Dignus Healthcare Limited

Brookfield

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

Summary of findings

Overall summary

This inspection took place on 15 December 2015. The inspection was announced 48 hours before we visited to establish if people living at the service would be available to talk with us.

Brookfield is registered to provide accommodation and personal care within a residential setting to a maximum of six people. There were six people using the service at the time of our inspection. This included people with a learning disability and autism.

The service consists of three units. Four people lived in the main unit where the registered manager's office was situated. The other two units consisted of two separate bungalows where people were supported by staff to live as independently as possible.

A requirement of the provider's registration is that they have 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. At the time of our inspection there was a registered manager at the service. A new manager had recently been employed at Brookfield in September 2015 and was working alongside the registered manager. They were planning to register with us in the new year and the current registered manager would then be responsible for managing one of the provider's other homes. The provider had acknowledged the need to employ a full time manager for the home following feedback from relatives and staff.

Relatives told us they felt people were safe at Brookfield and security at the home had been improved over the last year following an incident involving a person living at the home. The registered manager and staff understood how to protect people they supported from abuse, and knew what procedures to follow to report any concerns. Staff had a good understanding of risks associated with people's care needs and how to support them.

There were enough staff at Brookfield to support people safely and at the times they preferred. Recruitment procedures made sure staff were of a suitable character to care for people at the home.

Medicines were stored and administered safely, and people received their medicines as prescribed. Regular audits were carried out of medicines. People were supported to attend health care appointments when they needed to maintain their health and wellbeing.

We observed, and relatives told us, staff were kind and supportive to people's needs, and people's privacy and dignity was respected. We saw people were encouraged to be independent.

The management and staff teams understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and supported people in line with these principles. People were

supported to make everyday decisions themselves, which helped them to maintain their independence. Where people were not able to make decisions, relatives and healthcare professionals were consulted for their advice and input.

People were supported to pursue their hobbies and interests both within and outside of the home. Activities were arranged according to people's individual preferences, needs and abilities but some relatives felt people were not consistently able to access them if they required additional support outside of the home. Audits by the provider identified some people needed to access more activities within the community; the provider had identified this and was taking steps to address this. People who lived at Brookfield were encouraged to maintain links with friends and family who visited them at the home. They were also supported to visit their relatives.

Staff felt the registered manager and new manager were supportive and promoted an open culture within the home; however some relatives expressed concerns that communication from the management team was not always consistent. The provider acknowledged this needed to be improved and the new manager had met relatives individually to discuss their concerns.

Some relatives told us they did not know how to make a formal complaint but were able to discuss concerns they had with staff; however some felt communication and feedback could be improved. The provider monitored complaints to identify any trends and patterns and made changes to the service in response to complaints.

Staff were supported by the registered manager, and new manager, through regular team meetings and observation. Staff were also supported through supervision sessions; however these had not been consistently carried out prior to the start of the new manager. Staff felt their training and induction supported them to meet the needs of people they cared for and relatives felt staff had the skills and knowledge to meet people's needs.
The registered manager and new manager felt well supported by the provider who visited regularly.

The provider carried out audits to check the quality of care people received however they acknowledged these had not been carried out consistently over the last year and improvements were being made to address this.

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.

People and their relatives told us people were safe because they received support from staff who understood the risks relating to people's care and supported people safely. Staff knew how to safeguard people from harm and there were sufficient staff to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received appropriate training to help them undertake their work effectively including a comprehensive induction for new staff. People were supported to access a variety of healthcare services to maintain their health and wellbeing. Staff were aware of their responsibilities regarding the Mental Capacity Act and Deprivation of Liberty safeguards

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and caring and there was a happy and positive atmosphere within the home. Staff ensured people were treated with respect, had privacy when they needed it and maintained their dignity at all times. People were encouraged to maintain their independence and supported to make choices about how to spend their time.

Is the service responsive?

Good

The service was responsive

People were given support to access interests and hobbies that met their preferences and the provider was looking to improve the range of activities offered. Actions were taken in response to complaints received to drive improvement and improve communication with relatives. People and their relatives were

involved in decisions about their lives and how they wanted to be supported.

Is the service well-led?

Good

The service was well led

The provider had identified the service required a full time registered manager. The provider and registered manager supported staff to provide a person centred service which focused on the needs of the individual. There were procedures to monitor and improve the quality of the service however these had not always been consistently followed.

Brookfield

Detailed findings

Background to this inspection

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

The inspection visit took place on 15 December 2015 and was carried out by one inspector.

We observed the care and support provided to people who lived at Brookfield. Most people had limited verbal communication and were unable to tell us in any detail about the service they received. We spent time talking with staff and observing how they interacted with people. We also spoke to relatives to get their views on the care given to their family members.

We spoke with the registered manager, the new manager and the provider. We also spoke with three members of support staff and three relatives. We looked at the records of three people who used the service and three staff records. We also reviewed quality monitoring records.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received this information and it reflected the service we saw.

We reviewed information we held about the service, for example, notifications the provider sent to inform us of events which affected the service.

We looked at information received from the local authority commissioners of adult social care services. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

Good

Is the service safe?

Our findings

Relatives told us they felt people were safe at Brookfield. Improvements to the premises and grounds had been made at the home 12 months ago and extra security measures had been installed following a safety incident involving a person at the home.

One relative we spoke to told us, "I feel [person] is safe there, very secure and they manage [person] well when they are agitated." Another relative told us, "The security is better now due to the improvements."

Staff knew the risks associated with people's care and how to manage and minimise risks. Some people had behaviours that could place themselves or others at risk if they became anxious or upset. Staff knew how to manage the risk, they had been trained to 'de - escalate' situations and help people remain calm. There was clear information in people's support plans for staff to follow to manage behaviours to minimise the impact. One relative told us, "[Person's] behaviours can be very difficult, they give them space and time to calm down." One staff member told us; "I always follow the person's risk assessments, and protocols, that helps me, I also know the people living here very well." Risk assessments were in place to support people both within and outside of the home when they were accessing the local community.

Staff had completed training in safeguarding people and knew what action they would take if they had any concerns about people. All the staff we spoke with had a good understanding of abuse and how to keep people safe. One staff member told us, "If I was concerned about anything I would inform the manager and make sure the person was safe, if I wasn't happy with the actions taken I would contact the CQC or head office. The priority is the service user." They went on to tell us it was the responsibility of all staff to read the provider's safeguarding policy and then sign to say they have done this. Another support worker told us, "I would tell the manager, or someone above them, and document everything. I would also tell the Police or Social services if I wasn't happy." We saw there was an easy read information guide on display for people telling them what to do if they felt unsafe.

There were sufficient numbers of staff to support people living in the home. On the day of our visit there were five staff on duty. The manager told us there were usually five staff, and on some occasions four during the day. At night time there were two members of staff on duty and a twenty four hour on call manager available. The provider told us staffing was based on individual people and their needs. We asked how staff vacancies for leave or sickness were covered. The registered manager told us they never used agency staff as they had their own staff available to cover to ensure that people received care from staff who knew them well.

The new manager told us they would meet with the team leader to look at planned activities for people living at the home for the following week and allocate staff accordingly. Some people required two support staff when going out of the home and accessing activities.

All the staff we spoke with told us they felt there were enough staff to meet people's needs. Relatives we spoke with felt there were enough staff now but one told us "At one point there seemed to be a turnover but

the staff now are very good." The provider informed us there was one full time staff vacancy currently.

We observed that staff had time to sit and talk with people and assisted them to carry out tasks including meal and drink preparation and domestic tasks. This meant people were supported to be as independent as possible.

We looked at medicines and found these were administered, stored and disposed of correctly. Administration records showed people received their medicines as prescribed. Staff had undertaken training to administer medicines and had their competency checked to ensure they continued to do this safely. Some people required medicines 'as required'. There were protocols for the administration of these medicines to make sure they were given safely and consistently.
However we saw one medicine chart where the time recorded was not clear. This was recorded correctly on a supporting chart and a reason given as to why the person needed their medicine. The manager informed us they would address this with the member staff involved on a one to one basis and at the next staff meeting. We asked one support worker how would they know to give pain relief for a person who could not communicate and they told us, "[Person] will bite their hand if they are in pain, but I also look to see are they withdrawn or particularly quiet or perhaps agitated. Again it's about knowing the person."

We saw medication audits were conducted regularly in order to check that people received their medicines as prescribed.

We saw that there were up to date emergency folders containing all relevant information that would be required in an emergency situation such as a fire. These documented people's care and support needs so they could be assisted to safety.

Good

Is the service effective?

Our findings

Relatives we spoke with told us they thought staff had the skills and knowledge to care for their family members. Comments included, "I think the staff are very well trained here and have very good knowledge," And "Yes the staff do look well trained."

Staff new to the home told us they completed an induction programme and 'shadowed' an experienced member of staff before they supported people independently. The provider told us new staff were enrolled on the Care Certificate course. The Care Certificate assesses the fundamental skills, knowledge and behaviours of staff that are required to provide safe, effective and compassionate care to people.

Staff we spoke with said they had completed an induction and had regular refresher training to keep their skills up to date. They told us, "The training is brilliant and we are encouraged to do our NVQ training." One staff member told us, "I had a comprehensive induction and went through all the policies and procedures and NAPI (Non Abusive Physical Intervention) training. The training is very good here; I am currently studying for my NVQ level 5." Another new staff member told us, "I have had training in autism, the Mental Capacity Act and DoLS. The training has been really good and I will be doing the NAPI training in the future."

Staff received training suitable to support people with their health and social care needs. Staff told us they felt confident and suitably trained to effectively support people. This included training so staff could support people who had behaviours that could place themselves or others at risk of harm. One staff member told us; "I read body language for changes, for signs of agitation. Sometimes a person might needed space or you can try and talk. You have to be careful with words; some people do not like particular words being used. All that information is in their care plan." The new manager told us the Occupational Therapist had provided additional training to the staff about supporting and caring for people with autism.

We observed a staff 'handover' at the change of shift and saw that staff were knowledgeable about the people they supported, however one relative told us they felt that communication could be improved. They told us; "I don't think there is always enough communication from the keyworker, sometimes there is not enough consistency from them and information about any changes in [person's] behaviour." The new manager and provider told us they were committed to improving communication with families.
There was a daily 'handover log' with communication from the shift leader regarding each person and any areas of concern. We also saw a communication book that staff updated at each shift to pass on general and specific information. Staff told us; "Staff handover is very good, we have a communication book that we all read and for staff to stay on the ball we need to communicate well."

Staff felt supported by the registered manager with one to one meetings. However some staff said this had not been as regular as they would have liked. During the previous seven months meetings had not been on a monthly basis but since the new manager had come into post at the beginning of September they now received regular sessions. This provided them with the opportunity to discuss their work performance and learning and development needs.

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

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. We noted two DoLS authorisations were out of date and the provider informed us that recent applications had been submitted for renewal. We asked to see that applications had been submitted however the registered manager was unable to provide us with this. They acknowledged the administration procedures needed to be more robust, and planned to improve this.
Staff understood issues around people's capacity to make certain decisions and why DoLS authorisations were in place for some people. One staff member told us "It's all the about the protection of people." Staff told us they had received training around the MCA.

People who lived at Brookfield were involved in shopping and choosing their own meals with support from staff. The new manager told us they had weekly house meetings with people and used picture books to help them choose menu options. Meals were cooked freshly and the staff told us that people could have a different meal if they did not like the choice on offer from the menu. People were able to choose when they wanted to eat and we saw people with support staff making their own drinks. Meal times were not set, but reflected people's preferences. We observed one person come into the kitchen and indicated with hand gestures that they were hungry; the staff understood this and responded immediately by giving them the different options available for lunch.

Each person had a support 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. One relative told us; "[Person] has really good access to any healthcare that is needed."

Records showed people were supported to attend health appointments and received care and treatment from health care professionals such as their GP, and psychiatrist when required. Where additional support was required the guidance and involvements of occupational therapists, epilepsy nurses and speech and language therapists were sought.

Good

Is the service caring?

Our findings

During the inspection we observed that all the staff were very caring to people who lived at Brookfield. There was a relaxed, positive atmosphere and we heard laughter throughout the day. We saw people living at the service holding hands with support staff. One person was laying down on a sofa in the lounge having their hair stroked as they did not feel well and we saw this had a positive effect on the person.

We asked relatives if they felt staff were caring, they told us; "The staff are brilliant, they do everything they can for [person] I can't fault them." Another relative told us "They are really good staff."

We spent time observing the interactions between staff and people. These were sociable and friendly, we saw staff sitting and talking to people throughout our visit. One person was in the kitchen being assisted to make a cup of tea and the support worker was providing lots of encouragement in a gentle manner. The provider told us, "We want to make the home the best it can be. Several of the people who live here have come from previous homes that had a lot of structure. We wanted to establish very quickly that this is their home and help them to "chill out."

Staff told us "Empathy is so important; sometimes it's just holding someone's hand, being gentle with them. The people living here are the best thing about this job." They went on to say, "Is it alright for me to say that I love each and every one who lives here?" Another staff member told us, "I love the job, the people living here are just brilliant and I enjoy helping people who cannot always help themselves. It really is a home from home." We asked one staff member what they enjoyed most about their role, they told us; "Being here is just the best thing, I enjoy it so much, making someone smile and knowing you are having a positive impact. I wake up knowing I am making a difference in someone's life."

People received care from staff who knew and understood their likes, dislikes and personal support needs and people were, overall, able to spend their time as they chose. Staff understood people's communication skills and communicated effectively with people who had limited verbal communication with the aid of signs, pictures and gestures. Staff supported people to maintain their independence by doing things for themselves. A staff member told us, "We encourage people to participate in things like washing up, cleaning doing laundry etc."
A relative told us, "[Person] seems happy to me and is becoming more independent." Another relative told us their family member hoped to eventually move into one of the two bungalows which they felt would be beneficial as it would allow more space and independence.

Staff had a good understanding of the importance of respecting people's privacy and dignity .We saw and heard that staff were respectful to people living at Brookfield. We observed that staff knocked on peoples' doors before entering and one staff member identified that a person, who had their door open, needed some privacy. They went into to the room and explained that they would close the door and come back later to check on them. They told us it was this person's preference to always have their door open but that staff would sometimes identify privacy was needed and act accordingly to protect that. Staff told us people could lock their rooms if they wanted from the inside and staff had master keys if they need to gain entry in an

emergency.

People's rooms provided them with their own private space, and they had been supported to choose how their rooms were decorated and furnished. Staff told us the main colours of the house were deliberately neutral to promote a calming environment. One relative showed us around their family member's bungalow which was decorated to reflect the person's individual needs and preferences. They told us, "[Person] seems happy and has a lovely bungalow. I helped them decorate it for Christmas." We saw in people's rooms that they had their own possessions such as music and posters and we saw individualised Christmas cards had been created for each person living at Brookfield.

There was a communal lounge that people could use and during our inspection we saw people coming and going as they wanted. Some people chose to have a mid-morning sleep in the chair and when one person became restless, a member of staff guided them upstairs to their room so they could have some quiet time to rest.

People were able to make choices about how they spent their day. The new manager told us "We may have to go into give someone their medication in the morning, but then if they choose to pull the duvet up and go back to sleep that's up to them, people just get up when they are ready." They went on to say, "I am very passionate about the home. It's important that people have choices here." We saw people were able to live their lives as they chose, a staff member told us; "We give those who can verbalise choices and for those who can't we use communication passports and pictures, we use these to help people decide what they want to do." Communication passports provided information on the person's most effective means of communication and how others could best communicate with, and support the person; Staff told us they would support people in what they wanted to wear and how they wanted to spend their day.

People were supported to maintain relationships with those who were important to them.
Relatives told us they could visit when they wanted to and some people visited their own families for weekend stays or longer.

Good

Is the service responsive?

Our findings

People living at Brookfield had a consistent staff member known as a 'keyworker', who got to know their likes, dislikes and they could build a relationship with. One relative we spoke to felt communication from the keyworker could be improved as sometimes questions about their family member were not always answered to their satisfaction. They told us, "I ask questions and don't always get answers from the keyworker, it's not consistent. I think improvements are needed with communication from the staff." They went onto say they were happy the new manager had come into post and they had met with them to discuss concerns and the new manager was committed to improving communication with relatives. Another relative said they had felt well supported by the staff when their relation had needed to attend hospital for an operation; they told us, "I got great support from the staff at the time, it was really good." Relatives we spoke to confirmed that staff had a good understanding of their family member, and their behavioural triggers, and how to respond to them. One told us, "[Person] is very complex but they have him sussed out."

Staff told us they were often allocated to support one person but it was important to have a good knowledge of other people living at the home. They told us; "You have to build trust and relationships with everyone." Staff said they had time to read people's support plans so they knew people's individual preferences, for example how they like to spend their time and what to do to respond to people if they became anxious. We asked if they felt involved in the planning of their relation's support and care and they told us "Yes, we have a review meeting every year but I also speak to staff when I need to." Another relative told us "I can't recall having a review but I have good relationships with staff, especially the team leader, and I can talk to them if I have any concerns." Staff told us they would speak to people's families for background information about their likes and dislikes to gain a better understanding of people's needs. The new manager told us, "They teach us about the needs of their relatives." Relatives we spoke to confirmed this.

Due to most people living at the home having limited verbal communication staff told us they used body language, facial expressions and gestures as guides to identify how people were feeling. They told us, "You need to have a calming approach. I always ask what's wrong but you need to understand their body language. You have to be able to know when something isn't right. It's about understanding that person; recognise their expressions and subtle changes."
People's care plans gave staff lots of information on how to support people and manage any behaviour they may exhibit. We saw staff responded calmly to people who became anxious and one person in the lounge who was restless was assisted to their room so they could have some "personal time" in a quiet environment. Our observations found the staff team had a good understanding of the needs of the people they were supporting and were motivated to improve their knowledge and skills.

We looked at two people's care records. Support plans contained up to date and detailed information for staff to provide appropriate levels of care and support to people including activities outside of the home. Plans were individualised and informed staff what people liked and how people wanted their support delivered.
Staff told us; "We get important information from the care plans and they are updated when they are changed." Another said; "By reading a person's care plan it helped me understand them and their behaviour

and what is best for them." We saw one person during the inspection using hand gestures to a member of staff whilst they were talking with us, the staff member told us, "Sorry I have to go because that means [person] wants to go to the toilet."

People were supported to pursue their individual hobbies and interests and on the day we visited two people had gone out to the airport with support staff to see the planes. The new manager told us each week they would look at planned activities and allocate staff accordingly. On one of the provider's internal audits dated October 2015, it was identified that one person had not been outside of the home for over two weeks. There was an activity planner for them that staff followed for activities within the home such as baking, ball play and listening to music; however this person was sometimes reluctant to be involved. The new manager told us staff were encouraging this person to become more involved with activities both within and outside of the home. Another audit carried out the day before our inspection identified another person who was watching television a lot and that they were mainly going out outside for shopping. It was suggested that further activities outside of the home could be accessed. This showed the provider was monitoring the amount and type of activity people were involved in and making necessary improvements to meet individual needs. The new manager told us they were keeping an 'evidence diary' which would be used to try and increase funding for some people so they could receive extra staffing support for activities outside of the home.

Another relative said their family member did not always want to be involved in activities and was happy to stay in, they told us," It takes a while to get to know [person], he isn't really very active and needs encouragement." They went on to say they would like to see their relation being more involved in activities but acknowledged this was their choice.

One relative told us, [Person] goes bowling, swimming and the disco every week, I think there are lots of good activities. He has been to Blackpool on holiday before." The home discussed activities at the weekly people meeting and activities were either done together in small groups or on an individual basis. People also attended a local club that held discos and other activities. Staff told us they and taken people out for picnics during the summer.

In order to improve the variety of activities the new manager had identified that some people would benefit from being able to access an area where they could exercise and move around freely. They had approached a local leisure centre and agreed use of the athletic track which people could use. This meant that people could move around and exercise safely and be easily supervised. There were plans to turn a garage in the grounds into a sensory room and a circuit training area had been set up in the back yard for people to exercise in. The home had recently purchased a car so that people could be taken to access activities and interests. Activities for the following week were discussed at the weekly meetings for people living at the home.

We looked at how complaints were managed. There were two recorded complaints which had been dealt with in a timely way. The provider had procedures in place to support people to make complaints; however one relative we spoke to told us they did not know how to make a formal complaint but knew they could speak to the team leader or manager if they had concerns.

One relative was unhappy with how an investigation had been carried out earlier in the year involving their family member and said that they felt they had not received sufficient feedback from the registered manager at the time. They told us, "I felt no-one was talking to me or giving enough information." They went on to say they felt things had improved since the new manager had joined the home. They told us; "They took the time to come and talk to me which I think is good." Another told us; "I don't know how to make a formal

complaint but I would speak to the keyworker if I had a problem."

The new manager told us they were committed to making sure there was good communication with relatives, they told us, "We need to talk to, and listen to families, and when I started working here I went to visit them individually, away from the home, to discuss any concerns they might have. I thought it was important and best to meet away from the home so there was less distraction and time to talk."

We saw people had a weekly meeting to discuss menus, activities and any concerns people may have.

Good

Is the service well-led?

Our findings

We found the home over the previous months had not been consistently well led and the provider had identified a full time manager was needed. They had taken positive action after feedback from relatives and staff and had recruited the new manager in September 2015.

The registered manager at Brookfield had been responsible for the oversight of three of the provider's homes until September 2015 when the new manager came into post. The provider told us; "Relatives had fed back that they wanted to see a manager more often."
The registered manager told us, "I realised I was spending a lot of time at one of the other homes and Brookfield really needed a full time manager." This had been discussed with the provider who had taken the steps of employing the new manager. They told us, "People needed to be able to see the manager and I started to look to recruit a new one, it was important though that it was the right one." The registered manager had been supported by a deputy manager however they had moved on to work at another of the provider's homes in October 2015. A team leader also supported the registered manager and staff.

We asked relatives if they thought Brookfield was well led, their responses were, "I have no complaints with the new manager, I felt staff morale was low before but now I feel the home is more stable." Another told us, "Communication hasn't always been very good. I didn't always get feedback because the manager wasn't always there for a while." One relative told us, "There hasn't always been enough communication from the manager in the past. The new manager seems on the ball, I hope it's permanent." The provider told us "It is important to me that we re-establish relationships with the families. Relationships were forged but perhaps not maintained in the last six months. I am confident the new manager will address this."

There were plans to organise a family meeting and the new manager told us they would be meeting regularly on an individual basis with families to review their relations care and support. They told us; I want everyone to be happy here and the people living at Brookfield are the best part of the job. To see their smiles is lovely and to know we are making a difference in their lives, no matter how small." There was positive feedback from relatives about the new manager, one told us; "I really like them, they are very nice and want to know about [person]."

We asked staff about the support and leadership within the home and if they felt able to raise any concerns they had. Staff told us they had supervision sessions to discuss their performance and training needs but these had not been on a regular basis over the last few months. One told us, "I haven't always had regular supervision as the manager wasn't always on site." Another said, "I do get regular supervision from the team leader." We saw evidence of regular monthly supervision meetings with the new manager since they came into post in September 2015 and the registered manager acknowledged these had not been carried out as often as they would have liked over the previous months.

Staff were very positive about the management team and they told us they felt supported in their roles. A staff member told us, "I have great support from all the staff and the manager is great, I couldn't ask for a better manager." Another said, "I wouldn't have stayed here if I felt the home wasn't well led. The new

manager is very approachable and very hands on." We asked one staff member for their views on the managers and they told us; "This is a very homely organisation, you can always talk to staff. You always get a good response from managers if you have concerns. I have learnt a lot, they are a really good team."

We asked staff if the lack of a full time manager on site had impacted on the home, they told us; I have always felt there has been good management but it's great to have the new manager on board. We always work as team even when the manager hasn't been here." Relatives and staff spoke positively about the team leader who had been supporting the registered manager and we saw evidence of staff team meetings. These had been held regularly in the earlier part of the year but there appeared to be a gap between July and September however the new manager was now carrying these out every month.

The provider acknowledged that the supervision meetings had not been as frequent as they should have been and, although supervision had been taking place, it had not been consistent. This was due to the expansion of another one of the provider's services which the current registered manager had also been covering. The provider informed us this one of the reasons they had recruited the new manager. Staff however spoke positively about the team leader who provided on-going support and supervision in the registered manager's absence. One staff member told us, "They are great and I do get regular support and supervision from them."

We asked the managers if they felt supported in their role by the provider and they told us they did. The new manager said; "[Provider] is great, I can be totally honest and she listens to my ideas." The registered manager told us they always felt supported by the provider and could raise any concerns or issues they had.

The provider had carried out a range of checks to ensure the quality of service provision; however these had not been carried out consistently over the last few months and the provider acknowledged this. There was a system of peer review audits by other managers in the organisation and we saw evidence one had been carried out shortly before our inspection. This identified some of the documentation in care plans did not have relevant staff signatures and some risk assessments had not been signed by the registered manager when they were first implemented. An action required by staff was to have people's activity planners looked at to see if new activities within the community could be promoted. The previous audit in October 2014 had not been fully completed with several sections of the report blank. There had been an Operations Manager who had been employed to conduct the regular audits however they had recently left the organisation. The provider told us they would be ensuring the audits would be carried out on a regular basis in the future and be more detailed. The new manager told us they would be addressing any issues identified in the recent audit.
The last family survey had been sent out over twelve months ago and a new one was in the process of being organised. We requested a copy of the last survey from the registered manager but this was not provided to us. The provider told us; "It's important to find out what families want, we want their view point."

The provider monitored accidents and incidents in the home and looked to see how improvements could be made to reduce any reoccurrence. Where investigations had been carried out support from relevant healthcare professionals was requested such as occupational therapists and psychologists.