Conquest Care Homes (Norfolk) Limited

The Oaks & Woodcroft

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out a comprehensive, unannounced inspection on 7 June 2017. The service was last inspected on 20 December 2016 to follow up a warning notice. The inspectors only looked at well led as part of their inspection and was therefore a focused inspection. They had complied with the warning notice. The last, full comprehensive inspection was in April 2016. During this inspection a number of breaches were identified including: : Regulation 18 Registration Regulations 2009 Notifications of other incidents, Regulation 9 HSCA RA Regulations 2014 Person-centred care, Regulation 11 HSCA RA Regulations 2014 Need for consent, Regulation 12 HSCA RA Regulations 2014 Safe care and treatment and Regulation 18 HSCA RA Regulations 2014 Staffing. We issued a warning notice. At our most recent inspection we found that the required improvements had been made and that the service was no longer in breach of any regulation.

At this inspection there was a registered manager in post. 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 services Oaks and Woodcroft can accommodate up to twelve people in single rooms. There are two bungalows on each site which are adjacent to each other. People had a diagnosis of a learning disability.

The service was well staffed and staff met people's needs in a timely way. We saw a lot of engagement and people having individual time with staff. Risks were well documented with good guidance for staff to follow to minimise the risk. Training was provided to staff to help them meet people's individual needs and help to reduce risks.

Staff recruitment files were being updated to demonstrate how the provider was following an effective recruitment process.

Medicines were well managed and people received their medicines as intended. There were robust systems in place to ensure medicines were correctly accounted for and administered by suitably qualified staff.

Staff were supported to recognise the risk of potential or actual abuse and knew what steps to take to ensure people were fully protected.

Staff were well supported through induction and received regular training and supervision of their practice. The staff team were confident in the management of the service and felt listened to and empowered to make decisions.

People were supported to access the kitchen and be involved in food preparation. Staff monitored people's food and fluid intake to ensure it was sufficient to their needs. Unplanned weight loss was investigated to help ensure the person did not continue to lose weight.

People's health care needs were documented and in the main met. However we identified gaps in records in relation to the monitoring of a certain healthcare condition.

The Care Quality Commission is required to monitor the operations of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. People did not have any restrictions and staff acted lawfully to support people.

We found the environment could be improved and would help people to access the outside space if improvements were made. These were made immediately following our inspection.

Staff were caring and knew people well. Staff encouraged people to make individual choices but did not make the best use of technology to help aid communication. Some people did not have verbal skills and staff used limited ways to help them communicate effectively with people.

People were encouraged to be independent and have opportunities but we could not always see if goals set were achieved or if they were of the person's choosing. We found a number of people at the service very able and questioned the appropriateness of the setting or the support being provided. We understood that different funding levels affected the levels of support people received but this limited some people's opportunities. This was an issue for commissioning and being raised by the provider.

Support plans were well written and showed consultation with people about their needs and how they should be met according to people's preferences.

We found the manager open, friendly and realistic about what they had achieved and improvements still required. The staff team were working hard to meet people's needs and we saw the service was well planned and well managed.

There were systems in place to judge the safety and effectiveness of the service which meant the manager knew what was working well and what they still needed to address and had prioritised according to risk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks were well managed and staff had the necessary training and support to enable them to identify and manage risk.

Staff understood what actions to take if they suspected a person to be at risk of harm or actual abuse to ensure people were adequately protected.

There were enough staff to meet people's needs and staff had the necessary competencies and skills to keep them safe.

There were effective staff recruitment processes in place to ensure staff recruited were suitable for the role. Records were being updated to identify any gaps so this could be rectified.

Medicines were administered safely according to the prescriber's guidelines.

Is the service effective?

Good

The service was effective.

Staff had the necessary competencies and skills and were supported through adequate induction, training and one to one support.

Staff understood mental capacity and how to promote people's wishes and aspirations through promoting people's choices or acting in a person's best interest where they lacked capacity.

Staff understood people's health care needs and these were well documented and showed how people's needs were met.

Staff monitored what people ate and drank to ensure it was sufficient to their needs. People were involved in food preparation and had choices about what they ate according to their preferences.

Is the service caring?

Good

The service was caring.

People were supported to access a range of different activities and staff understood people's needs, wishes and aspirations.

Staff promoted choice and people's opportunities to engage in a range of activities and interests. Staff encouraged people to be as independent as they were able and wanted to be.

Staff encouraged people to be involved in the planning and review of their care and involved others in decision making processes.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People engaged in different activities of their choosing and were supported to do so.

Care and support plans were in place alongside health care plans and risk assessments. They were comprehensive and gave a good insight into people's needs. However we found limited evidence against agreed goals and felt the service had not sufficiently demonstrated that it was progressive and helped people achieve their full potential. We were confident the manager was addressing this.

There was a robust complaints procedure and feedback was acted upon to further improve the service and enhance people's experiences.

Is the service well-led?

Good

The service was well led.

The registered manager was open and inclusive. They were a good communicator and had a clear vision for the service. They were able to lead and prioritise.

There were systems in place to monitor and measure the quality of the service through regular audits and acting on people and staffs feedback.

There were systems in place to manage risk and ensure people received safe care.

The Oaks & Woodcroft

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 7 June 2017 and was unannounced. It was undertaken by one inspector and an expert by experience who had a person supporting them. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had personal experience of autism. .

Prior to the inspection we looked at previous notifications which are important events affecting the service which the provider is required to tell us about. We viewed these alongside previous inspection reports; action plans and the provider information return which gives us important information about how they are meeting the individual lines of enquiry we inspect against. We also requested and received copies of policies and audits following the inspection visit.

During the inspection we spoke with four people using the service. Most of our day was spent observing people's care and the interactions between care staff and people. We spoke with the manager, deputy manager four care staff, and the maintenance staff. We looked at three care plans, staffing records and other records relating to the management of the Service

Good

Is the service safe?

Our findings

At the last inspection of the service in April 2016, we found that risks were not well managed or kept under review. This resulted in a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.At this inspection we found risks to people's safety were monitored and well managed.

There was clear documentation to show how risks were pre-empted and what steps staff were required to take to reduce the risk without adversely impacting on a person's independence. For example, one person had a hoist and required two staff to support them with their mobility. They had a step by step manual handling plan, which included photographs detailing how the person's support should be provided. It included details of the sling, the hoist and any considerations whilst supporting the person. We saw risk assessments were incorporated into the person's plan of care. Care plans included advice about people's dietary requirements and where there was a risk of aspiration what was in place to keep the person safe. Assessments included advice from dieticians and the speech and language department. There was also information about specialist diet. Care plans incorporated risk and included travelling to and from an activity with sufficient detail about how to minimise risk of injury to people.

Most people were not able to tell us if they felt safe but one person told us "Staff keep me safe and they look after me well. I am happy living here and they take me shopping and to the local cafe. They always remind me about my safety when crossing the road. I feel very safe in my home because staff treat me nice. " One person raised concerns to us about another person's behaviour towards them. This made them feel unsafe sometimes but they told us they were able to go to staff and they supported them. We fed this back to the manager at the time of the inspection so they were aware of it and so we could assure ourselves it was being appropriately managed which it was.

One person showed us around their home. They told us when asked, that they had fire drills and showed us where the evacuation points were. We saw there was good information around fire, evacuation plans, a building plan and fire risk assessments. There were regular fire drills and planned and routine maintenance checks of the building to ensure it was fit for purpose. Staff were trained in emergency procedures such as fire safety, health and safety and first aid to help them safely manage any given emergency.

The service employed a full time maintenance person who had up to date records showing us how they monitored equipment within the service. There were emergency plans in place for fire and in the event of evacuation and equipment was regularly serviced to ensure it was safe to use. We saw risk assessments both generic and individual assessments in situ around fire safety and evacuation. Checks on food safety such as using food probes to ensure food was cooked to the correct temperature to kill of bacteria were completed. Water temperatures and checks for legionnaire's disease were viewed. Hoists and manual handling slings were regularly checked to ensure they were safe to use. Staff received manual handling training which was regularly updated and staff were able to tell us about people's needs and any specific risks.

We found risks well managed with one exception. The immediate grounds and garden were overgrown and there was broken furniture outside with uneven paving slabs. The area was not fully accessible and could

pose risks to people accessing the garden. The maintenance person was off work and their responsibilities had not been covered. However, whilst on site the maintenance person overseeing the sister service came to meet us. They showed us the records in situ and said they would be spending time on site. We spoke with the manager several days later who confirmed the grounds and gardens had been cleared.

On arrival at the service our identification was checked and we were asked to sign the visitor's book. We noted the front door keys were easily accessible and not secure which we discussed with the manager as felt they should be more secure. We found one of the kitchens was accessible but in the other home the kitchen was locked without a clear rationale of how staff were appropriately supporting people to access the kitchen. Risks from sharp objects were managed by locking anything potentially dangerous away.

At the last inspection we had concerns about staffing levels. We identified this as a breach. On the day of this inspection there were enough staff to meet the needs of people using the service. We checked the staffing rotas which showed minimal fluctuations of staff. The manager confirmed that they were fully staffed and did not use agency staff. They said they were trying to recruit a pool of bank staff which would help them cover staff sickness and annual leave. The manager said they closely monitored staff sick leave and said this was improving. They said at one time they did have high sickness levels but had supported staff to return to work through a phased return. The company provided occupational health to support the manager with managing staff sickness.

We spoke with staff and with people using the service who told us there were enough staff. Staff said the situation had improved and they were able to spend more time with people. In addition to the rotas there was an allocation sheet. Some people at the service had one to one hours and this sheet showed what staff were supporting which person when. However, not everyone had one to one hours. The manager said people who were more independent had shared staff support. This impacted on their opportunities to go out with staff to pursue their chosen activity. People tended to go out with other people unless receiving one to one support. The manager said they tried to minimise the impact of this by being creative with the rotas and keeping people's needs and funding arrangements under review.

People received their medicines as intended. One person told us, "I get my medication on time and I never wait its always on time. Staff explain to me what I need and I do fully understand what I need and why I take my medication. "

The manager notified us of a medication error. This did not result in any harm to the person and was dealt with appropriately and in line with the provider's policy. The investigation recommended additional safeguards to help ensure that mistakes were not repeated and staff were supported adequately through investigation, supervision and retraining. We viewed the service medication policy and staff were familiar with the policy and had training to ensure they understood safe principles of medication administration. Once they had completed their training they were expected to observe medication being administered and in turn, to be observed. This was so their competency to administer medication safely could be assessed. We did not do a full medication audit as the service had copies of very recent audits completed both by both the NHS pharmacist and the supplying pharmacist. The service also had systems in place to ensure medicines were administered as intended. Systems were in place to check people's medication records against the agreed stock to ensure all tablets were accounted for. Daily audits were undertaken so mistakes could be quickly identified and rectified. Creams and medicines were stored safely and at the correct temperature. There was information available to staff so they knew what medicines were for and where and how to administer creams according to the prescriber's instruction.

Staff had sufficient understanding of safeguarding people from abuse and knew what actions they should

take if they suspected a person to be at risk of harm or actual abuse. Staff received training in adult protection and had policies and flow charts to refer to. These showed which agencies should be contacted. Staff spoken with had a good understanding of safeguarding and were able to tell us what actions they would take if they suspected a person to be at risk of harm and, or abuse.

The manager reported and when appropriate investigated any allegations of abuse. They had enhanced training in safeguarding which meant they had the skills to investigate if required to by the Local Authority. They were knowledgeable and transparent. We viewed a number of referrals which showed steps taken to keep people safe. A confidential whistleblowing line had been established which was manned by an independent firm which helped ensure the confidentiality of staff employed.

Staff recruitment was robust and helped ensure only suitable staff were employed. Staff recruitment checks included proof of employment, identification, and proof of address, references, employment and education details. A disclosure and barring check was carried out to check staff did not hold a criminal record which might make them unsuitable to be employed in care. The check also ensured staff were not barred to work in care. Staff files were being audited and we found they were not in a standard format. It was difficult to find information and there were some gaps in the records which had already been identified by the service.

Staff were interviewed and there were set procedures for this to ensure staff selected met the shortlisting criteria and notes demonstrated how staff met this. We discussed with the manager how people using the service could be involved in staff selection as we found several people very able; one person was able to show us around and was very able to express what was important to them. The manager acknowledged this was a good idea.

Good

Is the service effective?

Our findings

At the last inspection we found that staff did not receive the training necessary for their role and did not always receive adequate support and supervision. We made a breach around regulation: 18: staffing. At this inspection we found people were supported by staff who had the necessary skills and competencies to deliver effective care.

We saw evidence that training was planned and delivered in a timely way and refreshed as required. Most of the training was completed through e-learning and staff were responsible for their own learning. However, the manager had recognised that this might not be the most effective way to provide all training and staff were encouraged to identify their own learning needs and supported to enrol on courses. Recent examples included managing difficult behaviour and a nutrition course. In addition staff did training suitable for their role and some of the specific tasks they undertook did not all relate to care such as rostering and income. We saw from the training matrix that staff undertook courses which related to people's specific learning disability and associated behaviours.

We spoke with staff about their role and their working environment. Most staff expressed confidence in the service although a few said staff did not always get on and there had been some tensions. Staff sickness had been a concern but was improving according to the manager and the staff we spoke with.

The manager told us they had 15 staff who held national vocational courses to level two. Senior staff were encouraged to obtain higher qualifications. This meant staff were supported with their professional development.

Staff told us they were regularly supported and had opportunities to discuss their work practice and anything affecting this. We saw the supervision matrix which confirmed staff received regular supervision. Staff confirmed this and said supervision was about once a month and was up to date. Staff had annual appraisals which looked at their performance, development and training needs.

We saw evidence of staff induction and the opportunity to shadow more experienced staff until they had developed the confidence to work independently. Staff completed the Care Certificate. This is a nationally recognized induction for new staff which covers all the key skills and competencies required.

At the last inspection we found that the service was not always acting in accordance with the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards. This meant people's rights were not being promoted. We identified a breach of regulation 11; Consent.

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 decisions, any made of their behalf must be in their best interests and the least restrictive.

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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

At this inspection staff demonstrated a good awareness and understanding of the MCA and DoLS. Everyone was considered as having capacity to make their own decisions and staff promoted choice. Care records included information about choice and capacity. This could be viewed alongside communication plans which helped staff understand how people expressed their choices when not able to verbally communicate. Where appropriate, an application to deprive a person of their liberty in their best interests had been made. One person had an approved DOLS. Best interest meetings were held when decisions were needed regarding a person's health and welfare. For example, where a person required a medical procedure. Staff gave an example of where an operation was not in the person's best interest and there was a clear rationale for this. This meant staff acted lawfully to ensure the person's rights were upheld.

People had their health care needs met. We spoke with people about this. One person told us." I do get to see my (GP.)" They said they had recently been poorly and staff booked the GP to visit. People had regular check-ups as demonstrated by their records such as blood tests, urine tests and weight tests. We saw evidence of input from the speech and language team and dieticians to ensure people had the right diet and risk of aspiration were known and managed. People's weight was monitored to help ensure people were not losing weight unintentionally or gaining weight which might increase their risk of certain conditions. Where people had a known health condition, a plan was in place to ensure staff knew what to do and how to provide care and treatment. People had health care plans which recorded any medical needs they had and how and when they had been met including regular medication reviews, optical, dental and chiropody visits as well as access to more specialist services. We identified a concern with records in relation to bowel monitoring and insufficient monitoring of this.

Reviews were conducted with other health and social care professionals to ensure the service could continue to meet the person's needs. People's weight was monitored and there was one person who had lost weight but the reasons for this had been investigated and steps taken to support this person to gain their weight back. Records showed what the person was eating and drinking and the service had engaged with appropriate agencies.

Staff supported people to eat what they wanted with due regard to people's health and well-being. Set menus were not seen as staff said meals were planned daily in consultation with people. People were involved in both the shopping and meal preparation. Staff recorded what people ate so there was an on-going record and we viewed this and saw people had an adequate diet and food according to their preferences.

Good

Is the service caring?

Our findings

At the last inspection we found people's dignity and independence was not always upheld. This was identified as an area which required improvement. At this inspection we found staff supported people appropriately according to their wishes and identified needs.

Most people could not tell us about their experiences so we spent much of the day observing the relationship between people using the service and the staff. In one house we saw staff supporting a person with domestic chores and another was supported to go in the kitchen and bake. People went shopping for their lunch that day and were involved in preparing meals. Another went into the kitchen to make a hot drink. Staff had a proportionate approach to risk and did not stifle people's independence. Some people were using the sensory equipment and we saw some really positive one to one staff interactions with people. In the other home. People were watching the television and a chosen DVD. There were plenty to choose from.

People were asked about going out and supported to stay busy throughout the morning. Staff were observed as very caring and went above and beyond their roles and provided a high-quality duty of care. Staff were attentive in their approach and supported people on their request and staff initiated regular contact. We observed one person who required support with their mobility. Staff frequently checked with the person to ensure they were comfortable and if they needed anything. They were sitting in a chair designed around their needs and with protection against developing pressure damage.

In people's care plans staff were reminded about delivering care which promoted people's independence and upheld their dignity. It reminded staff to offer people a choice of a bath or shower. There was nothing recorded about people's preference in relation to the gender of staff. We felt this was important as people required assistance with personal care.

People were consulted about their care and their living environment. We saw minutes in relation to meetings people had had which started with an agenda and then summarised what people had said. Minutes included pictures and symbols summarising what had been discussed. This document was produced in a way which was accessible to people. One person asked told us," I have a meeting every month. I get on well with my keyworker and a male staff here and I can talk to them. I sit with my keyworker and go through my care-plans any changes needed. "Most people were not able to articulate the support they received from staff but staff knew people well and their needs were documented and showed consultation with others about how they were being met.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection we found, that the service was not always responsive and we identified a breach in Regulation 9 Person centred care. The service had conducted an annual survey but people had not been supported to provide feedback about their care. We also found people had health plans in place; however these were not reviewed in light of people's changing needs.

At this inspection we found significant improvements but identified areas for continued improvement. We found people's personal records had been amended and now more accurately reflected the person's individuality. However some plans had been written without the involvement of people. We acknowledged some people were not able to communicate their wishes or give feedback about their experiences. Staff knew people well and could anticipate their needs. We felt the service could do more to actively engage with people and to help them make positive choices. We saw limited use of information technology and apts. One person had a communication board which set out their routines for the day as routine was important to them. However there were other people who could benefit from a communication board or picture cards to promote their choices. We saw food cards but these were not used in helping determine what people wanted to eat.

Care plans were written in the first person and documented preferences, daily routines and support needs. There were good assessments and input from other health care professionals. There was good guidance around risks people might incur as part of daily living or as a result of their disability or existing health care condition. However we found gaps in the recording of people's bowel motion so were not assured that staff were monitoring the risks from constipation adequately enough. We raised this with the manager so this could be immediately addressed. People had a one page profile which summarised their main needs, personality and their strengths. This would benefit from a bit more detail to enable someone unfamiliar with the person to know how they liked to be supported. Care plans included set goals staff were expected to support people to achieve. However, we found some of these goals were not very specific. Records did not show progress towards the goals. We therefore could not see how the person was supported to become more independent, learnt new skills or retain existing skills. We met people who were very able and who had things they wanted to do and achieve but could not find the evidence that the service supported them to achieve this. Daily notes and reviews of care plans provided limited information about how staff supported people according to their plan or care.

We discussed with the manager the lack of evidence about people achieving their personal goals or how staff were supporting people according to their plan of care. The manager who was relatively new to the service said people had not had access to a wide range of activities based around their individual needs. They said their days were not sufficiently structured around their interests and hobbies. They said they were working hard to enhance people's experiences and this was reflected on what we saw on the day of inspection and by what staff told us. Staff recognised people were doing a lot more and their skills were being developed through this. We were confident that people's experiences had significantly improved but their records still needed to more accurately reflect this.

The service was responsive to people's individual needs. We noted one person asking to do something to which staff responded straight away and supported them in their preferred activity. Another person went outside and their support worker explained they liked the wind and the shape of the trees blowing in the wind. We observed the person to be relaxed and saw good interaction between them and the staff supporting them. One person told us, "I enjoy going to visit my friends at the day centre." Another said they enjoyed drama and had asked to increase the time they did this. Another said they enjoyed pets at home and visiting the rabbits. They told us what they enjoyed to eat and said staff helped them with this and other social activities. One person told us they could go out through the day but there were limited activities in the evening.

Staff knew people really well and we saw them engaging people in different activities and providing one to one support. People had a variety of day placements or activities provided from home or in the community. The opportunities for people to take part in various activities had increased and we saw people attended the local sports centre to do bowling as well as the local pub for a meal. Some went to an evening social club, The Gateway which was a club specifically for people with a learning disability. People went sailing on the Norfolk Broads, attended drum school, night clubs, swimming, horse-riding and cooking club. One person helped at the local food bank. The manager said each person had an annual holiday and if people chose not to they would have a series of day trips. In addition the service had a weekly visit from a Pet as Therapy (PAT) dog. They arrived on the day of our inspection and we saw that some people engaged very positively with the dog. The person accompanying the pet spoke to us and said since they had been coming people's confidence around the dog had increased and people enjoyed their visit. This was confirmed by our observations.

We found the environment in which people lived was personalised in terms of people's bedrooms. However communal areas and bathrooms/toilets had an institutionalised feel. For example, there were no pictures or objects of interest. People had to share a bathroom so it might not be possible to personalise it to everyone's taste but the room was functional without any individual touches. There was a separate toilet. One of the services had a multi-sensory room which was a therapy space including ball pit, lights and sensory equipment. We observed people relaxing in this space and it was clearly a positive experience.

The service took into account feedback about the service both positive and negative. There was a clear complaints procedure but no complaints had been received since the last inspection. It was unlikely that most people would be able to raise concerns but staff gave examples of where people might be given support through an advocate, a family member or social worker. They also said they met with people regularly and updated care plans monthly with the person and discussed the support provided.

Good

Is the service well-led?

Our findings

At the last inspection in December 2016, the inspector followed up a warning notice as the service has been rated as inadequate in well led at the previous inspection. There were also a number of breaches of regulation. The report reflectively positively about the progress made.

At this inspection we found the service had no breaches of regulation and was continuing to make good progress. There was a registered manager in post and they were overseeing two registered locations which both had two services. They told us they were able to effectively deploy their time between both locations. They said they had confidence in the senior staff which meant that the services ran effectively in their absence. They said they were always at the end of the telephone to support staff. Staff confirmed this and each told us how supportive and approachable they found the manager. There were clear improvements across the whole service in a relatively short period of time. Staff were complimentary about the manager. One said," She is the best manager without a doubt." We asked what specific improvements had been made and staff told us care plans had been stream lined and were more personalised, people were doing more and staff said they were encouraged to act on their own initiative and try out new ideas and activities. In return staff felt people had a lot more choice and were therefore happier.

We asked the manager about their action plan and how they continuously sought to improve the service. They told us they were supported by a regional manager but this had recently been affected by an organisational restructure. However, they said they had a recent compliance inspection by the organisation and said there were plans in place to reinstate regional management support. They told us since the last two inspections an enormous amount of work had taken place to achieve full compliance with regulations. They felt they had achieved this but there were further plans to improve the service. Examples included more individualised training for staff around the needs of individuals they supported. We found as part of this inspection staff were well supported and well qualified to deliver good care to people.

We did not look specifically at infection control but had seen a report from last year from the environmental health service which had highlighted concerns about infection control practices. The service had taken steps to address these points and a return visit from the environmental health service confirmed remedial actions had been taken. We had no cause for concern during our visit. Staff had all completed infection control training. This meant the service had taken sufficient remedial actions and had systems in place to monitor standards of hygiene.

The service empowered people by making information accessible as we saw from the minutes of meetings The manager was very focused on the needs of the individuals and had been working hard to ensure people received personalised care around their individual needs. We were concerned that some people seemed very able and had been at the service for many years without the necessary support to achieve their fullest potential. Goals where set had not been achieved and care records did not always show what progress had been made towards them. The manager said she felt the service had previously been stagnant and there was not sufficient attention given to supporting the person to have an independent life. They said this was no longer the case and staff worked hard to help people develop and learn new skills. They said they were

reviewing placements to help decide if anyone could and would want to move to more independent living.

The service had a system of audits in place to measure the quality and effectiveness of the service. These were overseen by the manager and members of the provider management team who conducted quality audits of the service. The manager told us they completed monthly safeguarding audits and infection control audits. They also worked on the floor observing staff practice and carrying out night time audits to judge the effectiveness of the care provided over a 24 hour period. An infection control audit was recently carried out with no major issues identified. Annual quality assurance surveys were completed to gain feedback from people using the service and other major stakeholders. This helped identify where improvements were needed. There were lots of opportunities for feedback either through verbal exchange and regular observation.

Although we found people's records required improvements, we found lots of accessible information around the service including the statement of purpose, complaints procedure, service user guide and details about safeguarding people from abuse and advocacy. The service also prominently displayed its last report and ratings as required.

The provider was supportive of its work force and had a number of incentives and benefits for employed staff. There was a regular newsletter to keep employees up to date with any service developments and changes ahead. This was issued monthly and in addition a quarterly publication was also made available. There were internal award ceremonies to celebrate best practice and a bonus for referring new staff to the organisation. The manager told us they were well supported and were confident in their role and the support they received.