Harrogate Skills 4 Living Centre

Brackenley

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook this inspection on 5 July 2016. Our inspection visit was unannounced.

Our previous inspection took place in March 2015, when the service was found to be meeting legal requirements, but was given an overall rating of: Requires improvement. Improvements were recommended to ensure people had maximum choice and control over their lives and were always treated with dignity and respect by staff.

Brackenley is a residential care home. It is registered to provide care for up to 13 people who are younger adults, older people and may have sensory impairment and eating disorders. At the time of this inspection 12 people were living at the home.

The home is located on a main road into Harrogate. The property is a detached house that has been adapted for use as a care home and has its own driveway and gardens.

The service had a registered manager who had been registered with us since August 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was appropriately supervised and supported by the registered provider. Staff and people who used the service were positive about the registered provider and manager and the changes and developments that had taken place since the last inspection.

People using the service told us they felt safe. Staff knew how to report any concerns about people's welfare and felt that they would be listened to.

Staff had received training on how to assist people with their medicines and could explain how medicines were managed safely. Some improvements were needed to records, to ensure that clear and up to date guidance and information was available to staff about medicines prescribed on an 'as required' basis.

Staff were recruited safely and there were enough staff on duty to provide the care people needed. Staff felt supported and had received training that was relevant to their roles.

The service was following the principles of the Mental Capacity Act 2005, but needed to improve how information about decision making and consent was recorded in people's records. At the time of the inspection four people had deprivation of liberty authorisations in place and one authorisation request was awaiting assessment by the local authority.

People told us that they were supported well and treated with dignity and respect by staff. Staff could describe how they involved people in decisions and supported people to live fulfilling lives.

People were involved in planning and reviewing their support. The staff we spoke with knew people well and were able to describe people's individual needs. We found that some care plans and records had not been updated to reflect changes in people's needs and did not accurately reflect the care that was actually being provided.

People told us how staff supported them to access the local community and attended activities that interested them. People also told us about recent holidays and events they had taken part in.

A complaints procedure was in place and a record of concerns and complaints showed what had been done in response. Where it was felt to be appropriate apologies had been given.

People had been encouraged to be involved and provide feedback through their keyworkers, reviews, meetings and surveys.

The registered provider had recognised that quality assurance and governance systems could be developed and were in the early stages of implementing a quality monitoring package and undertaking an accreditation scheme.

We found a number of examples where records were not up to date and have recommended that the provider takes action to improve record keeping practices.

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 required improvements to be safe.

Some maintenance records and processes needed to improve.

People felt safe. There were processes in place to help make sure people were protected and staff were aware of safeguarding procedures.

There were sufficient staff available to meet the needs of people who used the service.

People received their medicines safely, but records relating to 'as required' medicines needed to be improved.

Is the service effective?

Good

The service was effective.

Staff received regular supervision and had the training and support they needed.

The service was working within the Mental Capacity Act and Deprivation of Liberty Safeguards, although the recording of information related to capacity and decision making could be improved.

People were supported to maintain their nutritional wellbeing.

Is the service caring?

Good

The service was caring.

People who used the service said staff treated them well. Staff were respectful of people's privacy and dignity.

There was evidence that people were involved in planning and reviewing their care and support and making decisions about their lives.

Staff understood the importance of supporting people to maintain independence, take positive risks and to do things for

themselves where possible.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's support needs and interests. Support plans were in place, but not all of the care records we viewed were up to date and accurately reflected people's current needs.

People had access to the local community and were supported to take part in activities that interested them. People had been on holidays.

Concerns that had been raised had been listened and responded to.

Is the service well-led?

Good

The service required improvement to be well led.

Quality assurance processes and record keeping needed to be improved. The registered provider had recognised this and was taking action to improve quality assurance and governance arrangements.

A registered manager was in place and they were supported and supervised by the registered provider. Arrangements were in place to ensure continued professional development.

People who used the service and their relative's views were sought through key working arrangements, reviews and surveys.

Brackenley

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.

We undertook this inspection of Brackenley on 5 July 2016. Our inspection was unannounced and two adult social care inspectors carried out the site visit.

Before we visited the service we reviewed the information we held about this location and the service provider. For example, the inspection history and any complaints and notifications received. Notifications are events that the registered provider has a legal duty to inform us about.

The provider had completed a Provider Information Return (PIR) before this inspection. This is a form that asks the provider to give some key information about the home, what it does well and improvements they plan to make.

During our inspection we spoke with six people who lived at the home and a visiting relative. We also observed how staff interacted with people during our visit. We looked at the care records of four people who used the service and spoke with staff about how they provided care and support.

We spoke with the registered provider, the registered manager, four support workers, the housekeeper and a volunteer who worked at the service. We also looked at a selection of staff records and other management records relating to the running of the service, such as procedures and maintenance records. After our visit the registered provider and manager sent us additional information we had asked for.

After our visit we contacted one health and social care professional and requested feedback about the service.

Requires Improvement

Is the service safe?

Our findings

We looked at how people were supported to take their medicines. People we spoke with were happy with the support they received with their medicines. Senior staff told us they had received relevant training to help them administer medicines safely and the training records we viewed confirmed this.

One person who lived at Brackenley administered their own medicines independently, with a monitored dosage system [MDS] and secure storage facilities provided in their bedroom to help them do this. An MDS is a way of dispensing medicines to help people manage their medicines more easily. Staff were able to describe how the person managed their own medicines, which included regularly showing staff the MDS pack so that they could ensure the person's wellbeing and safety.
Staff assisted other people to take their medicines, which were stored securely in the office. Secure storage arrangements were also available for controlled drugs and a controlled drugs register was in place. Controlled drugs are medicines that require additional safeguards due to the risk of them being misused. We checked a sample of controlled drug stock against the records in the controlled drug register and found that these were correct.

Each person had a medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and when they have been administered. The MARs we looked at were generally up to date, with only one unexplained gap in recording during June. Overall the MARs showed medicines had been given in accordance with people's prescriptions. The unexplained gap in recording was brought to the manager's attention during the inspection so that they could address it with the staff concerned as a good practice point.

A number of people living at the service were prescribed medicines that were only taken when needed [called 'as required' medicines]. The manager and staff were able to tell us how these medicines were safely managed. However, we found that detailed written protocols to help guide staff on how these medicines should be managed and administered safely for the individuals concerned were not in place. For example, one person was prescribed a medicine which was only to be administered in very specific circumstances, but there was no detailed written information in their medicine or care records to guide staff on its safe use.

We were satisfied that the overall management of medicines and outcomes for people using the service were safe. The registered manager accepted our view that shortfalls in record keeping and their monitoring systems had created the problems we identified, rather than unsafe medicine management practices.

All of the people we spoke with told us they felt safe. For example, one person told us, "I feel safe here. If I have a problem I will talk to staff and they help." A relative told us, "[Name of relative] is absolutely safe here." Staff also told us that people were safe at Brackenley, with one staff member commenting, "People are kept safe. While I am here my impression has always been that they are safe."

Staff had received training in safeguarding vulnerable adults and knew their responsibilities in recognising and reporting concerns. For example, one staff member told us, "I did safeguarding training on the

computer. I understand the procedures. If I have any concerns I will discuss with the appropriate people." Safeguarding and whistle blowing [telling someone] policies were available and the registered manager knew how to make alerts to the local safeguarding authority. Notifications about safeguarding concerns had been made to us in line with notification requirements. Staff told us that they felt confident any concerns would be listened to and dealt with appropriately.

We looked at the recruitment records for two members of staff who had been employed since our last inspection. We saw that appropriate checks had been undertaken before they began working. A disclosure and Barring Service (DBS) check had been carried out and references obtained from previous employers. The DBS carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and protects people from unsuitable staff. An application form, including employment history, had been completed and interview records were available. This meant the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Induction records were also on file to evidence the training and support the staff members had received when they first started work at the home.

There were sufficient numbers of suitably experienced staff. We discussed how staffing was organised with people who used the service, the registered manager and support staff. We also looked at staff rotas. One person who lived at the home told us, "I need staff to come with me when I go out. There is always someone around to take me out if I want." One staff member told us, "There are generally enough staff. I feel we are at a good place. There is enough time to carry out tasks so that we don't have to rush." Another staff member said, "It's a relaxed environment. No one is ever rushed. Staffing numbers are sufficient – we have enough time." At the time of our inspection Brackenley was fully staffed. The manager was aware of future staffing needs, such as maternity cover, and had plans in place to ensure this was proactively recruited for.

The registered manager and staff demonstrated an understanding of supporting people to take positive risks and have control over their own lives, so that they could develop skills and lead fulfilling lives. This was described as one of the main improvements that the service had been working on over the last 12 months. The manager told us, "I want people to be able to say if they want to do something and try to find a way of doing it." The manager felt that they were making progress and that people now benefitted from a staff team who were, "Not afraid to get on and organise things" for people. The care records we looked at included risk assessments and management plans to help keep people safe. A process was in place to record accidents and incidents. Records included details of the accident/incident and any action taken to prevent further accidents.

The provider had employed the services of a specialist company to undertake their fire risk assessment review during 2016. They had developed an action plan based on the fire risk assessment recommendations to ensure that these were addressed. Training records showed that all staff had received fire training within the last eight months, but there was only one fire drill recorded during 2016. However, the manager was able to show us the diary which had full fire drills scheduled during July, September and November 2016. Weekly fire alarm tests were recorded until 5 May 2016, but with no record of checks taking place after this date. When asked about this, the registered manager told us that these checks had been missed and would be recommenced immediately. Personal evacuation plans were available for people who used the service, although some had not been reviewed for over a year. Up to date fire extinguisher and fire alarm test certificates were not available during our inspection visit, but information about these was provided later by the registered provider, who informed us they had been kept at head office.

The registered provider had subscribed to health and safety updates, received regular bulletins and had access to advice and guidelines. Records showed that maintenance checks and servicing was carried out to

ensure the safety of the premises and equipment. For example, we saw paperwork confirming that lifting and handling equipment checks, portable appliance testing and legionella tests had taken place. Water temperature checks had also been recorded. During the last environmental health inspection in January 2015 Brackenley achieved a five star food hygiene rating, which was the best rating available.

One person reported hurting their toe in their en-suite bathroom and blamed the incident on poor lighting. There was a record of a swollen toe on the handover form after the incident occurred. This stated that the person had visited the doctor and been given antibiotics. However, no accident form had been completed and there was no record of investigation into how the injury occurred or what could be done to prevent a reoccurrence. We noted that the lighting in the person's bathroom was still dim which meant that the risk had not been reduced. We also found that the doctor appointment had not been recorded on the person's medical appointments record in line with procedure. During our visit we also observed poor lighting in another en-suite bathroom. Staff said that the dim lighting was due to energy efficient bulbs which took some time to get to full brightness, but our experience was that the lighting remained insufficient during the time it would take most people to use the toilet facilities. We asked the provider to look into this and take the appropriate action to improve safety for people living in the home, visitors and staff.

Good

Is the service effective?

Our findings

The provider was a registered training provider and supported staff to complete formal health and social care qualifications in addition to basic training requirements. Staff told us that they received the training they needed to do their jobs and support people. Comments made to us included, "I get a lot of training," and, "I get the training I need to support people." The training records showed that staff had completed a variety of training and updates over the last year. This training had included manual handling, safeguarding, fire safety, first aid, food hygiene, mental capacity, control of substances hazardous to health and medicines.

We also spoke with an autism specialist who was working with the staff team at Brackenley, providing training and support to help them understand and better meet people's needs. They told us, "I feel they [staff] are working with us."

Staff told us they felt supported by the manager and received the support and supervision they needed. The manager told us how they had delegated some staff supervision responsibilities to senior support staff. This helped to ensure that staff were supervised regularly and provided development opportunities within the staff team. A staff member confirmed this, saying, "I have just started doing supervisions. The manager is aiming to give all staff more responsibility." Another told us, "I carry out supervisions – every other month. This is quite a new thing. I feel supported."

One member of staff who was relatively new told us, "I have been given a long induction and a lot of time to shadow other staff. I have been supported well and have had time to get to know people." A volunteer who helped at the service was clear about their role and what they were able to do. They told us, "When I started I was supported in what to do. I read all the support plans. I don't help with hoisting on my own. I am not left alone with people. I am treated well by the staff and think it is a nice place. The manager is supportive, helpful to me all the time."

Supervision records showed that staff received regular formal supervision sessions. We were also shown records of recent staff observations that had been completed, to check the standard of work and interactions with people who used the service. Annual appraisals were due and the registered manager confirmed that there were plans for these to be completed in the near future.

Staff told that they felt part of a good staff team, who supported each other well. Staff were able to describe how they ensured effective communication. For example, on staff member told us, "We use a handover file at the start of each shift to allocate responsibilities for the day." Another staff member said, "We have handovers where we share information, and also use the communication book. There is also a quick handover at the end of each shift." This helped to ensure that staff were aware of what was going on at Brackenley and effectively planned support during each shift.

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.

The service had a policy and procedure on the MCA and Deprivation of Liberty and staff had received training on these subjects. Staff we spoke with understood that people had the right to make their own decisions whenever possible. For example, one staff member told us, "I had training in MCA after Christmas. I have a good understanding of MCA and people's right to decide for themselves."

We found that the way consent, capacity and decision making was recorded in people's care plans and records varied. There was evidence that the MCA was being followed in practice and that people were involved in decision making, but this was not always being recorded consistently in people's care records. For example, we saw one example where decisions had been made about the care someone needed, but there was no recorded evidence of either their consent or a best interest decision being made. We discussed this with the registered provider and manager at the time of our inspection and signposted them to relevant guidance [such as the Social care institute for excellence (Scie) report: The Mental Capacity Act (MCA) and care planning].

At the time of our inspection four people who used the service had a DoLS authorisation in place. Another person was awaiting the outcome of a DoLS authorisation request that had been made to the local authority. The registered manager informed us that none of the authorisations in place were currently subject to any conditions.

People told us that they received a choice of meals and snacks and that the food provided was good. For example, one person said, "The food is nice most of the time. If I don't like it I can have something else." Menus were in place showing a variety of meals with alternative options and choices available. Records were also kept of people's food choices. At the time of our visit no one had any dietary allergies or intolerances, but one person required a softer consistency diet and another person was involved with the speech and language therapy team. This showed that additional support had been requested when needed to maintain people's nutritional wellbeing. Staff showed us how they monitored people's weight on a monthly basis and used the Malnutrition Universal Screening Tool (MUST) to identify anyone who was at nutritional risk and in need of additional support.

When needed staff provided support to people and helped them access healthcare services. For example, one person knew the name of their doctor and told us how staff helped them to attend appointments. They told us, "I see the doctor when needed. Sometimes go to hospital to have toe nails cut." Another person told us, "I see the GP and the chiropodist. Staff take me."

During our visit we observed that Brackenley provided a homely environment. People's bedrooms were personalised and comfortable. For example, one person's room had been decorated in colours that reflected their favourite football team. We also received positive feedback from staff about on-going maintenance that was being completed by the registered provider. Comments made to us by staff included, "They [the provider] are investing in the house. Some things that have needed doing for years have been done," and, "The environment is being improved."

Good

Is the service caring?

Our findings

During our previous inspection we recommended that the home followed published guidance about supporting people to live their lives fully, be in charge of their decisions and have their dignity and privacy respected.

People who used the service told us they were happy with the way staff treated them and how their care was provided at Brackenley. One person said, "I like it here. It's my home." Another person said, "It's nice. Staff are friendly." Another person told us, "It's very nice here. Staff are very nice. They help me and do things for me." A relative told us, "The home is lovely and friendly," and, "Staff have always been respectful and promote people's dignity. They really care about the residents."

During this visit we observed a friendly and homely atmosphere and environment. Staff were seen to speak to people appropriately and with familiarity. We observed no inappropriate language or use of endearments during this visit. One staff member told us, "I recently signed up as a Dignity Champion and this has led to the team being more aware of how we approach people. More awareness of our language and giving choices. Being respectful." Staff were able to describe how they ensured people's privacy and dignity was maintained. For example, a staff member said, "We promote dignity here – knock on people's doors, give privacy when supporting with personal care."

The manager told us about work they had been doing since our last visit, to help give people more say and control over their lives and to help people maintain their independence. A staff member told us, "As a team we have started to improve how we give choices, such as activity boards for people to put their ideas on." A relatively new member of staff told us, "The focus is all on what people want to do. It's like a home from home. My impressions are that it is a lovely place – constantly busy."

The home operated a key worker system. This meant that each person had a named support worker who worked closely with them and individually reviewed and discussed their care and support. This enabled the service to provide more individualised support for people and to maximise people's choice and control about their lives. For example, one person told us, "I have two keyworkers, [name of support staff] and [name of support staff]. They ask me how I am doing. I am going to an air show on Sunday with my keyworkers."

We saw examples where people were being supported to maintain or improve their independence. For example, one person looked after their own medicines and was able to take these independently. Another two people were being encouraged to undertake regular physical exercise with a personal trainer, to help maintain their mobility and ensure they could remain as physically independent as possible. The personal trainer was funded by the provider and free of charge to people who wished to take part.

We saw records that a meeting with people who used the service had taken place in February 2016 and had included discussions about holidays, how to raise any concerns and keyworker arrangements. People had also been given the opportunity to meet again in March 2016, but had not wanted to do so. We noted there

were no records available to show that more recent meetings had taken place or been encouraged. The provider told us in their PIR that one of their plans for improvement for the next 12 months was the arrangement of meetings for people who used the service, to ensure people were involved in the running of the service.

A relative told us that they were actively involved in the care of their family member and formal arrangements were in place to make sure that they were involved in decisions relating to their care. They also confirmed there were no restrictions placed on them when they visited and that they were able to visit regularly. For example, comments included, "I visit every week. He [relative] has a DoLS, which I signed, which means he is unable to go out on his own. I speak with the manager about once a week. She is very responsive."

The service benefitted from the input of an autism specialist, who had been working with the staff since June 2015. We met with them during our visit. They had provided training and support to staff to help them better understand people's communication needs and to help embed intensive interaction principles within the staff team's practice. Intensive interaction is a practical approach to interacting with people with learning disabilities, helping the person with learning difficulties and their staff to relate better to each other and enjoy each other's company more.

The autism specialist had also helped to set up a specialist sensory cabin which was located in the garden and developed individual sensory plans for people when using the sensory cabin resources. This included individual music playlists and sensory programmes that were designed for that individual's preferences and needs.

Good

Is the service responsive?

Our findings

People told us that the care and support provided met their needs and they were happy at Brackenley. Comments made by people who lived at the service included, "I like it here. It's my home," "Staff look after me ok," and, "I give it a double thumbs up here."

People also told us that staff discussed their care with them and listened to them. For example, one person told us, "I have a care plan and staff will read it to me." Another person described how they had two key workers who supported them and was able to tell us their names. They told us, "I have two keyworkers..... They ask me how I am doing." A relative told us that they were involved in their relatives care and said, "We had a review quite recently. I have a copy of the care plan. [Name of person] chooses not to get involved in this."

The staff we spoke with were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs. One staff member told us, "The support plans are good for getting information. I am kept up to date through handovers and team meetings." Another described their keyworker role, saying, "I am keyworker for two people. I update their care plans. We sit down with people and talk through the plans."

The care records we looked at included assessments, support plans and reviews. People who used the service had been involved in reviews with their key worker. The records we saw were person centred and detailed. However, we found examples where the information recorded in people's care plans was old or out of date. Two of the three care plans and records we viewed had not been updated to reflect recent changes in people's circumstances and needs. For example, one person had been unwell and their needs had significantly changed, but this was not reflected in their care plans. Staff were able to describe the care the person now needed and what had been done to meet their changing needs, but their care plan records did not adequately reflect this work. We discussed this with the registered manager. They were aware that improvements in record keeping were needed. Staff were booked to attend relevant record keeping training and plans were in place to make recording easier with the use of more electronic record keeping.

People who used the service told us how they could go out into the local community and take part in activities that interested them. One person told us, "I like to grow plants and have access to the garden from my room." We saw that there was a small patio area outside with plants and lights which this person said they enjoyed. Another person told how they were going out for lunch that day. Other people told us, "I go out into town. Go shopping," "I go to Harrogate Skills 4 living – do cookery, music, history," and, "I also have a computer and a tablet and can go on the internet."

During our visit we observed that some people went out during the day, while others spent time in the home. We saw that people took part in a range of work or educational placements and activities depending on their individual circumstances. For example, some people did exercise sessions with a personal trainer. Other people attended adult learning courses. People benefited from free access to a wide range of activities and adult learning opportunities through the Harrogate Skills 4 Living Centre, which was also

operated by the provider.

A relative told us how staff were supporting one person to make changes to their routines and try new activities. They told us, "He used to go to a work centre three days a week but he has now decided he doesn't want to go. He said he would rather go swimming, so the manager is looking in to this." A staff member confirmed that staff supported people to lead an active life and take part in meaningful activities, saying, "The purpose of the home is to help people to have the best lives possible. I love going out and doing what people want."

People also told us how they were supported to go on holiday if they wanted to. For example, one person told us, "I've been on holiday to Blackpool recently." A relative said, "[Relative] goes on holidays here – he has been taken to Disneyland." We saw that people's holiday preferences and arrangements had been discussed during client and staff meetings.

The service had a complaints procedure, which provided people with information about making complaints and how these would be handled. We saw that information about making complaints was displayed in the home's reception area. A complaints record was available and showed what had been done when concerns were raised. The record included what had been done to resolve the concerns and showed that apologies had been given where this was felt to be appropriate.

Good

Is the service well-led?

Our findings

We found that aspects of record keeping could be improved. We found examples where care records were not up to date or reflective of people's current needs. Information about consent and decision making was not consistently recorded. Clear and up to date written guidance on the use of 'as required' medicines was not available.

Certain maintenance records could not be located during our visit to the home and when asked the manager was unsure where some of these were located. Most of the required information was located at head office and provided after the inspection visit, but there remained some confusion regarding an up to date fire alarm inspection certificate which the provider was addressing with a suitable contractor. Clear and consistent storage of records would allow the manager and provider to more easily check that the required maintenance was up to date and in place.

We recommend that the registered provider and registered manager review record keeping practices, to ensure that the required records are up to date and easily accessible.

The provider's existing quality assurance systems had not been effective in recognising and rectifying the issues we have described above. However, the registered provider talked with us about new governance and quality assurance initiatives they were introducing. They had recognised that this was an area that could be developed and were in the early stages of implementing a number of quality initiatives. For example, Brackenley was in the process of becoming a pilot site for the new 'Excellence in Care Standards' accreditation programme. This is an outcome-based framework, demonstrating an establishment's commitment to improving and sustaining improvements in the quality of care and service user experience. They had also signed up to the Quiqcare Compliance Management system, which is based on CQC's essential standards. This showed that the registered provider was committed to continuous improvement and was investing in the external support and expertise they needed.

The service had a manager, who had been registered with us since August 2015. The manager was undertaking a formal qualification in Leadership Management, which evidenced their on-going professional development. They were also in touch with local management forums, to help share and develop good practice. The registered provider gave supervision and support to the manager and we saw records confirming this.

The registered provider and manager showed us the management monitoring they had carried out. This included quality visits and audits undertaken by the provider and other support staff. A financial audit had recently been completed by an external accountant, with the results showing generally good and safe financial systems in place.

During our visit we observed staff and people who used the service interacting together and found the home to have a relaxed and friendly atmosphere. Staff we spoke with were positive about the service and the changes that were being made. For example, one staff member said, "I have been here about 18 years. I love

it. We are still adapting to the new provider. There have been some great improvements – the sensory cabin, downstairs bathroom and morale. Staff are enthusiastic about getting people involved. The environment is being improved. It's all in the best interests of service users." Another staff member commented, "I've been here 16 years. I like it. It feels like a home. People are nice and there is a good staff team." The registered provider told us, "I do think the atmosphere is good in the home." The provider was committed to developing specialist care for people with autism and had demonstrated this with initiatives, such as the new sensory cabin and involvement of the autism specialist.

Regular monthly 'residents' meetings had taken place or been offered up until February 2016 and the records from these showed good levels of involvement and discussion with people who used the service. There were no records available to show that more recent meetings had taken place. Staff told us that people did not always want 'altogether' meetings and this was confirmed in the records we saw for the February meeting. Staff explained that they focused on obtaining individual feedback and involvement in decision making, through keyworker involvement and reviews. A client survey had been completed during January 2016, with the results analysed. We saw that the home had received positive responses overall from people using the service.

A relative's satisfaction survey had been carried out in January 2016 and detailed feedback and analysis of the results was available. This included information about the actions taken in response to the feedback given. Brackenley did not hold regular relative's meetings, but encouraged relatives to raise any queries or concerns directly at any time. There was a quarterly newsletter sent to family and friends, with the intention for surveys to be sent with the newsletter twice a year, enabling family and friends to deliver feedback.

Staff meetings had taken place in November 2015, January and March 2016, with the records of these meetings showing the discussion of relevant areas of practice. There were no records of formal staff meetings since then. Staff told us that they were kept up to date and that communication was good, through regular handover meetings, the communications book and group discussions in meetings when needed.

During our visit we observed that the registered provider and manager were clearly displaying the CQC rating given during the last inspection in the reception area. Displaying a regulated service's CQC rating is a legal requirement. Along with the rating and findings of our last inspection the registered provider and manager were also displaying information about the actions they had taken to make improvements since the last inspection. This showed that they were open about CQC's previous findings and the work they had undertaken in response.

We had received formal notifications about appropriate events in line with legal requirements. The registered provider and manager had also completed and returned the Provider Information Return (PIR) when we asked for it, providing us with up to date information about the service.