

# Carmand Limited







# Topaz House

## Inspection report

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### Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

### Overall summary

We undertook this unannounced inspection on the 26 November 2014. We previously visited the service on 2 and 3 June 2014. We found that the registered provider did not meet the regulations that we assessed in respect of consent, care and support, keeping people safe, medicines, staff recruitment, staffing levels, staff support, supervision, monitoring the quality of the service and the reporting of notifiable incidents and we asked them to take action. Following the inspection the registered provider sent us an action plan telling us about the improvements they were going to make. At this inspection we found that appropriate action had been taken to make the identified improvements.

The service is registered to provide accommodation for persons who require nursing and personal care and treatment of disease, disorder or injury. Topaz House can accommodate up to four people with a learning disability and mental health diagnosis.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC); they had been registered since 8 June 2011. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are; 'registered

# Summary of findings

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.

When we had previously visited the service on 2 and 3 June 2014 we found that the registered manager was working on a part time basis at the service, a manager had been appointed from within the organisation but after a high staff turnover, was finding it difficult to manage the responsibilities of the role.

During this inspection we found the management arrangements at the home were more consistent than we had seen at the last inspection. An experienced manager had been appointed in July to deal with the day to day management of the home along with a further two deputy managers and this meant there was a manager on duty over a seven day period.

The new manager has applied to become the registered manager of the service and when the registration process has been completed the current registered manager intends to de register from this role.

People's human rights were protected by staff who had received training in the Mental Capacity Act 2005. We saw where a person may not have the ability to make a certain decision, an assessment was completed to establish if they understood the choice they had been asked to make. When people were assessed as lacking capacity to make their own decisions, meetings were held with relatives and health and social care professionals to plan care that was in the person's best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered provider had followed the correct process to submit applications for a DoLS where it was identified a person needed to have their liberty restricted in order to care for them safely, and that this was in their best interests. At the time of the inspection one person who used the service had their freedom restricted and the registered provider had acted in accordance with the Mental Capacity Act, 2005.

People spoken with told us the staff listened to them and supported them in a caring manner. They were very happy with the care they received. People told us they had many different opportunities to engage in a variety of structured activities and had access to the local community.

People lived in a safe environment. Staff knew how to protect people from abuse and equipment used in the service was checked and maintained. Risk assessments were carried out and staff took steps to minimise risks without taking away people's rights to make decisions.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people. The plans of care were individualised to include preferences, likes and dislikes. People who used the service received additional care and treatment from health based professionals in the community.

People's nutritional needs had been assessed and people told us they were satisfied with the meals provided by the home.

Medicines were stored, administered and disposed of safely. Training records showed the staff had received training in the safe handling and administration of medicines. Staff administering medicines had also had competency checks before being approved to administer medicines.

Staff had been recruited following the home's policies and procedures to ensure that only people considered suitable to work with vulnerable people had been employed.

Staffing levels had been reviewed and increased to meet people's needs and to support people to access activities. Staff received training and support to enable them to carry out their tasks in a skilled and confident way.

The manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. Staff had received training in how to recognise abuse and knew what to do if they had concerns. People said they felt safe. Risks to people and others were managed effectively.

There were sufficient numbers of staff on duty to meet people's needs. Staff were recruited following policies and procedures that ensured only those considered suitable to work with vulnerable people were employed

People's medicines were stored securely and administered safely by appropriately trained staff.

Risk assessments were in place which were reviewed regularly so that people were kept safe.

Good



### Is the service effective?

The service was effective. Staff received appropriate up to date training and support.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with understood how to protect the rights of people who had limited capacity to make decisions for themselves.

People received a nutritious and balanced diet. Some people had support from health professionals regarding their nutritional intake. People told us they were happy with the meals provided by the service.

People were referred to health care professionals in a timely manner so they could receive prompt treatment when required.

Good



### Is the service caring?

The service was caring. People told us they felt supported and well cared for.

Staff had a positive, supportive and enabling approach to the care they provided for people.

We observed positive interactions between people who used the service. We saw they knew people well, were respectful in their approach, patient and encouraged them to be independent.

We saw people's privacy and dignity was respected by staff and this was confirmed by the people we spoke with.

The care files provided information about people's life history and their preferences for how care should be carried out. The individual care needs were understood by staff.

Good



### Is the service responsive?

The service was responsive. People had assessments, risk assessments and care plans that guided staff on how to support them. Staff told us they were always made aware of any changes in people's needs.

People were able to make decisions about aspects of their lives. This supported them to retain some control over their lives and to be as independent as possible. Their preferences and wishes for their care were recorded and known by staff.

Good



# Summary of findings

People were supported to participate in a range of social activities within the home and the community to promote their social inclusion.

People were supported to visit their families and visitors were made welcome at the home.

There was a complaints procedure in place and people were informed about how to make a complaint if they were dissatisfied with the service provided.

## **Is the service well-led?**

The service was well-led. There were systems in place to monitor the quality of the service and to promote continuous improvement.

The manager promoted a fair and open culture where staff felt they were well led and supported. A full time manager had been appointed and two deputy managers and this meant that there was a manager on duty over a seven day period.

The registered provider had an effective system in place to identify, assess and manage risks to health, safety and welfare of people who used the service and others. Accidents and incidents were monitored and trends analysed to to minimise the risks and reduce the incidence of re-occurrence.

Regular staff meetings took place and were used to discuss and learn from accidents and incidents.

There were sufficient opportunities for people who used the service and relatives to express their views about the care and the quality of service provided.

The premises and equipment were regularly checked to ensure the safety of the people who lived and worked there.

**Good**



# Topaz 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 registered 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 took place on 26 November 2014 and was unannounced. This inspection was led by an adult social care inspector who was accompanied by a second inspector and a specialist professional advisor. The specialist professional advisor had experience of the care needs of people living with a learning disability or mental health condition.

Prior to the inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider, information we had received from the local authority who commissioned a service from the home and information from health and social care professionals. This was a follow up visit so we did not request a provider information return (PIR) from the registered provider. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke to commissioners of people who used the service who told us that there had been an improvement in communication about their client, since the appointment of the new manager.

On the day of the inspection we spoke with three people who lived at the home, two members of staff, the deputy manager and the manager. Prior to the inspection visit we spoke with the local authorities who commissioned a service and contacted the local safeguarding team.

During our inspection we reviewed the care records of the three people who used the service in order to track their care. We also spent time looking at records, which included the communication book, handover records, accident book, and recorded incidents. Each member of the inspection team located themselves in different parts of the building in order to observe the interaction between people who lived at the home and staff.

We looked at all areas of the premises including bedrooms (with people's permission). Later in the day we visited the head office of the organisation to look at policies and procedures, staff training and recruitment files, supervision records, staff rotas, maintenance records and quality assurance audits and action plans.

# Is the service safe?

## Our findings

At the last inspection of the service on 2 and 3 June 2014 we had identified the practices within the home did not protect people who used the service, staff or visitors from the risk of harm. Serious concerns were raised regarding the lack of guidance and training for staff to support people safely and to manage their behaviour appropriately when it was challenging. Staff spoken with told us that the risk assessments had been reviewed since our last inspection and now clearly identified the action staff were expected to take in each situation where a risk may be presented. Risk assessments were seen to be based on least restrictive practice.

Some incidents had resulted in verbal and physical abuse between people who used the service, to the extent that one person was moved to another location within the organisation following such an incident. These incidents and police visits to the service had not always been reported to the local authority safeguarding team or the Care Quality Commission (CQC). Staff had not all received training in how to manage safeguarding concerns in order to protect vulnerable people from the risk of abuse or harm.

At this inspection we found that appropriate action had been taken to make the identified improvements in these areas.

We found that the service had policies and procedures in place to guide staff in safeguarding people from abuse. The manager told us that since their appointment they had worked with the local authority safeguarding team and the local police liaison officer, to review all historical incidents and had conducted investigations of these. In addition to this they and their deputy managers had worked with the local authority safeguarding team to improve the reporting of and content of safeguarding referrals. The local authority safeguarding team confirmed that the level and content of recording had improved considerably and was now in line with the current framework for this.

In discussions with the manager the deputy manager and care staff, they confirmed they had completed safeguarding training. Staff spoken with were able to describe the different types of abuse, the signs to look for and the action they would take if they observed an incident of abuse or became aware of an allegation.

The deputy manager described the local authority safeguarding procedures. They said this consisted of a risk matrix tool, phone calls to the local safeguarding team for advice and alert forms for use when making referrals to the safeguarding team, in situations where further investigations were required.

Records were seen to be maintained for all referrals made, the process and outcome of the investigation and any action made following this. Further records were maintained of when the Care Quality Commission had been notified of incidents and any referrals made to the police. These were found to have been completed appropriately.

In care records we found appropriate risk assessments to promote people's safety in the service and within the community. Risk assessments included those for home leave, medication, nutrition behaviours that may be challenging to the service and others and personal safety in the community. Risk assessments clearly identified what action staff were expected to take in each situation and were based on least restrictive practice and positive and proactive care reducing the need for restrictive interventions. This helped to keep people safe but also ensured they were able to make choices about aspects of their lives.

Staff spoken with told us the information in care plans and risk assessments gave them a better understanding of people's needs. They told us where risks were identified they were planned for in advance and gave an example of home leave, where risk assessments had been completed prior to a home visit.

Staff were aware of people's individual risks and what action was required of them to manage these risks. Staff spoken with were able to give clear examples of situations where risk assessments had been put into place following an identified need and how this had been implemented to reduce the risk to the individual, whilst maintaining and promoting their independence.

We had also found at our previous inspection of the service on 2 and 3 June 2014 that people's medicines were not always managed safely. At our previous inspection on 2 June the staff on duty were not familiar with the medication prescribed for the people who used the service,

## Is the service safe?

so had not administered medicines to them as prescribed. at this inspection we found that appropriate action had been taken to make the identified improvements in this area.

Medication practices had been improved, this included the review and update of medication policies and procedures and additional training for staff, followed by assessment of their practice to ensure their competence following this.

Protocols were in place for all medicines that had been prescribed to be taken 'as and when required' (PRN), these described in which situations the medicine was to be administered and to ensure that it was not used to control people's behaviour by excessive use of medication.

Staff spoken with were knowledgeable about the use of prescribed medicines in the service and the side effects they needed to be aware of. information was seen to be available for staff information about all of the medicines used within the service. People spoken with at the service were also able to tell us what their medicines were prescribed for.

A medication trolley was in use and we saw that the trolley was locked and stored in a locked office. People went to the office We noted that staff did not sign the MAR chart until they had seen the person swallow their medication.

We saw there was a medication administration record (MAR) and these had been completed accurately. Mental capacity assessments had also been completed for medicines.

Staff spoken with were able to describe the system they used to order medication and to check the medicines prescribed by the GP were the same as those supplied by the pharmacy. Medication was supplied in blister packs that were colour coded to match the colours recorded on the MAR chart. This helped identify for staff the correct times of administration and helped to reduce the risk of errors occurring.

At our previous inspection of the service on 2 and 3 June 2014 we found there were not always enough staff on duty to keep people safe and staff were not recruited following

policies and procedures that ensured only those considered suitable to work with vulnerable people were employed. We found that appropriate action had been taken to make the identified improvements in these areas.

Staff employed at the service had relevant pre – employment checks before they commenced work. This was to check their suitability to work at the service. staff told us they ha been recruited into their roles safely.

We saw rotas indicated which staff were on duty and in what capacity. The rotas showed there were sufficient staff on duty to meet the people's assessed needs. Staff rotas showed that the three people who used the service were cared for by one staff during the day, with a second staff member providing a further six hours for activities four times a week and an additional twelve hours three times a week. A further member of staff provided support during the night and a designated on call senior staff member.

Records showed that when the needs of people who used the service had changed for example they presented a risk to themselves or others, staffing levels had been reviewed and increased accordingly to meet the individuals identified needs during that time..

One person told us that previously there had been occasions when they were unable to gain access to the service, when the staff member was out with another service user. They confirmed that this was no longer the case and they were able to access the service at any time, since the staffing levels had been increased.

We spoke with the maintenance team who were completing a check of fire equipment at the time of our inspection. They provided us with a record of documents which showed checks of the fire system and equipment, electrical items and hot and cold water outlets were carried out on a regular basis.

The manager had plans in place for foreseeable emergencies. First aid kits were available and each person who used the service had a personal emergency evacuation plan in place, in case of a fire emergency.



# Is the service effective?

## Our findings

At the last inspection of the service on 2 and 3 June 2014 we had identified there was little direction and support for staff and the support to people who used the service was inconsistent and unstructured. The service was for people with complex needs around their learning disability and or their mental health and often people presented with behaviours that challenged the service and others.

Systems had not been put in place for all persons to safely manage these behaviours, to recognise triggers or to encourage positive behaviour. There were gaps in staff training and development programmes with a large number of staff not having received training to meet the specialist needs of the people who used the service.

At this inspection we found that appropriate action had been taken to make the identified improvements in these areas.

People who used the service spoke positively about their experience of the service. They told us they were always consulted about their care and treatment. One person gave an example of not always wanting to have their breakfast when they first got up, so they would have it mid morning instead. Comments included "Yes I know what is in my care plan, I talk about it at my meetings and with my keyworker and I am able to tell them if I am unhappy or don't agree with something that is in it."

We looked at staff training records and saw that staff now had access to a range of training both essential and service specific. These records also showed dates for when training was due to be updated. Staff confirmed they completed essential training such as fire safety, food hygiene, moving and handling, health and safety and safeguarding adults. Records showed that staff had participated in additional training to guide them when supporting the mental health care needs of people who used the service and this included mental health awareness.

Staff told us that following the increased staff training made available to them, they felt much safer and secure in their post and had developed a better understanding of the care needs of the people they were supporting. Another staff member told us how they were being supported by the organisation with other colleagues to study for a further Non Vocational Qualification (NVQ).

Staff confirmed they received regular supervision meetings with a senior staff member and had received an initial appraisal from the manager soon after they were appointed. This assisted staff and management to identify training needs and development opportunities. Staff told us they felt they were much better supported in their roles following the introduction of this and the feedback they received gave them the opportunity to improve their skills where this was required and access additional training identified.

We reviewed the care plans of the three people who used the service and the care plans showed consent had been sought on how treatment was provided. People had signed their care plans where they were able to do so.

At our last visit on 2 and 3 June we found that health checks were not always being carried out as directed by health care professionals. At this inspection we saw that action had been taken to rectify this.

We saw that care plans included details of a person's medical conditions and the special care needs they had to maintain their general health. Information had been obtained about specific conditions to ensure that staff were aware and well informed, and this was included in the person's care plan. Clear instructions were available within the care plan for staff to follow in order to meet people's health needs effectively. Staff spoken with were aware of the nature of the health condition for the individual and how this impacted on their lives.

We saw some people had additional health conditions that put them at greater risk. Staff were aware of people's individual risks and what was required of them to manage these risks. They gave examples of how they encouraged the individual to eat smaller more regular meals for example scrambled eggs, when their appetite was poor and they declined other meals offered.

In discussion staff were knowledgeable about meeting people's health care needs and their role in maintaining this. They described the signs and symptoms of conditions that would need timely interventions such as weight loss, broken blood vessels in the eyes and breathlessness and the action they would take in these situations, should they arise. People's assessments and care plans were reviewed on a regular basis to ensure there was an up to date record of their current health needs.



## Is the service effective?

There was a record of any contact people had with health professionals, for example GP's and, community nurses. This included the date, the reason for the visit/contact and the outcome. We saw advice received from health care professionals had been incorporated into care plans. Details of hospital appointments and the outcomes of tests/ examinations were retained in people's care records.

Records showed staff had been trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This is legislation that protects people who are not able to consent to care and support and ensures that people are not unlawfully restricted of their freedom or liberty. The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected.

The manager and care staff spoken with understood their responsibility around protecting people who did not have the capacity to consent. Records also showed that meetings had taken place with relatives, other agencies and care staff for specific people to discuss identified health issues and make important decisions in their best interests. Health and social care professionals we spoke with confirmed they had been given detailed information by the staff to inform their decision making.

Discussion with the manager showed they understood the principles of the MCA and when it would be appropriate to submit a Deprivation of Liberty Safeguard (DoLS) authorisation application to the local authority for them to consider whether the measures taken by the service to keep people with a mental health condition safe were in

accordance with the MCA. At the time of our inspection we found that one person was subject to a DoLS authorisation. We found the authorisation records were in order and least restrictive practice was being followed.

Since our last inspection, two assistant psychology assistants had been recruited by the registered provider. As well as having responsibility for psychology input and support, they have been allocated additional responsibilities. One assistant psychologist had taken on the lead for healthy eating as there had been concerns raised about the quality and variety of diet available to people who used the service, with people preferring convenience and take away food opposed to a more balanced diet.

The assistant psychologist had met with people who used the service and staff and from these meetings, developed a pictorial folder identifying the nutritional values of food, ingredients required and instructions on how to prepare the meals listed. The folder is used to facilitate weekly meetings with people who use the service to discuss menu planning and develop menus for the service each week. The menus and food intake are recorded by staff and reviewed by the assistant psychologist.

People who used the service told us they enjoyed the food and that the meetings were good because it gave them an opportunity to express their likes and dislikes. They said the pictures were particularly useful for one of their peers who had a hearing impairment and who could now join in with the discussion using these. They told us there was always other food options available within the service and gave an example of one of their peers having a poor appetite on occasions, and being encouraged by staff to have something lighter to eat at these times.

# Is the service caring?

## Our findings

At the last inspection of the service on 2 and 3 June 2014 we identified staff were supportive and attentive to the people who used the service, however, there was a lack of evidence to show that people's preferences, interests, aspirations and individual wishes were recorded. There was little evidence to demonstrate that care and support was provided in accordance with people's wishes and feelings.

At this inspection we found that appropriate action had been taken to make the identified improvements in these areas.

People said the staff were 'Good' and 'Caring' and they expressed respect and fondness for the staff who were on duty at the time of our visit. They were able to identify their keyworker by name and told us they felt able to speak to any of the staff if they had a problem. One person said "I really like my keyworker, he is good and kind and he listens to what I want. He is really good at explaining things to me when I don't understand something."

The three people who used the service told us they were fully aware of the content of their care records and risk assessments in place for them, as these were discussed with them. One person told us, "Yes I have a care plan and the staff speak to me about it, so I know what is in it. I have signed it to show I agree with it."

People told us their keyworker met with them regularly to discuss choices, which could be anything from what they liked or disliked to eat to what they wanted to raise at their care reviews or change in their care plan. Records of these meetings were kept and held in individuals care records.

One person gave an example of planning a visit to their family and the travel arrangements for this. As they had never flown before staff had suggested visiting a local airport to see an aeroplane close up, however if this method of transport was not acceptable to them, they had reassured them they could go by car or train, which ever was most suitable for them. A work based placement had also been made available to them on a farm caring for animals, after they had expressed an interest in this. Records confirmed that these discussions had taken place with the individual as described.

People told us they had regular reviews and they were involved in these. Care records detailed pre progress review

action plans, which showed people were asked how they were feeling and what they wanted to raise at their meeting or any areas they would like to change. Records from review meetings demonstrated people's opinions and views from the pre progress review meetings had been discussed.

Further records of psychology input and subsequent meetings with an assistant psychologist were also available.

Throughout the day of our inspection we observed staff consistently interacting with people. People were consulted throughout the day about their preferences for example the time they wanted to go out shopping and if they wanted to attend a party in the evening, to celebrate a peers birthday.

Staff were observed respecting people's privacy and dignity, for example knocking on people's doors and waiting for a response before entering. Some staff were seen to be involved in one to one sessions for example supporting with the promotion of independent living skills such as meal preparation and domestic tasks.

Another staff member was seen encouraging another person and offering them reassurance about a shopping activity. The person did not enjoy shopping for new clothes, but the staff member reminded them they would need new clothes before they went on holiday. The staff member talked them through the activity asking them what would be the most convenient time and day for them and the preparations they would need to make before hand, for example; a list of the clothes they wanted to buy and an idea of how much money these may cost. A record was made of the discussion with the person, outlining the preparations required prior to the planned date of the trip.

Staff were sensitive when caring for people with limited communication skills. They spoke softly and clearly and gave people time to respond. We saw that the person had a communication support plan which informed staff how to communicate effectively with them. This identified the person was able to use Makaton (Makaton is a language programme using signs and symbols to help people to communicate.) and British Sign Language and had a whiteboard which they used with a key member of staff daily on a one to one basis. Further instructions directed staff to writing things down for the person to read and allowing them enough time to write their answer.

## Is the service caring?

When we communicated with this person using pen and paper, although our discussion was brief, they were able to communicate that they liked living at Topaz and the staff looked after them very well. They said that they were involved in decision making for example about activities and preparing meals of their own choice.

People who used the service told us that their relatives were free to visit at any time. They told us they were also supported by staff to visit their relatives at their homes.

# Is the service responsive?

## Our findings

At the last inspection of the service on 2 and 3 June 2014 we had identified key information about people's care needs was not available to staff who were supporting them. Staff told us there were times they supported people based on verbal information received from head office and on occasions, were expected to support people without care plans.

We saw some staff had not completed essential training linked to healthcare needs to help them support people effectively.

At this inspection we found that appropriate action had been taken to make the identified improvements in these areas.

We looked at the care plans for the three people who used the service and these showed evidence of people's needs having been reassessed since our last visit and how people's assessed needs could be met at the service.

A copy of a care plan was available within the service for each person who used the service. These had been developed to support all areas of need, including for example personal care, health and well-being, continence, medication and behaviour that challenged the service and others. The care plans indicated preferences for how delivery should be carried out and provided staff with guidance to meet people's needs. Life history records were completed in each of the files seen: this provided staff with information about the person's background and an insight into them as an individual; their behaviours, values, interests and people who were significant in their lives.

People's care was planned and delivered in a way that was intended to ensure their safety and welfare. We saw that care plans had been reviewed regularly to ensure people's choices, views and health care needs remained relevant to the person. We saw that monthly meetings were held to review people's care and support in addition to the annual review held for each individual. Minutes of these meetings were available in individual care plans and any changes made were seen to have been identified and incorporated into individual's care records.

Care plans and risk assessments seen made reference to the National Institute for health and Clinical Excellence (NICE) guidelines for the short term management of disturbed and violent behaviour.

Staff we spoke with were clear about how they would treat people as individuals and promote their independence. They told us that the care plans gave them sufficient information about people and they were encouraged to read them regularly to ensure they knew people well. When care plans were updated in response to changing needs staff told us they were informed of this and they were asked to read and sign care plans to show they were aware of the changes that had been made in order to offer continuity of support to people.

Assessment tools had been used to identify the person's level of risk and included areas such as those for the risk of inappropriate sexual behaviour, wearing inappropriate items of clothing, violence and aggression. Where risks had been identified, risk assessments had been completed that recorded how the risk could be managed or reduced. These included clear instructions for staff to follow which identified triggers and the actions staff should take to implement strategies to reduce the behaviour and further escalation of behaviours.

Risk assessments had been updated monthly to ensure they reflected any changes in people's needs. We saw that when risk assessments had been changed amendments had been made to the care plans also. The frequency of incidents in the service had reduced since the risk assessments were put in place.

We observed that staff were able to recognise changes in a person's behaviour that indicated they were unwell or unsettled in their behaviour. Staff spoken with were able to give examples for each individual who used the service which may indicate they were unhappy or that their behaviour may be escalating and the action they should take to prevent this. One staff told us, "I know when their behaviour is deteriorating as they will stop engaging with me, other staff or their peers." Staff were able to describe how they managed conflict within the service and demonstrated how they would apply the least restrictive techniques identified within behaviour support plans. All staff were clear that only staff who had received training in physical interventions (MAYBO in line with NICE guidelines-short term management of disturbed/violent behaviour).

## Is the service responsive?

Clear instructions were identified and followed by staff in the reporting and recording of incidents within the service. Records showed that there had been five incidents recorded at the service since our last inspection. Records were available for each recorded incident. Staff were aware that people needed different levels of support on different days or at different times of the day, due to their fluctuating health needs or capacity for decision making.

There was evidence to show staffing levels had been increased to ensure there were sufficient staff available at all times to meet people's identified needs. Staffing rotas showed that where additional need had been identified for individuals for example; during a period of mental health deterioration, additional staff had been provided to support the higher level of support need identified.

Two assistant psychologists had been appointed since our last visit. Each has taken on designated responsibilities within the service. One of these responsibilities was for the development of activities and the people who used the service told us about the activities that had been planned. They gave examples of bingo and games nights, outings, shopping trips, meals out as well as work placements for those who wanted this.

People we spoke with who used the service told us they had been involved in discussions about what type of

activities they wanted to participate in and have introduced into their activity plan. They gave examples of activities they had suggested, which included; keeping goldfish, baking, games nights, trips out and work placements. comments included "there is more to do and there are planned activities each week and staff are able to spend more time with me."

The manager told us about plans to promote further events evening and invite other services from outside of the organisation to give people an opportunity to socialise and develop their social circles.

In discussions with staff they told us they had handovers at each shift change. They used the time to discuss the people who used the service and any concerns that had been raised. These meetings helped staff to receive up to date information about people in their care. There were information sheets in care files for use when people were admitted to hospital to provide staff with important information about people's health and emotional needs a, medical conditions and medication they were taking.

Each of the people who used the service told us they would know how to complain if they needed to and gave examples of speaking to their keyworker, or the manager who visited the service frequently.

# Is the service well-led?

## Our findings

At the last inspection of the service on 2 and 3 June 2014 we had identified there was no clear leadership in the service. Staff were given conflicting guidance from the management team and this information was not always written down which led to confusion and inconsistency with the care provided. We also found that the registered provider had failed to notify CQC of notifiable incidents in accordance with CQC registration requirements.

The registered manager had a part time job elsewhere and had appointed an acting manager from within the organisation, but following a high turnover of senior staff they had told us their workload had increased considerably and they needed additional support in order to fulfil their role.

At this inspection we found that appropriate action had been taken to make the identified improvements in these areas. A new experienced manager was appointed at the end of July, in addition to this two deputy managers, a clinical lead, a psychologist and two assistant psychologists had also been appointed. Each of these senior staff members had all been given designated responsibilities within the organisation. One of the deputy managers was also the designated home coordinator at Topaz House.

Checks on staffing rotas showed that during a period of time when a person's mental health had deteriorated, both additional staff and qualified nurses had been used to support staff.

We found there were effective systems in place to monitor the quality of the service and people who used the service were included in the day to running of the service. We saw that meetings were held every Thursday with the people who used the service and they had further one to one sessions with their keyworkers and psychologists, which gave them different opportunities to raise any concerns and express their wishes and preferences. Records of all of these meetings were maintained and showed that people were consulted about their care, meals, activities and other topics.

We asked people if they had been consulted about their care via surveys or questionnaires. One person told us "Yes we are asked all the time about things, at weekly meetings, filling in forms, at our pre review meetings and by our

keyworker. The manager also asks us about how things are and if they could be made better." "The last manager was a good bloke, but since the new manager has come, things are getting better."

The manager told us that one of assistant psychologists had taken on the lead for quality review. We spoke to the assistant psychologist who showed us their annual plan of quality review, the completed satisfaction surveys and their action plan, where areas of improvement had been identified from these results. For example following this, nutrition had been looked at within the organisation and a more healthy eating system introduced, with clear instructions on how meals were prepared for those staff who were less skilled in this area. The people who used the service were familiar with this and told us they used the folder to plan menus and had enjoyed the food that had been prepared.

The members of staff we spoke with told us the management of the service was good; comments included "Since xxxx came we have had so much more training and this has made me much more confident in my role. They are very focussed on the people who use the service and making sure they get a good service." Staff told us the new manager promoted an open door policy and was very approachable. They visited all of the services regularly and were keen to hear staff views. The introduction of staff supervision and staff meetings made them feel valued and that their opinions and suggestions were listened to and considered. We found the service was well organised which enabled staff to respond to people's needs in a planned and proactive way.

The manager showed us a copy of a monthly quality audit which checked the environment for example, cleanliness, décor, fire checks and health and safety. Further checks were completed of medication. We saw that the system looked at the 'weekly medication tally audit' identified any discrepancies and if so, to whom this had been reported and what action was taken following this.

Records showed that incidents and accidents were recorded and appropriate immediate action taken. An analysis of the cause time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents. A record of the frequency of incidents was maintained and this showed that the frequency of incidents had reduced. Following any incident a de brief is held with staff and the individual with

## Is the service well-led?

an assistant psychologist or the manager. Staff told us that this was a welcome introduction. It made them feel valued and listened to and they no longer felt they were dealing with things on their own as they had the training and support to enable them to do their jobs.

We confirmed the registered provider had sent appropriate notifications to CQC in accordance with CQC registration requirements.

Records showed staff meetings and meetings for senior staff took place regularly. Comments from staff members included, “The staff meetings are useful and they promote communication within the organisation. Even if we are unable to attend the meeting a copy of the minutes are sent to us and we can ask if there is anything we are unsure about.”

A clinical governance meeting was also held on a monthly basis. Minutes of this meeting showed that evidence based practice was looked at in line with relevant guidance such as NICE guidelines. Incident trends, whistleblowing, safeguarding referrals and regulatory notifications were also looked at and discussed. Staffing, training, service user experience and regulatory issues were also covered. This meeting was an additional tool used to drive the quality of outcomes for the people who used the service and ensure that senior staff were fully aware of any current issues or trends and what action was being taken to resolve these.