cases people were observed to be inactive and wondering aimlessly. One staff member said, "Activities is an area to improve." A team leader had been given the role of promoting and planning activities for people. They told us, "People with autism need more structure." This was why they had implemented activities planners. These activities were based on people's preferences and interests. We saw that activity planners were on display in the office referring to community and home based activities that are available for people to take part in. People were not aware of the planners as they had not been shared with them. We saw that for some people activities planners were not always representative of the activities that people had been offered. The registered manager told us that people were offered activities but did not always take part in them. They also told us that there were plans to develop outdoor space, and involve people in gardening projects.

Staff were required to complete records regarding the care that people had received. We found that these records were not always completed with the level of detail that was required. For example we saw that two people who used the service should have been offered the opportunity to access community facilities along with in house activities. We reviewed their care records and found that over a seven day period there was no record of them having accessed the community or been offered the opportunity to do so. The registered manager told us that staff were receiving further support and guidance in order to complete these records with more detail.

People were encouraged to raise concerns if they had any. One person told us, "Go tell (registered manager)." When we asked them what they would do if they had a concern. They went on to explain what they would do if they discovered a fault, they said, "If something's not working, report it." People's relatives told us that they felt confident to raise a concern and that it would be dealt with. We saw that complaints had been addressed in line with the provider's policy and action was taken to investigate and resolve the concern.

Requires Improvement

Is the service well-led?

Our findings

Systems were in place to monitor the service delivery. For example an unannounced finance audit had taken place prior to our inspection. Other audits conducted regularly by the registered manager for example the cleanliness of the kitchen or medication records. We found that some audits were not always effective or fully competed. We saw that team leader check lists had not identified when activities that people had been offered were not recorded within their daily notes. We saw that records around cleaning duties had not been consistently completed. Audits had been completed around medicine systems in the home. These had been successful in identifying a problem with a person's administration of their medicines. However they had not identified when a person's allergy was incorrectly recorded or when records needed to be reviewed. Action was not always taken in a timely manner when systems or checks had identified concerns. We saw that a fire safety door had not been replaced as was required two months after it was identified as faulty. Fire safety risk assessment had identified in February 2017 that more staff required fire safety training. This training had not taken place at the time of our inspection. Systems were not always effective in identifying concerns or action was not taken in a timely manner when concerns had been identified.

The provider had a quality improvement lead who helped to monitor the service. We saw that they had completed an audit prior to our inspection. This audit had identified some of the concerns that we had found such as activities records not being maintained. A previous audit had identified that handovers were completed at every shift change, however these are not always recorded. We read, "At my last visit I suggested that a daily walk around of the whole service would benefit the service however this was not completed nor were the cleaning schedules completed." An action plan was developed as a result of these audits. It had identified who was responsible for the actions and had time frames for the actions to be completed by.

People and their relatives had faith in the registered manager. One person told us, "She is a good manager." Another person described the registered manager as "Great." A third person said, "(Registered manager) is very helpful, she will sort things yes if she is able to she is not superwoman." A relative told us, "Overall I'm pleased." Another relative said, "We go straight to the manager of the house, it gets dealt with very easily." However people's relatives told us that they were concerned about the high turnover of staff. One relative told us, "Turnover of staff is quite a lot. You don't always speak to the same people." Another relative said, "They have a high turnover of staff. (Person) usually takes a long time to get used to people." The registered manager had recognised that staff recruitment and retention was a concern. They had implemented a plan in order to address this. The plan included changes to the recruitment process to ensure that it remained safe but was more streamlined enabling perspective new staff to be employed quickly. It also identified areas where staff retention needed to improve. Measures were to be put in place for staff in order to support them further. For example, monthly coffee mornings are to be held with new starters to gain feedback and enable prompt intervention on any concerns. Along with implementing an employee recognition scheme to celebrate good practice or achievements by staff members.

Most staff felt supported by the registered manager. One staff member said, "Very supportive and can approach them." Another said, "I get a lot of support from (registered manager and deputy manager) for

advice." They went on to say, "I have never known a manager work as hard as her." Staff felt able to raise concerns and that they would be addressed. One staff member told us, "The few issues I've raised with (registered manager) have been dealt with." However we received feedback prior to our inspection from anonymous staff members that suggested that they did not feel supported or that issues would be addressed. The provider's staff survey reflected some of these themes. The provider had requested staff's feedback about the service. The results of this survey had been provided to the registered manager in the week before our inspection. They were reviewing the feedback and told us that they planned to respond to staff and any concerns that were raised as a result of the survey. They told us that a concern had been raised regarding a staff member's practice which they were dealing with through the appropriate channels.

The registered manager received support from the provider to run the service. For example the service had access to a professional who had expertise in positive behaviour support and the registered manager was being supported by the provider's quality improvement team. We saw that the registered manager was required to provide details about the running of the service to the provider. This was so that the provider could keep an oversite on the service and any events that occurred there.

Staff were aware of their responsibilities. They had access to the provider's policies and procedures. We saw that where concerns regarding staff's conduct had been raised these had been managed through the provider's disciplinary process. We saw that an investigation had taken place which had resulted in staff disciplinary, retraining and systems being changed as a result. We did see that not all concerns were dealt with in a timely manner for example we saw that a staff member had raised a concern about another staff member. While this had been investigated by the registered manager quickly the action that they had identified as needing to take place was delayed.

Staff meetings took place regularly. During these meetings, the staff team were informed of any changes within the service, training or updated on policies and procedures. The operations director had visited the service in April 2017 to conduct a 'listening group'. The aim of this visit was to provide staff with an opportunity to share thoughts and ideas as well as be updated on changes to the providers staffing and organisational structure.

The registered manager was aware of their registration responsibilities with CQC. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents that had happened. From the information provided we were able to see that appropriate actions had been taken.