Turning Point

Turning Point - Willes Road

Inspection report

26 Willes Road
Leamington Spa
Warwickshire
CV31 1BN

Tel: 01926336437
Website: www.turning-point.co.uk

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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

Summary of findings

Overall summary

This inspection took place on 18 August 2016 and was announced. We gave the provider 24 hours notice we would be visiting as it is a small service and we wanted to be sure people and care staff would be at home.

Willes Road is registered to provide accommodation and personal care for up to six people who have a learning disability or autistic spectrum disorder. The home has a lounge, kitchen, communal bathroom and two bedrooms on the lower ground floor. There is a further kitchen, lounge and dining area on the ground floor. The rest of the bedrooms are on the first floor. There were five people living in the home at the time of our inspection.

This service was last inspected on 16 October 2015 and we found three breaches in the legal requirements and regulations associated with the Health and Social Care Act 2008. Breaches were found because there were not always sufficient numbers of staff to meet the individual needs of the people who used the service and staff did not always receive the appropriate support and training to enable them to carry out their duties competently. Systems and processes were not always operated effectively to prevent abuse and the provider had failed to monitor the quality and safety of the service provided. At this inspection we looked to see if the provider had responded to make the required improvements in the standard of care to meet the regulations. We found they had and they were no longer in breach of the regulations.

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

Staff felt there were enough staff to keep people safe and ensure, as far as possible, people could go out when they wanted to. During our visit we saw people coming and going throughout the day with staff support. Staff worked as a team to ensure people received the appropriate level of observation to keep them and others safe. The provider had recruitment procedures to ensure staff who worked at the home were of a suitable character to work with people who lived there.

Staff had been provided with safeguarding training so they had an understanding of their responsibilities to protect people from harm. The registered manager understood their responsibilities to manage any safeguarding concerns raised by staff.

Risk assessments and management plans covered all aspects of people's activity and included safety when outside the home, travel, finances, health and daily routines. There were appropriate arrangements for the recording and checking of medicines to ensure people's health and welfare was protected against the risks associated with the handling of medicines.

Staff had received training in the areas the provider considered essential for meeting the needs of people in

a care environment safely and effectively. They had also received training specific to the needs of the people who lived in the home such as positive behaviour management and supporting people with autism. New staff received an induction which included working alongside more experienced staff. This helped them get to know people's needs and establish a relationship with them before working with them on a one to one basis.

Staff worked within the principles of the Mental Capacity Act 2005 and had a good understanding of their responsibilities in making sure people were supported in accordance with their preferences and wishes. Staff knew people's individual communication skills and abilities and showed concern for people's wellbeing in a caring and meaningful way. They were observant of people and responded to their needs quickly.

Care records were personalised and each file contained information about the person's likes, dislikes, preferences and the people who were important to them. Plans around behaviours were written to reinforce positive behaviour rather than concentrating on the negative. Care plans also included information that enabled the staff to monitor the well-being of people. There were systems in place for staff to share information through very detailed daily records for each person.

Following our last inspection the provider had taken action to ensure standards within the home improved. The provider had invested in the induction and training staff received and care plans had been reviewed so staff had the information they needed to meet people's needs. Staff told us the morale of staff had improved because they were felt better supported through regular one to one meetings with managers and team meetings. Staff were confident their ideas and suggestions would be listened to.

Audits and checks of the service were carried out by the management team and the provider. These checks ensured the service continuously improved. The provider had improved their systems to ensure all the notifications required by law had been sent to us in accordance with the legislation.

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.

There were enough staff to keep people safe and ensure, as far as possible, people could go out when they wanted to. The registered manager understood their responsibilities to manage any safeguarding concerns raised by staff. Staff had the information they needed to support people when they became anxious or distressed to keep them safe. There were appropriate arrangements for the management of medicines.

Is the service effective?

Good

The service was effective.

Staff received training in the areas the provider considered essential for meeting the needs of people in a care environment safely and effectively. The provider had also introduced further training specific to the needs of the people who lived in the home. New staff received an induction into the home which enabled them to get to know people and their individual needs. Staff had the knowledge to uphold and promote people's rights. People's nutritional needs were met with support from staff and people were referred to health professionals when any changes in their health occurred.

Is the service caring?

Good

The service was caring.

Staff showed concern for people's wellbeing in a caring and meaningful way. They were observant of people and responded to their needs quickly. Care plans were written respectfully which encouraged staff to be respectful in their interactions with people. People were supported to maintain contact with families and those closest to them.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's social needs. Care plans were

person centred. They gave staff guidance on how people wanted and needed to be supported to make sure they had a good day. The provider ensured people and their relatives knew how to raise any concerns about the care provided.

Is the service well-led?

Good

The service was well-led.

The provider had taken action to ensure standards had improved since our last inspection. Staff felt well supported by the management team, comfortable to make suggestions and confident they would be listened to. Feedback from staff showed us the registered manager was encouraging a positive open culture and staff morale had improved. The provider had a range of audits in place to monitor the quality of the service provided.

Turning Point - Willes Road

Detailed findings

Background to this inspection

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

We reviewed the information we held about the service. We looked at information received from statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted the commissioners for the service; these are representatives from the local authority or health who contract care and support services provided to people. They had no information about the service of which we were not aware.

The visit to the service took place on 18 August 2016 and was announced. We told the registered manager 24 hours before our visit that we would be coming as it is a small service and we wanted to be sure people and staff would be at home and available to speak with us. The inspection was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

During our visit we spoke with the registered manager and five care staff. Due to people's complex needs people were not able to share their views of the service provided. We therefore spent time observing how they were care for and how staff interacted with them so we could get a view of the care received. We also spoke with three relatives.

We reviewed two people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and meeting records.

Good

Is the service safe?

Our findings

People were not able to tell us whether they felt safe in the home. However, good relationships between people and staff were observed in relaxed, low-key interactions. There was a homely atmosphere where people were able to move between different rooms within the home as they wished. Relatives were confident their family members were safe and well cared for. One relative told us, "[Person] is quite settled, you can see in their face. If I'm not happy I'd just say, but it's just like a family there." Another said, "They wouldn't put [person] in any danger, 100%."

At our last inspection in October 2015 we found that staffing levels were based on staff availability and costs rather than the needs of the people living in the home. All the staff members we spoke with at that visit expressed concern about staffing levels and the impact this had on the behaviours of people. We were told that due to people's complex needs they all required one to one supervision in the home to keep them safe and ensure their needs were fully met. One, and sometimes two people, required the support of two staff members when they were outside the home.

Since that inspection the provider had taken action to address the concerns of staff, and ensure people had the level of support they needed to go out of the home as much as possible. The provider had looked at staff numbers, and also staff training, to ensure there were enough staff who had the skill sets required to meet individual needs.

At our last inspection there were four staff working during the day. The registered manager explained the changes they had made to staffing numbers since that inspection. "From our last inspection we identified there weren't enough staff to support people to go out. Now, we have a minimum of five staff during the day and stagger it. There are four staff at 7.30am and by 10.00am we have five or six to allow for one to one support or two to one support if one of our service users wants to go out."

Staff levels were assessed regularly to ensure they continued to meet people's changing needs. The team leader explained that initially there had been three staff at 7.30am, but this had recently been increased to four. This was because they had recognised that whilst they could meet people's needs with three staff members, if one staff member was sick or unable to cover their shift at short notice, they could not safely meet people's needs with only two staff members.

Staff we spoke with all felt there were now enough staff to keep people safe and ensure, as far as possible, people could go out when they wanted to. When asked what they thought about staffing levels one staff member told us, "I think they have improved." A relative confirmed, "When we visit there are always enough staff."

During our visit we saw people coming and going throughout the day with staff support. There was a staff presence at all times and staff worked as a team to ensure people received the appropriate level of observation to keep them and others safe.

At our last inspection we found there was a high use of agency staff because of the number of staff vacancies at the home. At this inspection visit we were told that although the service had recently recruited new staff, there still remained six vacancies. The provider was recruiting to fill the vacancies and on the day of our visit, interviews were taking place. The registered manager accepted it was not an ideal situation to use agency staff due to the complex needs of the people in the home. They told us they used one agency and tried to always use the same agency staff to provide the consistency of support people required. This was confirmed by one member of staff who told us, "They (agency staff) are here quite a lot and consistently so they know people well." There was a member of agency staff on duty on the day of our visit. We noticed they engaged well with people and people appeared to be comfortable with them.

At our last inspection we found some safeguarding incidents had not been recognised as such and they had not been referred to the local authority safeguarding team, or ourselves, as required. At this inspection we found improvements had been made. We looked at two people's files and found that incidents between people had been recognised as potential safeguarding matters and referred appropriately. Staff had been provided with safeguarding training so they had an understanding of their responsibilities to protect people from harm. One staff member told us, "Abuse can be anything from financial, physical, mental or social. Anything could be abuse if it is something that person is uncomfortable with or does not want to be doing." A senior member of staff told us they were confident that staff would report any concerns they had. They told us, "I think the staff are exceptionally good at that." Staff had recently reported behaviour by another staff member that had given cause for concern. This had been dealt with under safeguarding procedures and reported to ourselves.

The registered manager understood their responsibilities to manage any safeguarding concerns raised by staff. One staff member told us they would escalate any concerns if they felt they had not been managed in accordance with the safeguarding procedures. They explained, "I would whistleblow. I would get in contact with [registered manager] and if I didn't feel she was doing anything about it, I would get in touch with safeguarding myself."

The provider had recruitment procedures to ensure staff who worked at the home were of a suitable character to work with people who lived there. The provider carried out Disclosure and Barring Service (DBS) checks and obtained appropriate references to ensure, as far as possible, staff were safe to work with people who lived in the home. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. Staff we spoke with confirmed they had to wait for the checks to be completed before they were able to start working with people.

In October 2015 we found there were risk assessments in place to identify risks to people's health and welfare and risk management plans to inform staff how to manage those risks. However, staff expressed concern that the management plans in place did not always give them enough information to manage any escalation of behaviours. At this visit we found the provider had taken action and each person had a 'positive behaviour support' plan. These plans provided staff with detailed information about what could trigger behaviours, what might indicate the behaviour was likely to happen, what actions staff should take when they noticed changes in behaviour and what procedures staff should follow if the recommended approaches failed to reduce the person's distress or anxiety. Staff we spoke with were more confident about supporting people when they became distressed or anxious to keep them and others safe.

Other risk assessments and management plans covered all aspects of people's activity and included safety when outside the home, travel, finances, health and daily routines. One staff member explained how they were always aware of risks to people saying, "[Person's] walking is not that bad as they are fast and stable

but if we are out we're aware of the hazards. We look out for uneven surfaces. I've done a sleep in and I can see that [person] can become unsteady (at night) so they need more direct support as they are not particularly danger aware."

At our last inspection we found that whilst people received their medicines as prescribed, some improvements needed to be made in the management of medicines. At this inspection we found improvements had been made to ensure medicines were handled safely.

Each person had their own medication folder which contained a list of their medication, what it was for and any potential side effects. Staff signed a medicine administration record (MAR) to confirm people had taken their medicines. There were no gaps in the MARs we looked at. Appropriate arrangements for the recording and checking of medicines meant that people's health and welfare was protected against the risks associated with the handling of medicines.

Some people required medicines to be administered on an 'as required' basis. There were protocols for the administration of these medicines to make sure they were given safely and consistently. For example there was information about the signs one person would display if they were in pain and required pain relief. The protocols were kept in the medication folders so they were easily accessible to staff.

Staff completed training before they were able to give medicines and had been assessed as competent to do so. At our last inspection staff told us there were occasions when there had been no staff members on shift who had been assessed as competent to give medicines. At this inspection the registered manager confirmed there was always a member of staff on each shift who had been trained and assessed to give medicines safely. They told us this was of particular importance because one person sometimes required 'rescue medicine' due to experiencing seizures. This ensured there was always a member of staff competent to give that person their medicines.

In October 2015 we found that the environment was not always safe for people. At this visit we found that improvements had been made to the bathroom so it could be cleaned effectively and people's toiletries were now kept separately. This ensured the risks of cross infection were minimised. The stairs leading to the lower ground floor now had adequate lighting to reduce the risks of a slip or a trip hazard.

The provider had taken measures to minimise the impact of unexpected events. Fire safety equipment was regularly tested and practice fire drills were undertaken regularly, although not all new staff had experienced a drill at the time of our visit. Each person had their own emergency evacuation plan so staff and the emergency services would know what support people needed in the event of an emergency. The provider had a business continuity plan should the home become uninhabitable. This had been reviewed and ensured staff would know who to contact in an emergency and people would continue to receive continuity of care.

Good

Is the service effective?

Our findings

Relatives we spoke with were happy that staff had the knowledge and skills to meet the needs of their family member effectively. One relative told us, "[Person] gets in a wobble sometimes but the care staff are lovely."

At our last inspection visit in October 2015 staff raised concerns about the induction they received when they started working at the home. Staff also raised concerns that the training they received had not equipped them to deal with the needs of people when they became upset, distressed or agitated. Some staff felt they needed restraint training because of the level of challenging behaviours in the home.

At this visit we found records demonstrated that staff had received training in the areas the provider considered essential for meeting the needs of people in a care environment safely and effectively. For example, first aid, health and safety, safeguarding and infection control. Following our last inspection the provider had looked at the needs of the people living in the home and introduced further training specific to the needs of the people who lived there. The registered manager explained, "We have retrained staff in positive behaviour management. We specifically brought in a training package for everyone to receive autism training." Some people in the home used Makaton and staff had received training in communication including basic Makaton. Makaton is a form of simple sign language designed to support the communication of people with learning disabilities.

We asked staff how they felt the positive behaviour management had benefited their everyday practice within the home when dealing with challenging behaviours. A senior staff member responded, "They (staff) do try, and it is not always easy to see the underlying reasons behind behaviours. I have seen an impact in the way staff deal with it. They are a lot less judgemental of each other and the service users and I think they take more responsibility for it." Another staff member said, "I think it is really good to consistently have training because I think we are still learning and it refreshes you. It makes you think outside the box a bit more and be more positive. It makes staff think and treat people with more respect and brings it home that being negative doesn't work."

The registered manager accepted that previously staff had not always been given time to get to know people's needs and establish a relationship with them before working with them on a one to one basis. This had impacted on staff's confidence to deal with challenging situations which had negatively impacted on people's behaviours. At this inspection we found the induction staff received into the home had improved. The registered manager explained, "Induction has got much better because Turning Point do a week long induction and we cover communication, what is a learning disability, manual handling, medication and health and safety. It is quite full on and they learn quite a lot in that week." They went on to explain that staff would then complete a period of working alongside a more experienced member of staff (shadowing). "I couldn't imagine a support worker coming into the home and being told they were working with people on their own. Shadowing will be for however long it takes. I would go with however that member of staff was feeling." A senior member of staff confirmed, "There is a lot of shadowing and we would not start new staff on a one to one until they were ready and the service users have got to know them."

The induction training was linked to the 'Care Certificate.' The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

The registered manager told us that now staff were receiving a thorough induction and the training to meet people's specific needs, there was no requirement for training in restraint. A senior staff member explained, "It is about patience and understanding, that is most important. If we had people who were attacking staff, I may take a different view of it, but I certainly don't think any of our service users need it." A member of staff supported this saying, "We don't need restraint here, there are a lot of other ways you can work with people."

The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards.

We found that the registered manager had complied with the requirements of the MCA and DoLS. Where required, mental capacity assessments had been undertaken for specific decisions that needed to be made. This ensured that staff knew in what circumstances they had to act in people's best interests.

Staff had been provided with MCA training so they had the knowledge to uphold and promote people's rights. Staff had a good understanding of their responsibilities in making sure people were supported in accordance with their preferences and wishes. Staff told us that although all the people in the home were living with differing degrees of learning disability, they were able to make day to day choices and decisions for themselves. One staff member explained, "They do make decisions on a day to day basis such as when to get up, what they want for breakfast, if they want to wash their hair or not." Where people were unable to communicate a preference, staff did what they thought was best for them based on their knowledge of people's likes and dislikes.

The MCA and DoLS require providers to submit applications to a supervisory body for authority to deprive a person of their liberty. Applications had been submitted where potential restrictions on people's liberty had been identified. The outcome of the applications was being awaited at the time of our visit and the provider was actively chasing a response from the authorising authority.

People's nutritional needs were met with support from staff and people had a choice of meals. Menus were displayed on a noticeboard in the kitchen in a pictorial format. We saw that menus were varied and included vegetarian meals and on Saturdays people had brunch and then a takeaway of their choice.

Some people had special dietary needs because of a health condition or allergies. Staff provided food in the required way, and were aware of why people needed this support. For example, some people were unable to eat spicy food because it upset their stomachs. A staff member explained, "The girls love spicy food so we split the pot – one spicy for the girls, the other not spicy for the boys." A member of staff who was not totally aware of one person's needs told us they would re-read the support plan so they had a more detailed understanding. Relatives we spoke with were happy with the nutritional support their family members received.

Each person had a health action plan that identified their health needs and the support they required to maintain their emotional and physical well-being. This helped staff ensure that people had access to the relevant health and social care professionals. Referrals had been made to health professionals when sudden or unexpected changes in people's health occurred.

Good

Is the service caring?

Our findings

Staff we spoke with were positive about providing a caring environment for people. One staff member told us, "A lot of staff work really hard and think a lot of the people here. They want them to have the best life they can possibly have and enjoy life." Relatives told us they thought staff were kind, welcoming and friendly. One relative said, "I feel it's lovely, it's like my second home and that is the truth. I feel quite relaxed there." Another said, "[Person] is a very happy person, she enjoys life."

The management team recognised that due to the needs of people living in the home, it was important that a consistent staff team was in place. They explained that familiar faces enabled people to build trusting relationships with staff and minimise anxieties. They were keen to build a team that was committed in the long term and provided continuity of care. A senior member of staff explained, "[Person] won't invest in staff until he knows they are going to stay here. People have always been well cared for, but the staff are more settled and getting to know them better. The relationship between staff and the people who live here is better than ever before….There are relationships and levels of trust they (people) didn't have before." A member of staff who had worked in the home for some years told us, "Hopefully the new staff will stay and build that bond and rapport with people."

During our visit we found staff knew people's individual communication skills, abilities and preferences. Staff showed concern for people's wellbeing in a caring and meaningful way. They were observant of people and responded to their needs quickly. They spoke positively to people to promote their sense of wellbeing. For example, we heard one member of staff say to a person, "You look like a princess."

Care plans were written respectfully which encouraged staff to be respectful in their interactions with people. Plans around behaviours were written to reinforce positive behaviour rather than concentrating on the negative. For example, one person could become anxious in crowded areas which could lead to them becoming agitated. However they liked to attend a local disco each month. Their care plan read, "I am happy to go off and dance but I need you to keep an eye on me so I don't invade others space or they mine in case we bump into each other and we cannot communicate our apologies to each other."

Staff respected people's privacy. Staff were heard to obtain people's permission, for example when asking if a person would like to show our inspector their bedroom. This person was proud of their room and had chosen the decoration and furniture themselves with support from staff. It was decorated in their favourite colours and reflected their interests and preferences. The person showed us the clothes they had chosen to wear that day which were laid out ready for them to put on. The clothes reflected the person's age and personality.

People were supported to develop and maintain independent skills around the home. Care plans contained guidance for staff on how to support people with their independence. For example, one person's care plan described what they could achieve by themselves when making a cup of tea. During our visit we observed another person helping staff to hang out washing on the washing line. There was lots of chatter while they were completing this task together.

Staff gave people choices throughout the day about how they spent their time and what they wanted to do. One person wanted to go for a walk, but as soon as they got into the street they no longer wanted to go. The staff member with the person respected their choice and supported them to return to the home.

People were supported to maintain contact with families and those closest to them. A member of staff explained, "Families have a lot of input and real contact, they phone a lot and visit a lot ….Every single one's involved in some way." Relatives told us they visited the service regularly and unannounced. One relative told us, "The one thing we've always said is that we can visit 24 hours. The day they ask us not to we know there is trouble." Once a week one person went for lunch with their relative supported by a member of staff. Another person was supported to regularly go out for tea with a friend. We heard a member of staff on the phone to one relative. The staff member spent time reassuring the family member and did not rush when giving them the information they needed.

At our last inspection in October 2015 we identified a window that overlooked the adjacent park had no coverings. People walking in the park could see directly into the home. The provider had taken action to ensure people's privacy was protected but people could still enjoy the view from the window. The registered manager explained that since our last inspection they had tried to make the environment more homely and welcoming and relevant to the people who lived there. Around the home were photos of people enjoying days out and pictures that related to people's individual interests. For example, one person liked horse riding and there was a painting of a horse in the communal lounge. The registered manager and staff were keen to provide a comfortable and relaxing home for the people who lived there.

Good

Is the service responsive?

Our findings

Relatives we spoke with were satisfied that staff responded to people's social needs. One relative told us, "I used to take [person] horse riding and they continue to do that every so often. And [person] goes on holiday every year to the Lake District – just her and two helpers. They rent a cottage….I feel we are very, very fortunate." Another relative said, "They know he likes going for walks and music. They take him out in the garden and places he likes and in the car for a ride out."

At our last inspection in October 2015 staff told us they found it difficult to always respond when people wanted to go out on a daily basis. At this visit we were told staffing levels had been reviewed to ensure people could go out, as far as possible, when they wanted to. On the morning of our visit everyone in the home went to a local church to participate in activities there. One member of staff explained, "The church has different activities: football, music, puzzles, a coffee morning having a chat, it's not just about being with us, they interact with the other people who go there and the staff at the centre. We go every Thursday, some walk to the church or go in transport. After church we may go for lunch to the pub or some people will just come back." During the afternoon people chose what they wanted to do. Two people chose to go out for the afternoon. One person chose to spend quiet time on the trampoline in the garden while another enjoyed a bath. Staff accommodated people's requests.

We were told that the National Citizen's Service (NCS) had recently visited the home. A staff member explained, "They (NCS) are young people about 16 to 20 years old and they get to know the guys here. They were here about three weeks ago and are coming back in a week. They did an icebreaker session when they first came to get to know everyone. They did some food and played guitars and the parents came as well. It was good – everyone enjoyed it." This meant people were encouraged to socialise with others both in their home as well as in the local community.

We looked at two people's care plans. We found they were personalised and each file contained information about the person's likes, dislikes, preferences and the people who were important to them. For example, there were care plans which detailed people's daily routines. These were person centred and gave staff guidance on what the person wanted or needed to be supported with to make sure they had a good day. Care plans also included information that enabled the staff to monitor the well-being of people. For example, one person had epilepsy. Their care plan provided detailed and easy to understand information to guide staff on how the person needed to be supported to ensure they remained safe and their health was maintained.

Relatives told us they felt involved in planning how their family member's needs should be met. One relative told us, "I haven't long had a meeting with the social worker who did an assessment. It is a good thing because I like to know how it's all going – it gets me involved." Another told us they attended annual reviews where they could discuss their family member's support needs.

There were systems in place for staff to share information through very detailed daily records for each person. There was also a verbal handover when new staff came on shift. This provided staff coming on duty

with the information they needed so they could respond to changes in people's physical and emotional needs.

We looked at how complaints were managed by the provider. At our last inspection one relative told us they did not know how to make a complaint. The registered manager told us that following the inspection every relative had been sent a copy of the complaints procedure. People had information in an easy read format in their care plans about who they could talk to if they had a complaint or were worried. The registered manager told us that no complaints had been received, but if they were they would be recorded and a response provided. We were not aware of any complaints received about the service.

Good

Is the service well-led?

Our findings

Relatives we spoke with were happy with the quality of care their family members received. They told us they had good relationships with the managers and with the staff in the home. One relative told us, "It (the home) is performing absolutely fine. There are no problems at all."

At our visit in October 2015 we found a service that had been without consistent leadership for some months and staff morale was low. Staff felt unable to meet people's needs because of low staffing levels, a lack of induction to the home and training to meet people's specific needs. Care plans required improvement to provide staff with the information they needed, to support people in a person centred way.

Following our inspection the registered manager from another of the provider's services took over the management of the home. They were registered with us in May 2016. The registered manager was supported by a team leader who had worked at the home for a number of years and knew people well.

The registered manager acknowledged that when they took over the management of the home, there were a lot of improvements required especially within the staff team. They told us, "There was a problem in the staff team and it was very low morale. I have invested a lot of time with staff. I am open and honest and transparent with them. I try to make them pleased with their job role. If I'm getting it right with them it will improve the quality of life for our service users. We have worked really hard to make improvements so it is a home where people want to live and staff want to work."

At this visit we found that action had been taken to ensure standards improved. The provider had invested in the induction and training staff received and care plans had been reviewed so staff had the information they needed to meet people's needs. The registered manager explained, "We have ploughed a lot of work into support plans and behaviour management plans." During our visit we found staff were welcoming and told us they were committed to working together as a team. Staff appeared more confident in their roles which meant the atmosphere in the home was calmer and more relaxed.

Staff we spoke with felt action had been taken to make improvements and felt supported by the registered manager. One staff member told us, "I was angry and upset (about the previous report) to be honest but I did think the home needed a bit of love and attention. I think the staff let us down. You have to try your best and work as a team. I think now we are getting a good team together." They went on to say, "[Registered manager] is very good. I feel she is approachable. I think she is trying hard to bring things up to standard." One senior staff member told us communication had improved saying, "The new staff we have got are a lot more upbeat and the longer serving staff are a lot better at passing on information and educating the newer members of staff."

Staff told us the morale of staff had improved because they were better supported through regular one to one meetings with managers and team meetings. The registered manager explained, "We are consistently carrying out one to ones and team meetings and we are identifying very quickly if there are any problems we need to be dealing with." We looked at the minutes of recent team meetings. We found they were used to

discuss issues within the home and identify where improvements were required. Staff also told us they felt confident that ideas and suggestions would be listened to. For example one staff member told us, "The staff here want to raise money for Turning Point and raise awareness of what they do. …..The fundraising is my idea and other peoples, not the manager's. We all suggest things." Another staff member said the registered manager was developing a sensory room which had come from a suggestion made by staff.

People's relatives were consulted to gain their opinion of the care and support their family member received. This was through reviews and annual questionnaires. No questionnaires had been sent out since our last visit, but the registered manger told us they planned to do so once they had reviewed the content. They explained, "I want to make them better and more detailed because it is an important quality checker."

Audits and checks of the service were carried out by the management team. Checks included medication checks, quality of the care provided and of the environment. The provider also carried out periodic audits throughout the year from which action plans had been generated where a need for improvement had been identified. These checks ensured the service continuously improved. The registered manager explained, "We have a lot of people checking us to make sure we are delivering compliancy and that can only be good."

At the last inspection we identified that the provider had not always sent us the notifications they are required to send to us. Notifications are information about events that occur within the service. These are required by law to be notified to the Care Quality Commission. At this inspection we did not identify any incidents or events that had not been notified to us in accordance with the legislation.