Priory Education Services Limited

Oxen Barn

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

Oxen Barn provides accommodation for up to six males between the ages of 18-65 with learning disabilities and autism. This home comprises of individual self-contained accommodation, with en suite bedrooms, bathroom, lounge, dining room, kitchen and a large garden. There is a separate building adjacent to the main house that contains a small gym, relaxations room, laundry, staff offices and staff training room. The home is situated in the Longmeanygate area of Leyland in Lancashire and is in a quiet semi-rural area. People are placed from various local authorities due to the specialism of the service. At the last comprehensive inspection in October 2016, the service provider had demonstrated improvements to the way services were delivered, and we judged Oxen Barn to be rated Requires Improvement. This inspection took place on 19 and 20 April 2017, and we found that further improvements had been made to the delivery of services.

The home did not have a registered manager at the time of our inspection as the previous manager had recently left the home. The previous deputy manager had been appointed to the position of manager of the home, and at the time of the inspection, he was progressing with his application to be registered with the Commission. 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.

We spoke with staff about their understanding of safeguarding procedures. Staff we spoke with were knowledgeable about how to recognise different types of abuse. They were also aware of how to report potential safeguarding issues both internally and to external agencies such as the local authority and Care Quality Commission (CQC). Records showed that staff had been recruited safely and they received an appropriate induction.

Staff received regular supervision and their practice was observed regularly to ensure that they were providing safe care. Staff told us they felt well supported by management at the service. Staff competence to administer medicines safely was assessed regularly, and medicines were found to be stored and administered safely. Staff had completed training that enabled them to improve their knowledge in order to deliver care and support safely.

People were supported with their healthcare needs and were referred to healthcare professionals when appropriate.

Staff understood the main principles of the Mental Capacity Act 2005 (MCA) and supported people to make everyday decisions about their care. Where people lacked the capacity to make decisions about their care, their relatives were consulted.

We observed staff displayed caring and meaningful interactions with people and people were treated with

respect. We observed people's dignity and privacy were actively promoted by the staff supporting them.

People living in the home were supported to access activities and pass times of their choice. There was a clear management structure in place and staff were happy with the level of support they received.

We saw evidence that regular audits were completed by the registered manager and the service provider. These checks were effective in ensuring that appropriate levels of care and safety were maintained.

We saw there were sufficient numbers of suitably qualified staff deployed within the home, to meet people's needs and promote people's safety. However, the home did not have a full complement of permanent care and support staff, and relied on the use of bank staff. Taking into account the nature of the assessed needs of the people who used the service, this high use of bank staff had the potential to lead to inconsistencies of approach occurring in the way care and support was offered, which could have the knock of effect of people who used the service feeling anxious and distressed. This could lead to changes in behaviour and mood. We have made a recommendation about 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.

The manager followed safe recruitment practices when employing new staff. However, improvements in the recruitment of permanent care staff, and cleaning and maintenance staff could ensure that staff are consistently deployed within the home.

Staff had completed training in safeguarding vulnerable adults from abuse and knew what action to take if they suspected abuse was taking place.

Risks to people's health and wellbeing were assessed and reviewed regularly. We saw evidence that people's risks were managed appropriately.

People's medicines were managed safely and people told us they received their medicines when they should.

Is the service effective?

Good

The service was effective.

New staff received an appropriate induction and were able to observe experienced staff before they became responsible for providing people's care.

People's care plans were detailed and individualised. Care plans included people's preferences as well as their needs.

Staff understood the importance of supporting people to make everyday decisions about their care. Where people lacked the capacity to make decisions about their care, their relatives were consulted.

Staff supported people appropriately with their nutrition, hydration and healthcare needs. People were referred to healthcare professionals when appropriate.

Is the service caring?

Good

The service was responsive.

People's care plans were informative and person centred in their approach.

People living at the home took part in personalised activities both inside and outside of the home.

Feedback from external professionals, including the various local authorities who funded people at the service was positive.

Staff at the home respected people's confidentiality.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before the service started supporting them.

People received personalised care which reflected their needs and their preferences.

Family members were asked to give feedback about the care and support they received and reported a good level of satisfaction with the service.

Family members felt able to raise concerns about the care of their loved ones with the staff or manager.

Is the service well-led?

Good

The service was well-led.

There was no registered manager in place at the time of our inspection. However, the service had only been without a registered manager for a short period of time, and the acting manager was going through the process to apply for registration with the Care Quality Commission.

The service had a clear vision that was focused on people's independence, dignity and choice and this was promoted by staff and manager.

Staff felt the service was managed well and felt well supported by the manager.

The manager and the service provider regularly audited many aspects of the service. The checks being completed were

effective in ensuring that appropriate standards of care and safety were being maintained.

Oxen Barn

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 unannounced inspection took place on 19 and 20 April 2017, and was carried out by two adult social care inspectors.

At the last comprehensive inspection in October 2016, the service provider had demonstrated improvements to the way services were delivered, and we judged Oxen Barn to be rated as Requires Improvement. This inspection took place in order to determine if further improvements had been made to the delivery of services.

Before our inspection we reviewed the information we held about the service. This included notifications of incidents that the provider had sent us since the last inspection. The Provider was not asked to complete a Provider Information Return (PIR), as one was not sent by CQC. During our inspection we observed the care and support provided by the staff in the communal areas. We also spoke with six staff, and six people's relatives. We looked at all six people's care records and other records relating to the management and delivery of the service. This included five sets of recruitment and personnel records, duty rosters, accident and incident records, complaints, health and safety and maintenance records, quality monitoring records and medicine management records.

Good

Is the service safe?

Our findings

We spent some time observing people living at the home; this was due to people having difficulty verbally telling us about their experience at the home. Only one person out the six who used the service was able to verbally speak to us, however when we tried to talk with them, they informed us they did not want to talk with us. The other people at the service used a variety of methods to communicate with others, from verbal sounds to body language, and so observation was found to be a useful technique. People living at the home appeared happy and content on the two days we visited.

We looked to see how the service could demonstrate that there were sufficient numbers of staff on duty to meet the assessed needs of people at the home. The manager explained that recruitment to staff vacancies was a problem at the home, and as a result the service had a vacancy of on average 340 hours a week. The rotas showed that these care hours were covered by existing staff and 17 bank staff. If care or bank staff could not cover the hours, then the manager and deputy manager covered the shift. The manager conceded that this was not an ideal situation as having a full staff compliment would ensure that the existing staff team would not have to work as many hours. Staff at the home said that they were happy to cover shifts, but also added that they enjoyed their days off.

Two family members raised staffing levels as an issue with us during our discussions. One said, "I am concerned that the staff work long hours. The work they do is very demanding and intense, and they need to be on the ball in order to meet [Name's] needs. If they are working long hours then this is bound to have an impact on their stress levels and general well-being." Another family said, "The home operates a system of core teams. This means that [Name] is supported by the same people every day, and [Name] then gets to know the staff really well, and they get to know [Name]." One family member said, "If the home uses a lot of bank staff, then there is always a possibility that [Name] is not going to get a consistent staff team, and it is consistency that [Name] needs. If there is a lack of core teams, then could lead to in consistencies in the use of the support plan, and as a result, [Name's] behaviours can escalate."

The manager of the home explained that efforts had been made to try and recruit staff to the home. However, despite recruit drives in the local area, the uptake had been low. He added that a meeting with his senior management team had been organised to take place in the near future, in order to look at this issue, alongside others. The manager said that staff pay and conditions would be part of the management review meeting, and he confirmed that following the meeting, he would update the Commission, and inform us of any decisions that were made relating to staff recruitment.

We saw the service was clean and tidy in most part, however, we noted that some parts of the home needed a more thorough clean. Staff at the home explained that there were no cleaning staff employed at the home, and that it was their responsibility to keep the premises clean. One staff member said that it was sometimes difficult to fit everything into one shift. Procedures were in place to ensure that the premises and equipment were managed in a way to keep people safe. However, the maintenance worker for the service had recently left the service. The manager explained that due to the assessed needs of the people living at the home, the potential for breakages and need to repair equipment and parts of the house was frequent. He explained

that any safety concerns relating to the premises were dealt with either by staff at the home, or via the in house estates management team. However, he acknowledged that having a dedicated maintenance worker was important to the effective running of the home.

One visiting health and social care professional said, "Staff fluctuation is a significant concern. The management of the home state that they are working hard to maintain their existing staff but they don't seem to be achieving this. Staff come and go, and this can lead to inconsistency of approach."

We recommend that the manager and Registered Provider for the service, continues to ensure that a consistent staff team is provided within the home, and that progress is made to recruit permanent staff to that team, in order to meet people's assessed needs.

We also recommend that in order to ensure that care staff are deployed effectively within the home, consideration is made to employ dedicated cleaning and maintenance staff, so that care staff can concentrate on the provision of care and support.

We spoke with six family members regarding safety at the home. One person said, "I believe that [Name] is safe at Oxen Barn. I'm confident that the staff and manager would take action to identify any risks, and put actions in place to minimise the risks, and prevent any harm coming to [Name]. They have a good planning system in place, and this is based on each person's individual needs, and the strategies they used are linked to their needs." Another family said, "If I didn't think that [Name] wasn't safe, then I would have removed them. I do sometimes think that the behaviours of other people at the home can have a negative effect on [Name], but I do think the manager and staff do what they can to reduce this. It's not an issue all the time, just now and again. The manager knows about this, and knows how I feel. They do put measures in place to support people though."

We found evidence that a record of all safeguarding concerns was maintained within the home. This was seen to provide an audit trail incidents, how they were dealt with, reported and what action was taken following the event. The manager explained that analysis took place of all safeguarding issues, as well as all accidents and incidents. The evidence showed that patterns of behaviour or issues were captured, and this informed people's individual support plans, and in turned helped to ensure people's safety was maintained. Notifications sent to the CQC tallied with those sent into the local authority which was evidence that reporting mechanisms were successfully in place.

We looked to see how the service ensured that people were supported by staff who were properly vetted before they started work at the home. We looked at the recruitment process which was used by the service and found this to be safe and robust. Staff told us, and the records confirmed this, that they attended an interview, and if selected for employment, the service checked their employment record, qualifications, and suitability to work at the home. Following the receipt of suitable references from employers, and suitable check with the disclosure and barring service (DBS), staff undertook an induction.

The staff we spoke with understood the various aspects of the safeguarding process, and were able to clearly explain different signs of abuse, and knew how to raise issues with the right person if these signs were noticed. The manager and staff were clear that people living at the home are given the opportunity to live in a safe and secure environment, however, they acknowledged that due to the nature of the assessed needs of people at the home, there were occasions when people's behaviours, and forms of communication impacted on the lives of others. However, we saw evidence to show that the service had strategies and support plans in place to minimise this risk, and implemented positive behaviour plans to enhance people's daily life. The staff members we spoke with confirmed they had received training in the protection of

vulnerable adults. Staff training records supported this. The service had local procedures in place for dealing with allegations of abuse, and staff knew how to access them, as well as the group policy. Local procedures had up to date contact details for the Local Authority, its emergency duty (out of hours) team as well as for the Care Quality Commission.

The manager explained that risk is not only assessed prior to admission to the home, according to health and social services protocols, but is an on-going process as people's needs change, sometimes from day to day. One family member said, "The staff make sure action is taken to minimise identified risks and hazards. We have been involved in helping to put strategies and plans in place." We found that there were appropriate arrangements in place for managing risk. We saw there were extremely detailed and robust risk assessments in place in all the care plans we reviewed. The risk assessments were risk specific and did not contain any generic information. There were clear measures detailed to reduce or eliminate the risks which had been identified in all the risk assessments we saw. Information held with the individual care records confirmed that risk assessments were undertaken. The risk management policies and procedures were found to minimise restrictions on people's freedom, choice and control. Evidence held within the individual care records showed that there were plans in place for staff to respond to emergencies or untoward events. There were emergency plans in place for all the people who used the service. These plans were in place to show what assistance would be needed by each person who used the service in the case of an emergency, to help them leave the building, for example if there was a fire in the home.

There was a whistle blowing policy in place and the staff we spoke with were aware of the policy and what protection this offered in cases where they would need to raise an issue about the way in which the service was run or a concern about a colleague for instance. All staff we spoke with were confident that they would feel able to and knew who to report their concerns to if the need arose. Appropriate arrangements were found to be in place for the review of safeguarding concerns, accidents and incidents. This allowed the manager and service to make sure that themes were identified and any necessary action taken.

We saw that people who used the service had differing needs for the level of support they needed with their medicines. There was a clear policy in place to guide staff in how to order, obtain, store and dispose of medicines correctly and safely. Staff understood the system for obtaining, storing and supporting people with their medicines. Personnel records showed that staff had received appropriate training in the use of medicines, and had their competencies checked. Recent audits had been undertaken and no issues were identified.

Good

Is the service effective?

Our findings

The family members and professionals we spoke with expressed the opinion that the staff at the home were well trained, and knowledgeable in terms of autism, care and support and following established procedures. However, two family members expressed a minor concern regarding the recruitment of inexperienced staff with one saying, "Working in a service like Oxen Barn can be a shock to the system for someone. It is very intense and hard work." The manager acknowledged this saying, "The work we do can be full on, but it is very rewarding. Anyone who starts here, regardless of their level of experienced is given a high level of training: they shadow existing staff members, and are supported through supervision and on-going support."

Staff told us they had gone through an induction process prior to starting their roles, and they had found the training to be a useful learning experience as it was both classroom based and e-learning. This was supported through information held within individual staff personnel files. Staff explained that prior to being placed on the rota, they had spent five days shadowing various colleagues so that they could get used to the routines of each person living at the home, and the systems in place to support people. The staff believed this to be an important element of their induction process, as it "let me get used to the people at the home, and it also allowed each individual to meet me and get used to having me around." One staff member said, "I gained confidence in my ability to work with and support the people living at the home." Two family members who we spoke with agreed that the induction shadowing process was important, however they thought the length of the shadowing period was "a little too short" because the needs of the people living at the home were so varied and intense. Staff members told us that they were re-trained regularly to ensure they had up to date knowledge. They told us this allowed them to further embed their learning from previous training undertaken by revisiting topics.

Staff told us they had access to a good programme of training and we saw that specialist training which had been undertaken, and information held within individual personnel training records confirmed this. The regularity and content of the training which staff undertook ensured they were aware of current best practice. We spoke with staff who told us they had regular supervision every three months with their line manager. The records we reviewed confirmed this was the case. Staff told us that they found these sessions to be positive and informative as they felt their managers had the necessary experience and expertise to answer their questions. Staff also had an annual appraisal to look at their performance over the past year and how they would like to develop over the upcoming year.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and specifically on the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 found people's mental capacity had been appropriately assessed and this had been carried out on a decision specific basis. In the examples we reviewed, an advocate had been involved, and in another, a family member. We saw that in all cases where a person was being deprived of their liberty, there was a current Deprivation of Liberty authorisation in place, or an application had been submitted to the local authority for an authorisation to be considered, there were also copies of mental capacity assessments which had been carried out and records of best interest meetings which had taken place where a person lacked capacity to make their own decisions. People who had conditions linked to the Deprivation of Liberty authorisations, had these conditions reflected within their care plans. We saw that the manager reviewed each person's circumstances regularly to ensure that the measures in place were appropriate and current. This meant that people's human rights were being protected and that the registered provider was working within the current legislation.

We looked at individual care plans and records which related to people's eating and drinking. We saw there were personalised menus in place that had been agreed either with the person themselves, or through discussion with family and other professionals such as a speech and language therapist. The menus covered each meal of the day, with choices for breakfast and lunch and the main meal each evening. There were alternatives offered in cases where a person did not want the meals offered. A family member explained that the home had been working on an individualised diet for their loved one. We saw evidence of this during our inspection. One family member expressed concern over their relative's diet, they said, "I regularly bring food into the home in order that [Name] gets a varied diet based on their needs. But sometimes I wonder why I need to do this as the home should be providing the food. Also, the records of [Name] are sometimes a bit vague." The manager explained that work to ensure that everyone's dietary requirements was on-going, and they were working closely with family members and other professionals to ensure that each person received the right dietary intake, taking into account their assessed needs.

We saw from looking at people's care records and talking to family members that there was evidence that all the people who lived at the home had regular visits from or to health professionals, to ensure that their on-going health and well-being were monitored. Staff also knew how to respond to concerns which arose when people were unwell in anyway. Records showed that staff were proactive in their approach and made referrals to health professionals in a timely manner.

We toured the premises and viewed all communal areas of the home and four people's private bedroom accommodation. We found the home was comfortable and warm. The kitchen areas were found to be clean and tidy, comprising of all the right equipment that you would expect in a domestic house. One family spoke about the need to make some environmental changes to be made to the accommodation used by their relative. They said that some had already been made, but others needed to start in order to give their relative a "better quality of life." The manager explained that he was aware of the need to assess how environmental changes could be made, and he was working closely with his management team and the families, to see how best to go about this.

A lot of work had been done externally with the building of a new unit within the grounds that housed the manager's office, a sensory room, a small gym, training room, laundry and staff room. The manager

explained that the building of this unit was seen as a great asset to the home. Family members confirmed this, with one saying, "[Name} loves to use the gym, and gets a lot out it. They have lost some weight and this has been really good for them." Another family member said, "The relaxation room is a good resource, but it's a bit small. The larger staff room would be a better position for the relaxation room. Using this would allow people to really explore their sensory world." We have put this point to the manager of the home, for him to consider. Another family member said that the garden space was another good asset to the home, but expressed disappointment that it wasn't used as frequently as it should. They said, "The home could make a small investment in making the area more accessible, for example, sinking the trampoline into the ground. This would allow people who have problems with steps to use the equipment more easily. Again, this is a point that has been raised with the manager for him to consider."

Good

Is the service caring?

Our findings

Family members said that they had a good relationship with the staff at the home, and their relatives had positive relationships with the staff. One family member said, "Core teams really help to foster relationships, but this can sometimes fall apart if staff leave, or changes to the staff team take place." However, family members believed the relationship between the staff and the people living at the home was "respectful, caring and supportive." One visiting health and social care professional said, "The service is good at responding to people's needs, and has been proactive in setting up personalised care systems. I do worry about the core teams: having them in place can make a massive difference to people's lives. My client needs a consistent approach, from people who are very familiar with their needs, and not having this in place can cause people anxiety and distress."

The staff we spoke with were knowledgeable about the people they cared for and we saw positive interactions between staff and the people living at the home throughout the time of our inspection. This included positive interactions during specific 1-1 sessions with people, such as art and crafts activities or when going through routines via people's preferred communication tools such as Picture Exchange Communication Systems (PECS) boards.

We saw there were appropriate communication processes within the service, both for staff and for the people who used the service, and their families. Staff had monthly staff meetings where they were able to express their thoughts and opinions and share information they had gathered relating to the people who used the service with the rest of the staff team. We saw from the minutes of these meetings that there were discussions about best practice in relation to the support given to individuals and there was evidence of staff sharing their learning to benefit the team and the people they supported. We saw that advocacy services were available for people to access if they did not have relatives or friends to act as a voice for them or family needed additional support in that area.

We saw that one person used advocacy services via an independent mental capacity advocate (IMCA). IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions, such as making decisions about where they live and about medical treatment options. Even though five of the six people living at Oxen Barn were not able to verbally communicate effectively we saw evidence that people were as involved in their daily routine's as much as possible.

Throughout the day we spent at Oxen Barn, we saw and heard people who used the service being given choices and being asked for their opinions and preferences in relation to food, drink, outings and activities. This was done by using various forms of communication techniques such as the Picture Exchange Communication System (PECS) and objects of reference. (PECS was originally devised to teach people with autism the basic concept of communication, the system is built on established psychological principles which include shaping and reinforcement. People with autism or profound learning difficulties can greatly benefit from experiencing communication made concrete in this way.)

We also saw that good communication with relatives took place, with regular meetings, phone calls and

emails being used to keep families informed of their relative's health and well-being. We saw evidence within care plans that reviews were attended by relatives. We also saw examples of newsletters that kept families informed of developments to the service.

Confidentiality was seen not to be issue with relatives or staff. We saw that up to date policies and procedures were in place including confidentiality, privacy and dignity and staff we spoke with were aware of them and how to access them. Staff we spoke with were knowledgeable regarding these issues. We saw that all records were stored securely. Conversations relating to people who used the service took place privately so as to promote privacy and confidentiality, this included staff handovers, to ensure that personal information was not overheard or shared inappropriately.

Good

Is the service responsive?

Our findings

Two relatives we spoke with explained that their loved one's "needs had been assessed before the service started supporting them", and "[Name] receives very personalised care which reflects their needs and their preferences. I couldn't ask for a better service."

We spoke with the manager and asked what process they would go through if they were considering admitted a new person into the service. They told us they would arrange to meet the person and carry out extensive assessments with them to assess their needs and make an informed judgement about whether the service could meet the person's needs and whether they would fit in with the other people whose home was at Oxen Barn. However, he explained that there were currently no plans to admit any new people to the home.

We looked in detail at people's care plans and associated documents, including risk assessments. Care plans were seen to be up to date, contained all the relevant information and were available for staff to access. We found that in all cases the records were very detailed and very person centred, as they referenced things which made each person an individual, including their wishes, likes, dislikes, specific routines, behavioural strategies and preferences. The home used a system of positive behaviour support (PBS). This allowed staff to establish what could be reasonably considered usual behaviour for each person and what their triggers for a change in their behaviour may be. This enabled staff to know how these triggers or situations could be best avoided and if necessary managed safely. We saw various examples of this across different parts of people's care plans including identifying the development or support need, within the aims and objectives and the support and intervention sections.

There was extensive information which illustrated people's personalities, how they communicated and how they could be supported to communicate with other people who did not know them well. We saw in all the care records we looked at that staff reviewed care plans at least once each month; we also saw there were changes made if anything changed between these reviews.

One visiting health and care professional said, "There are dips in consistency with staff and I think this can have an impact on the activities that people undertake. Some of the rooms and shared spaces within Oxen Barn are very small when considering the ratio of staff required with each individual. I understand that the service uses the minibus to take people out, but I sometime worry that this is used too frequently instead of doing an activity in the house because the space is too small." The manager of the home said that some people at the home do use the minibus, but this is usually a "planned activity and part of their daily plan, and it is not used due to inappropriate or insufficient staffing levels."

We saw that there was a complaints and concerns file in the service. This had a copy of the policy and procedures which were in place and included an easy read version which was accessible to the people who used the service. We saw that complaints were appropriately recorded and complainants were given written details of explanations and solutions following investigations. All of this meant the service was responsive to people's needs. Compliments were also recorded in the form of letters and cards. People we spoke with told

us they knew how to complain.

Good

Is the service well-led?

Our findings

One health and social care professional told us, "I find the staff to be open and honest and willing to help. They are able to answer all my questions and show me relevant documentation pertaining to the individual's care needs which is person centred. They actively involve family in their relative's care needs, and update the family in relation to incidents. The service offers outcomes for the individual who are regularly reviewed and changed if needed and other options are explored".

There was no registered manager at the service at the time of our inspection as he had moved on a few months earlier. The acting manager had previously undertaken the role of deputy manager, and was going through the process of applying to be registered with the Care Quality Commission. Staff and family members were positive about the newly appointed manager and said that they were confident they were the right person for the role and that they would manage the service well.

Through discussion with the manager of the home, it was clear that he was fully aware of the issues relating to staff recruitment, staff deployment and the need to provide a consistent staff team in order to meet people's assessed needs. The manager had a plan to discuss these issues with his senior management team in the near future following our inspection, in order to devise an action plan that could be used to tackle the issues. This was seen to be a positive aspect of the management of the service, and it gave the Commission assurances that efforts were being made to address shortfalls in service delivery. The culture in the service was one of open communication and transparency. Key information was shared with staff as a matter of course, staff told us that they knew what was going on in the service and that they felt included and valued, they told us this was because they were given opportunities to share ideas and that these were listened to and put into practice. The manager told us there had been work needed to improve some aspects of the home, this was partly in relation to physical improvements of the home, but also about the support of the staff team received through training, supervision, handovers and information sharing.

The manager had worked closely with the staff team to give them clear messages about their roles and responsibilities and shown them consistent support. Staff told us they received informal support and guidance when needed alongside formal training and supervision. They also told us that they felt they could approach management with issues they had. Staff at the home told us they had ensured that there was consistency in good practice in the service and in the management of behaviours which challenged others. They told us this was achieved as the management and senior staff led by example and made sure they were aware of current best practice and that their own training was up to date.

All the staff we spoke with demonstrated their commitment to making positive changes to the people they supported. Both the management team and staff members demonstrated their understanding of the vision of the organisation to provide high quality services, encompassing the values of "rights, inclusion, choice and individuality." We saw strong evidence of this in the way the service was provided: in the planning, recording and delivery of the support which was given to the people living at the home. People living at the home had their own goals to achieve, and these goals were identified in such a way that staff could work with people to enable them to achieve them safely and in a positive environment. Staff told us that morale

was very good and that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and that they were encouraged to share their views. This was supported through information held with the staff meeting records.

We could see that a number of audits and quality assurance systems were in place. These included regular unannounced internal inspections by the groups own compliance inspector. These inspections focused on the areas highlighted at the last CQC inspection and reported on progress made in each area identified.

We saw a number of other audits including; medication, safeguarding, infection control, training and environmental. All were seen to be thorough and all resulted in action plans being set with reasonable time frames for completing the actions as well as identifying those responsible for achieving them. We saw that staff meetings and handovers took place and observed a staff handover during the first day of our inspection which was seen to be thorough. We saw there were good links which had been forged and maintained with the local community, that there was partnership working with the local community and people who used the service benefited greatly from this work. The manager was fully aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made) under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We saw that notifications had been sent to us over the last year and so the service had fulfilled its responsibility to ensure any required notifications were notified under the Care Quality Commission (Registration) Regulations 2009.

We looked at the auditing and oversight which was in place across the service. The management team understood the need to ensure regular audits and reviews take place to ensure that any shortcomings are identified, so that improvements can be made We saw there were regular, robust audits carried out, these included medication audits, care plan audits, reviews of DoLS and MCA and direct observation of staff practice.