

Freeways

Kenneth House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an unannounced inspection of Kenneth House on 28 April 2017 and 2 May 2017. When the service was last inspected in August 2016 six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. Following this inspection, we served a Warning Notice for a breach of Regulation 17 of the Health and Social Care Act 2008 as systems for assessing and monitoring the quality of the service were found to be ineffective.

During this inspection we checked that the provider was meeting the legal requirements of the regulations they had breached and had complied with the Warning Notice. You can read the report from our last comprehensive inspection, by selecting the 'All reports' link for Kenneth House, on our website at www.cqc.org.uk

Kenneth House provides personal care and accommodation for up to eight people with learning disabilities. At the time of our inspection there were six people living at the home.

A registered manager was in post at the time of our inspection. 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 home is run.

At this inspection we found that significant Improvements had been made. The warning notice had been complied with and all regulations had now been met. A positive attitude had been adopted by the registered manager and staff team and they recognised the importance of continual improvement.

Staff's training had mostly been updated. We found some guidance and protocols were not up to date or in place around eating and drinking guidelines and a specific health condition.

The service had undergone redecoration and maintenance. The garden area had been improved and was now a pleasant, accessible space. The service was clean and well kept. Systems and checks had been established to keep the service well maintained. Furniture and flooring had been replaced. Changes had been made to ensure infection control risks were minimised.

The storage and administration of medicines was safe. Protocols were in place for as needed medicines. People had assessments in place to minimise risks and there was suitable guidance for staff in risk management.

Staffing levels had improved and a team leader had been appointed. We received positive feedback about the impact of this. People now had the support they needed to access and be engaged with stimulating activities of their choice. Community links had been developed and a wider range of opportunities were available to people. There was a positive team culture, staff were proactive and enthusiastic.

Safe recruitment procedures were followed. Staff were supported through an induction and regular supervision. Staff now had good knowledge of the Mental Capacity Act (MCA) 2005. Capacity assessment and best interest meetings were decision specific. The service was compliant with the requirements of the Deprivation of Liberty Safeguards.

We observed good relationships between people and staff. Staff knew people well and how they preferred their care and support delivered. Staff were kind, caring and respectful. People's dignity and privacy were protected.

Staff were responsive to people's care and support needs. Care records described people's personal preferences and individual support needs. Care records were up to date and regularly reviewed. People's feedback was welcomed and acted upon. People were consulted and involved with changes within the service and their personal space.

The provider had improved support to the registered manager and the service. Systems were in place for the registered manager and provider to monitor, review and improve the quality of care and support. Communication was effective to staff and relatives. Positive feedback was received about the changes within the service since the last inspection.

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 clean, secure and suitable for purpose.

Risk assessments were in place to help keep people safe whilst promoting independence.

The administration of medicines was safe.

Staff knew how to identify and report safeguarding concerns.

Safe recruitment procedures and checks were followed. Staffing levels were safe.

Is the service effective?

Requires Improvement ●

The home was not consistently effective.

Eating and drinking guidelines were not always current.

Staff training had been updated. Further training was still required.

The requirements of the Deprivation of Liberty Safeguards were being met.

The home worked within the principles of the Mental Capacity Act (MCA) 2005. Staff demonstrated good knowledge of the MCA and this was reflected in their practice.

Is the service caring?

Good ●

The service was caring. People's dignity was protected.

Staff had good relationships with people and spoke to people with kindness and respect.

Meetings were held so people could give feedback and make choices.

People's visitors were welcomed at the service.

Is the service responsive?

Good ●

The service was responsive.

Care records were person centred and regularly reviewed.

Staff supported and facilitated opportunities for people to engage in activities of their choice.

The service acted on feedback gathered.

Is the service well-led?

Good ●

The home was well led.

Positive feedback was received about the registered manager and the improvements made to the service.

The service had established community links and had developed clear objectives.

Effective communication systems were in place for staff.

There were systems in place to monitor and improve the quality of care and support provided to people.

Kenneth 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.

The inspection was carried out by one inspector and was unannounced.

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

Some people at the service were not able to tell us about their experiences. We used a number of different methods to help us understand people's experiences of the home, such as undertaking observations.

During the inspection we spoke with five people living at the home and five members of staff. After the inspection we spoke to a further two relatives. We looked at three people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies and audits.

Is the service safe?

Our findings

At our last inspection of Kenneth House in August 2016 we found that the service had not met the regulations in regards to the premises and equipment, the safe care and treatment of people and staffing levels. The provider had sent us an action plan of the steps they were going to take in order to meet these regulations. At this inspection we found the provider had implemented their action plan and the necessary improvements had been made to meet these regulations.

At our last inspection of the service in August 2016, we found that the premises had not been properly cleaned, the garden had not been maintained in a way that it was suitable for purpose and the premises were not secure. We found significant improvements had been made to the environment and garden area. Rubbish had been removed from the garden. An area that had been fenced off had been made into a pleasant flower bed and vegetable patch. Paving had been upgraded and the seating area was accessible and safe. One person said, "The garden has really improved." The service was secure. Cleaning rotas were now in place with daily tasks and monthly deep cleans for staff to undertake. The window frames at the front and side of the house had been replaced. There was new flooring and furniture in the communal areas and these were now easier to clean and maintain. The middle floor bathroom still required some redecoration and the registered manager said this would be addressed. People were supported to clean their own rooms on a scheduled day each week. Where some people's choices or behaviours impacted on staff's ability to support them to clean their room effectively, different strategies were engaged. For example, one person liked to keep lots of bottles in their room. Staff had supported the person to purchase some boxes so they could store their bottles safely within their room and enable them to clean their living space.

At our last inspection in August 2016 we found the service had not met the expected standards in cleanliness and infection control. The service now had a lead person who was responsible for infection control. We saw that regular monthly infection control audits were completed. Laundry systems had been changed to ensure that the risk of cross contamination was reduced. The laundry room had been tidied and reorganised. There was now a clear area for unwashed clothing. Washed clothing was stored in a different area and had separate wash baskets in place. Mops had been relocated out of the laundry area. Guidance was now in place around particular infection control conditions which may affect people in the close proximity. We did however note one person's mattress and duvet that needed replacing as it was stained.

The service had made changes to documentation and systems in the administration and storage of medicines. At our last inspection in August 2016, we found that people's information and photographs were not in date. Protocols for as needed medicines were not in place and creams and gels were not always labelled when opened. At this inspection we found people's medical profiles had been updated accurately and showed a recent photograph. Profiles described how people preferred to take their medicine. For example, one profile read, '[Name of person] likes to take their medication with a glass of water.' Detailed guidance was in place for as needed medicines. This described how a person may indicate they require an as needed medicine for example, by a particular sound or pointing to an area of their body. When an as needed medicine was given this was recorded in a report. It showed the signs the person had displayed, the situation and the after affects. This meant the service could monitor that as needed medicines were given

appropriately and they were effective. The registered manager or team leader conducted a weekly audit of the medicines.

Medicines were received at the home every four weeks and stored in secure cabinets in people's own rooms. One person did not wish to have their medicine cupboard in their room so this had been located in the office instead. Medicines were checked and signed onto the Medication Administration Records (MAR) by a senior member of staff. The MARs showed information about the person such as their GP details and any known allergies. We checked the MARs and found no recording omissions. We observed and saw that creams and gels had been labelled when opened. This information was also recorded in people's medicines files.

Staff had an annual competency assessment to ensure their skills and knowledge was at the required standard. We saw this assessment consisted of questions and answers and an observation by a senior staff member. One member of staff said, "I have had my competency assessment." There was a medicine communication folder in place. This communicated information to staff about new medicines, any changes or things they needed to be aware of. For example one entry read, '[Name of person] is now on one tablet each night. It is in a brown bottle and is stock controlled.' The temperatures of the medicine cabinets were not being recorded. It is important that medicine is stored at the recommended temperature. The registered manager said thermometers would be purchased immediately to address this.

Individual risk assessments identified potential risks to people and gave guidance to staff on how to support people safely. At our last inspection a risk assessment for one person around a significant behaviour was not in place. This was now completed and gave staff the background information they required to minimise the risk. Assessments included risks such as travel, money, eating and drinking. Risk assessments promoted independence by detailing what people could do for themselves and where support was required. Strategies detailed how staff could minimise risk. For example, one person did not like to wear a coat. Guidance informed staff to carry an umbrella in case it rained when supporting the person in the community.

At our last inspection we found that staffing levels were not adequate to support people effectively. A number of support staff had at this time left the service and this was being covered by agency and bank staff. There was an acting team leader vacancy which had not been filled. This position was key to providing support to the manager and staff team. The registered manager at this time was included on the rota and this gave little protected time for management responsibilities. Also, the assessed safe staffing levels gave staff limited time to support people on a one to one basis or to support people in the community. This had impacted on the activities and opportunities people could engage and be involved with. At this inspection we found that staffing levels had improved. The service had no current vacancies and had over recruited to ensure sickness and annual leave could be adequately covered. The registered manager had protected time to complete their management responsibilities. A team leader was now in place. The registered manager and staff spoke highly of this appointment and the positive impact this had on the service. One relative said, "[Name of team leader] has a wealth of experience and pulls the team together." We reviewed the staffing rotas from the previous four weeks and the number of staff was consistent with the planned staffing levels. One staff member said, "There has been a huge improvement in staffing levels. We are fully staffed with a new team." One person said, "I feel safe and well looked after."

The provider had policies and procedures in place for safeguarding vulnerable adults. This contained guidance on what staff should do in response to any concerns identified. From the training records we reviewed we saw staff received training in safeguarding vulnerable adults. This was confirmed with the staff with spoke with. Staff said they would report any concerns to a senior member of staff. One staff member

said, "I have had training in safeguarding. Any concerns I would complete the paperwork, body map, occasion report and report to my manager." An, 'occasion report' was the service's name for a form to record and report incidents of different natures. We viewed records that showed that concerns were shared with the local safeguarding team where appropriate and actions taken as a result.

The service followed a safe recruitment process before new staff begun employment. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people.

Staff were clear on their responsibilities for reporting and recording any accident or incidents. We reviewed accident records and saw a description of what had occurred and the immediate action taken. Incidents were reported on an, 'occasion report.' We saw that actions taken to reduce reoccurrence were documented. For example, a person was taken out to purchase a new pair of shoes following an incident where their footwear had been noted as being a potential cause. We saw that where incidents required the support of others for example health professionals, appropriate referrals were made.

Staff had regular training in fire safety. Systems were in place to regularly test fire safety equipment such as emergency lighting, alarms and extinguishers. People had an up to date individual emergency evacuation plan in place. This showed how people would respond on hearing the emergency alarm and the support they would require to remain safe. Some of the information in the fire safety was from some time ago. It can be confusing to staff if there is outdated information and may mean that people use assessments or information that are no longer in use. The service also had an emergency plan and a winter plan in place. These detailed how the service would respond in particular circumstances. The emergency plan required further detail to cover all eventualities. The winter plan whilst recently updated needed to be made clearer as various sections had been rewritten or crossed out. The registered manger said these items would be addressed.

Environmental risk assessments were in place. We reviewed records which showed that appropriate checking and testing of equipment and the environment had been conducted. This ensured equipment was maintained and safe for the intended purpose. Quarterly health and safety audits were completed and regularly maintenance checks.

Is the service effective?

Our findings

At our last inspection of Kenneth House in August 2016 we found that the service had not met the regulations as staff had not always received effective training in order to meet people's support needs. We saw that staff's training had been updated. There was now a singular training matrix in place, as at our last inspection there had been several different versions. This had made it unclear what training staff had undertaken. However, we found the matrix was not fully up to date at the time of the inspection. We were sent an up to date copy after the inspection. One staff member's safeguarding training had not yet been completed in line with the provider's policy. We saw that other staff members had refreshers scheduled for first aid and manual handling. Training specific to the needs of the people using the service was an area for development. The registered manager had plans to deliver training throughout the year. Training in specific communications had been completed by three staff and a further two staff were due to attend. Training specific to a health condition of a person using the service which had been recommended by a health professional was in the process of being arranged.

People's care records gave information in regards to support required around nutrition, hydration and health needs. We observed staff supporting one person during a mealtime as directed in their care record. However, some eating and drinking guidelines in place by health professionals were produced a number of years ago. They had not been reviewed. For one person, we were informed that their needs had changed. The documents were not always held in a place that were easy for staff to refer to at the time of support. Also, for one person their care plan contained information around a specific health condition. However, there was no protocol in place for the action staff should take. The registered manager said that guidelines would be updated and re-referrals made to the appropriate team.

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.

At our last inspection in August 2016 a recommendation to the service had been made as capacity assessments had been grouped together rather than being decision specific. This had been completed. People now had specific capacity assessments in regards to individualised areas of care. Where a best interest decision was needed, we saw other relevant people such as family members and health and social care professionals were involved. We saw that decisions were thought through, taking into account the person's known wishes and feelings and looking at the least restrictive option. We did highlight that several best interest meetings required signatures from those in attendance. Also one capacity assessment we viewed did not have all the sections completed fully, so the outcome was unclear.

Staff we spoke with had a good knowledge of the MCA. Staff understood the principles of the MCA and how this applied to their working practice. One member of staff said, "We assume everyone has capacity, that is what we work from. Any concerns we go through the correct procedures to evidence this. We remember that

unwise decisions are people's rights."

The registered manager had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. 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 Mental Capacity Act 2005 (MCA). 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. One person had an authorised DoLS. There were no conditions attached to this authorisation.

All the staff we spoke with confirmed they had received an induction when they started working at the service. Inductions were aligned with the Care Certificate. The Care Certificate is a modular induction which introduces new starters to a set of minimum working standards. The service's induction consisted of mandatory training, orientation to the home and getting to know people and their support. Staff spoke positively about their induction process.

Staff said they received regularly supervision and this was confirmed in the records we reviewed. Supervision is where staff meet one to one with their line manager to discuss their development. One staff member said, "I find supervision useful. I talk about how things are going, improvements that can be made and any training I need." We saw that different areas were discussed within staff member's supervision, positive was feedback given and items addressed where appropriate. For example around the service users, staff members performance, well-being and leave.

People commented positively about the food at Kenneth House. The menu was displayed and pictures were used on the noticeboard to show what was on offer. A particular member of staff was responsible for the planning of the menu. They spoke with people on a weekly basis, and used pictorial aids to ensure that people were involved in the choices on offer on the menu. One person said, "I love the food the majority of the time." Another person said, "The meals are nice. Bolognaise and pasta is my favourite." We observed staff members discussing what people would like for their lunch and the flexibility of choices available to them. People could get involved in the preparation of meals and drinks as they wished.

Is the service caring?

Our findings

At our last inspection in August 2016 we found that the service had failed to consistently maintain people's dignity. At this inspection we found that people's dignity was protected. For example, one person would use the bathroom and not always close the door compromising their dignity. We observed a member of staff prompt and remind them to close the door. We saw that people had been supported to purchase particular items of clothing which they always liked to wear. By having several different similar items, this ensured that people were less anxious when they required washing as they knew they had other items clean and ready to wear. This meant that people's dignity was protected as they were wearing clean clothing which was in good condition. We observed staff members prompt people with their personal care discreetly. Staff offered support and helped people to make their preferred choices.

People were supported by staff that were kind, caring and respectful. One person said, "I do like the staff. Another person said, "Yes, the staff are good." A family member said, "The staff are really nice." Another relative said, "The staff team are now really engaged and getting people involved."

People told us they had good relationships with staff. One person told us how they liked going out with staff and how they felt well supported. We observed that people were relaxed and comfortable in the presence of staff. Staff were kind and thoughtful in their approach. Staff listened and responded to people in a calm and friendly way. Staff engaged with people about topics that interested them. For example, we observed staff discuss football and music with people in a communal area of the service.

People told us their privacy was respected. We observed staff knocking on people's door before they entered. People were asked their permission before checks were carried out on their medicines held in their rooms. We observed people chose where they wished to spend their time, in their room or communal areas of the home. One person said, "I can go into the lounge when I want to." We saw people had their own keys to their rooms. Where people did not wish to hold their key this was recorded in their care records and the individualised arrangements that they preferred to have. One person did not like to have their door closed. Steps had been taken with them to still maintain their privacy but to respect their choice.

Regular meetings were held with people. We saw that people were encouraged and supported to chair the meetings. We reviewed the recent meeting minutes and saw items discussed such as having a pet, a summer celebration of the organisation, staffing and holidays. Information was shared with people, for example a staff member read out an email from a local church. Two people discussed a recent coffee morning they had attended and shared their experience with others. We saw that actions were listed at the end of the meeting and who was responsible for them. However, actions from the last meeting were not always noted at the next meeting to monitor if they had been completed or not.

Staff described the service as having a friendly atmosphere. One staff member said, "The best thing is the atmosphere. It is a homely atmosphere. It is a good staff team." One person said, "I like it here." Photographs and mementoes of trips and activities were displayed around the service.

Information was displayed around the service in an accessible format. There was a noticeboard showing staff members photographs and what time they were working that day. One person who liked to have a copy of the staff rota so they were aware who was working on a weekly basis, had these in their room. The person said, "I like to have the rotas. I like to know who is on duty." In the hallway there was a pictorial board so people could sign in and out of the service.

Staff were knowledgeable about maintaining confidentiality within their role. One member of staff described this as, "It is important to respect everyone's information confidentiality. Not sharing information outside the service. Information that is confidential is locked away, not lying around."

Family and friends could visit whenever they wished. Staff told us there were no limitations on when relatives could visit. A member of staff said, "We get quite a lot of visitors, People can come when they like." One relative said, "Yes, I am made to feel welcome."

Is the service responsive?

Our findings

At the last inspection in August 2016, we found that care and support was not being given in line with people's care records. We found that health action plans were out of date and contained incorrect information, keyworker reviews were not held as planned and the quality of person centred information was inconsistent. We checked to see if the service had made the improvements set out in their action plan. At this inspection we saw improvements had been made to meet this regulation.

We observed that care and support was responsive to people's needs. One person said, "I have lived here a long time. I am happy here." A relative said, "I have no concerns, he [family member] is very happy."

Care records were individualised, they contained an up to date photograph of people. A one page profile summarised the things that were important to people and their hobbies. Such as particular musicians, sports and habits. People's life history was detailed. Showing important dates, events and photographs of significant people. Care records described people's preferred routines. For example, one care record said, 'Wakes up independently usually around 7.30am' and 'Likes to have her clothing hung on the back of the bathroom door.' People's like and dislikes were described. For example one care record described that the person liked, 'Doing my own washing,' but disliked, 'Escalators and uneven floor.' We saw that people's preference in regards to gender specific personal care was detailed in their care record.

Health action plans had all been updated. Staff had supported people in making arrangements that made accessing health services easier. For example, this included having health professionals visiting the service rather than people going to an appointment elsewhere as some people found this a stressful experience. People's appointments or contact with health professionals was recorded. For example with the GP, dentist or optician. The outcome was noted and gave guidance for staff. For example, around how to support a person with their dental care. People's hospital passports were up to date and contained information around communication and behaviours. These documents were in place to support people should they require a hospital admittance.

People had an allocated keyworker. The keyworker oversaw care and support and ensured areas people had identified in their care plan were being facilitated. We saw that people had regular monthly meetings with their keyworker to discuss their care and support. Areas such as health appointments, changes in medicines and activities were reviewed and recorded at these meetings. In addition, the care plan and health action plan were checked to ensure they were up to date. We saw that reviews with relatives and social care professionals had been arranged. People were involved in their meetings in the way that they preferred and this was reflected in the minutes.

People's support needs around communication were described in their care plan. This gave staff guidance on how to communicate effectively with people in their preferred way. For example one record said, 'I can understand Makaton. I can lip read.' Staff knew this information well. We observed staff communicating with people in their preferred way.

We saw that people's rooms were personalised. People had their own furniture, ornaments and individual items. One person said, "I chose the colours in my room. The staff helped decorate it how I wanted it." Another person said, "I like my room, it is how I want it." Staff supported people with effective solutions to their personal space. For example, one person liked to be able to see all their clothes. However, this meant that the person did not like to store them away. Staff had supported the person to look at wardrobes that provided open storage so clothes could be hung up but visible.

People spoke positively about the activities they were involved in within the service and the local community. People told us about the football games they attended, local church groups, music and singing groups and workshops organised by the organisation at other locations. One person said, "I like the things I do." Staff told us that had been a real change in working with people to find activities they wished to be engaged in. The staff team proactively supported people to find and try out new activities. Staff told us the improvements in staffing levels meant there was the opportunity to offer people the support they required. We observed people going out with staff for example, to attend the local gym or go shopping. We observed people being offered different activities during the day. We listened to staff and people talking about playing bingo that evening. The service was flexible as whilst some people liked to have a structured routine for other people what they engaged with varied depending on their mood during the day. One person said, "The best thing is that I go out a lot. Today I went out for dinner. I go horse-riding, swimming and to the church." One relative commented on the changes the staff team had made in regards to activities, "The staff are now engaged and supportive of the activities [Name of person] is doing."

The service had not received any complaints in the last six months. Relatives told us they would feel comfortable to raise any concerns. One relative said, "Yes I have raised complaints when needed. Things do get changed." We saw the people were encouraged to give feedback or raise any issues they were unhappy with or an accessible form. We saw that people had used this to raise issues such as other people's music disturbing them or highlighting how much they had enjoyed particular activities. We saw that actions were taken by staff to ensure solutions were found that people were in agreement with. In the hallway area there was also a suggestion box where people could post, anonymously if they wished, suggestions for improvement.

A garden party had been organised to celebrate the improvements made to this area. People had invited their family and friends. People showed us the photographs of the party which were displayed in the service and told us how much they enjoyed it. One relative said, "I came to the garden party. The garden looked really nice."

Is the service well-led?

Our findings

At our last inspection of Kenneth House in August 2016 we found that the service was not meeting the regulations in regards to the support and oversight of the provider to the registered manager and service. We also found there were ineffective systems in place to monitor the quality and safety of the service. In addition the service had not acted on feedback received from people. We served a warning notice in relation to these breaches. At this inspection we checked to see if the service had made the necessary improvements to comply with the warning notice and meet the regulations. We saw significant improvements had been made and all regulations were being met.

The registered manager told us there had been changes to the structure and support from the provider. The registered manager now received support from the provider who visited the service regularly. A manager from another service within the organisation had been supporting the registered manager on a weekly basis to guide them in the changes needed and share good practice. The changes to the staffing team as described in the safe domain had ensured that the registered manager had the support of a team leader and a full staff team. The registered manager now had protected management time to conduct the responsibilities associated with the role. The registered manager had attended and had further scheduled training to aid skills and development in the registered manager's role. One relative said, "100% better than it was. Things have improved, they have done really well. There was a disconnect before between the organisation and the home. I am not totally confident it will continue, but I hope things continue to improve."

Systems were in place to regularly monitor the quality of the service. This included audits of health and safety, care records, medicines and infection control. We saw that where items were identified the required further action this was recorded. The registered manager kept a log of all documentation and when it was due for review, to ensure documents were reviewed in line with the organisations policies. The registered manager completed a bi-monthly self-assessment which monitored areas such as training, supervision, incidents and accidents and care records. These assessments were reviewed by a peer and a senior manager. We saw that the last assessment in March 2017 had identified items such as staff members who needed to complete training and the continuity plan which required further detail.

The provider conducted unannounced mock inspections. This reviewed systems and documents. People were spoken with to gain their feedback in areas such as menus, keyworkers and the environment. A report was produced in an easy read and pictorial format. It clearly showed recommendations for example the February 2017 report stated we liked, 'The new garden area and how the menu is planned with the residents and evidence of choice around meal times.' We think, 'Residents understanding of the keyworking system,' needs improving. Whilst some actions at the back of the report had been completed, we saw there were three still outstanding.

Relatives had been invited to complete a feedback survey in August 2016. This included comments such as, 'the house looks scruffy and tired.' The response showed the plans to deep clean and redecorate the service, which had now been done. An action plan had been produced from the feedback received and these

actions had been completed. The last survey conducted with people was in April 2015. The registered manager acknowledged this was overdue.

The service had started producing a quarterly newsletter. This shared information with people, family and friends about the service. We saw that people had been involved in writing some of the articles about the activities they were involved with. Information such as staff changes, environmental improvements and celebrations were described.

People and staff spoke positively about the registered manager and the changes made within the service. One person said, "He [the registered manager] is nice. He does a good job." A staff member said, "He has improved as a manager, he is approachable, a lot more organised, easy to communicate with and has fully taken on his responsibility of the role." Another staff member said, "The registered manager is fun and fair. He is supportive of staff, is involved, brings in new ideas and is a lot more confident." The staff spoke highly of teamwork between the registered manager and team leader. One staff member said, "They are a great management team."

Regular team meetings were organised. We reviewed the recent minutes and saw that information was communicated and discussed with staff around areas such as people's care and support, the objectives of the service and arrangements for medicines. We saw that meetings were used to review ways of working and update staff's knowledge. For example at the January 2017 meeting DoLS was discussed to ensure staff were clear what this meant for people. One staff member said, "Staff meetings are an open forum, we can discuss anything." A list of objectives for the service had been created. This showed current aims that the service was working towards such as, 'To keep the current standard of décor/tidiness/cleanliness,' and 'To support our residents to make more friends/build new relationships and links in the community.' We saw these objectives were discussed and reviewed at staff meetings. Actions were recorded as a result of the meeting. However, we did note that actions from the previous meeting were not always reviewed at the following meeting to monitor completion.

There was a positive working culture within the service. Staff were motivated and enthusiastic. One staff member said, "Staffing is now great. We have increased staffing levels. A better culture. We work well together as a team. The staff team are a lot happier and this has made a big difference. We have new staff team with fresh ideas, it is a diverse team which benefits the people living here." Another staff member said, "Staff have worked hard to make changes. Everyone is now on the same page."

The registered manager and staff told us how they recognised the importance of the opportunities and activities for people living at the service. Staff told us how there had been changes in the way the service worked. With improved staffing levels staff were now proactive about researching and facilitating options for people. The service had developed links within the local community and now had a strong relationship with a nearby church. People from the service attended different activities at the church for example, coffee mornings and art and craft sessions. This relationship had given people a social network and openings of other activities. For example, two people at the service had been asked to be responsible for watering the plants through a holiday period.

Information was communicated effectively to staff through a variety of systems. A diary contained appointments such as activities, GP appointments and social events. A communication book shared messages and things that needed to be actioned amongst the staff team. Daily handovers took place these were both verbal and written. During the inspection the handover form was revised to make information recorded more focused. There was a section in the handover file where important communication was given to staff. Staff signed this to show that it had been read. This included information about policies, changes in

people's support plans and feedback received. Relatives said that staff kept them well informed. One relative said, "Staff communicate really well with me."

The registered manager and staff said they now discussed ways of working, systems and strategies to continually review and monitor if these were effective. Staff said that they were open to changing systems and saw this as positive change. One staff member said, "We tweak things where needed. We are always looking to improve."

The registered manager understood the legal obligations in relating to submitting notifications to the Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the home. The registered manager had completed and returned the Provider Information Return (PIR) within the timeframe allocated and explained thoroughly what the home was doing well and the areas it planned to improve upon.