

Peninsula Autism Services & Support Limited

St Winnow

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Requires Improvement ●
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Summary of findings

Overall summary

The inspection took place on the 3 and 4 May 2016 and was unannounced.

St Winnow provides care and accommodation for up to five people. On the day of the inspection four people were living at the service. St Winnow provides care and support for people with a learning disability and associated conditions such as Autism and Aspergers.

At the time of the inspection the service did not have a registered manager. A new manager had been appointed and was in the process of registering with the Care Quality Commission (CQC). 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 last inspection we asked the provider to make improvements in the leadership of the service. The provider completed an action plan to tell us how they would address these issues and by when. At this inspection we found improvements had been made. However, since December 2014 this service has not had a registered manager in post. Management changes in the service had meant quality auditing systems had not been effective, and the service had not been well- led. Two managers recruited after December 2014 only stayed in post for a short period of time. The current manager was recruited in October 2015 and at the time of this inspection was in the process of registering with CQC. Whilst systems had improved since the recruitment of the current manager it was too early to judge if these improvements would be sustained. We will continue to monitor this as part of our on-going inspection of the service.

At the last inspection on the 17 and 18 March 2015 we also asked the provider to make improvements to ensure people were safe and to ensure people were fully protected against the use of unlawful or restrictive practice. At this inspection we found improvements had been made. Staff and relatives said people were safe. We saw people were able to move freely around their home and were not being unlawfully restricted.

Staff, relatives and professionals all said there had been a number of improvements in the service since the appointment of the new manager and described the positive impact this has had on the people living there. Comments included, "Fantastic improvements in the short time she has been here", "The new manager is really on the ball and gets things done", "The manager is very flexible, has done shifts and leads by example".

Professionals said they felt staff worked hard to maintain a balance of helping people to feel independent and safe.

We observed the atmosphere in the home was warm and welcoming. People said they liked living at St Winnow and the staff were kind and helped them. The interactions between people and staff were positive.

Staff had a good knowledge of people they cared for, and people's privacy and dignity was respected and promoted.

There were sufficient numbers of staff to meet people's needs and to keep them safe. The provider had effective recruitment and selection procedures in place and carried out checks when they employed staff to help ensure they were safe. Staff were well trained and aspects of their training were used regularly when planning care and supporting people in their lifestyle choices. Staff were supported and had opportunities to discuss and reflect on practice.

People's support plans included clear information about people's specific needs and preferences. Staff were familiar with this information and could tell us in detail about people's daily routines and how they chose to be supported. People were supported to have their health and dietary needs met. People were involved in decisions about their diet and were supported by staff when required. Staff monitored people's general health and well-being and supported people to access health services when required. People had their medicines managed safely, and received medicines in a way they chose and preferred.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The manager and staff demonstrated a good understanding of the Mental Capacity Act 2005. People were supported where possible to make choices about their care and lifestyle. The manager was aware of the correct procedures to follow when people did not have capacity to make decisions for themselves and if safeguards were required, which could restrict them of their liberty and human rights.

People were supported to lead a full and active lifestyle. Throughout the inspection we saw people coming and going from the home either independently or supported by staff. Activities and people's daily routines were personalised and dependent on people's particular choices and interests. Staff recognised people had the right to take risks when making choices about their lifestyle, and offered advice and guidance about safety when required. Staff recognised the importance of people's family and friends. Relatives said they were made to feel welcome in the home and able to visit at any time.

People were able to express their opinions and views and were encouraged and supported to have their voice heard. Where possible people were involved in planning and reviewing their care and support arrangements. People were supported to raise any concerns or complaints about the service. Complaints were taken seriously and responded to appropriately.

A system was in place to regularly review the quality of the service. This included a range of audits, including medicines, people's finances and the environment. Feedback about quality was gathered from a range of sources including people who used the service and their relatives. Information following investigations and incidents were used to aid learning and drive quality across the service. The provider and manager continued to explore ways of improving the service. Since the last inspection a major refurbishment plan had taken place within the home. The changes had provided people with a more comfortable and modern environment to live in.

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 were protected by staff who understood how to recognise and report possible signs of abuse or unsafe practice.

There were sufficient numbers of staff to meet people's needs and keep them safe.

People were protected by safe and appropriate systems for handling and administering medicines.

People were protected by safe and robust recruitment practices.

Is the service effective?

Good ●

The service was effective.

People were supported by highly motivated and well trained staff.

People's rights were protected. Staff and management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have capacity to make decisions for themselves had their legal rights protected.

People had their health and dietary needs met.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff who promoted their independence, respected their privacy and maintained their dignity.

Staff had a good knowledge of people they supported and had formed positive, caring relationships.

People were informed and actively involved in decisions about their care and support.

People's relatives and friends were able to visit without any restrictions.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support, which was responsive to their current and changing needs.

People were encouraged and supported to lead a full and active lifestyle. People engaged with the local community and were supported to maintain relationships important to them.

People's views were actively and regularly sought, listened to and used to drive improvement in the service. Complaints and concerns were listened, taken seriously and acted on.

Is the service well-led?

Requires Improvement ●

The service was not always well led. The service did not have a registered manager in post. Although improvements had been made in the leadership and running of the service it was too early to judge if these improvements would be sustained.

Staff felt well supported and valued by their colleagues and management.

Staff understood their roles and responsibilities and were supported by an open and supportive management team.

Staff were motivated and inspired to develop and provide a quality service.

St Winnow

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 took place on the 3 and 4 May 2016 and was unannounced. One inspector undertook this inspection.

Prior to the inspection we reviewed information we held about the service. This included the Provider Information Return (PIR) which 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 also reviewed previous inspection reports and notifications. Notifications are specific events registered people are required to send us by law.

During the inspection we spoke with two people who used the service. Some of the people who lived at the home had limited verbal communication and were therefore unable to tell us about their experience of the service. As well as speaking to people we spent time with people observing the care being provided by the staff team. We also spoke with one relative, the registered manager and five members of the staff team.

We looked at four records related to people individual care needs, this included, support plans, health records and risk assessments. We viewed three staff files, recruitment and training records and other information associated with the running of the service including quality audits and incident reports.

Following the inspection we spoke to three professionals who had been involved in supporting people using the service. This included a Social Worker from the specialist learning disability team and an independent advocate.

Is the service safe?

Our findings

At the last inspection on the 17 and 18 March 2015 we found people were not safe or fully protected from the risks of abuse. Consideration had not been given to how the behaviours and needs of some people compromised the safety and well-being of others. The provider sent us an action plan detailing how they would address these concerns. We found at this inspection improvements had been made.

Following the last inspection the provider informed us that one person had moved out of the service, which had helped ensure their safety and the safety of others in the home. The manager said the needs of people in the service and their safety would be considered when anybody new moved into the home. We saw this had been highlighted as a matter of importance at a recent senior management meeting held by the provider.

Staff, relatives, people and professionals told us they felt people were safe. Comments included, "Yes, I think people are safe" and "There has been a lot of changes and I do think people are safe". A relative said, "I feel so much better, I am happy with things now, a lot safer".

People we were able to speak to said they felt safe living at St Winnow. Professionals said they felt staff had worked hard to maintain a balance of helping people to feel independent and safe.

People were protected by staff who knew how to recognise signs of possible abuse. Staff had received training in safeguarding adults and this training was regularly updated. Safeguarding and whistleblowing procedures were available and staff were required to read them as part of their induction and on-going training. Staff said they believed reported signs of abuse or poor practice would be taken seriously and investigated thoroughly. Staff accurately talked us through the appropriate action they would take if they identified potential abuse had taken place. Staff knew who to contact externally if they felt their concerns had not been dealt with appropriately by the provider. A safeguarding file was available with all the information staff needed to assist staff with recognising and reporting any safeguarding concerns. The file contained a clear audit trail of any safeguarding concerns raised within the service as well as action taken and any lessons learned.

Staff recognised people's rights to make choices and take everyday risks. Assessments had been carried out to identify risks to the person and to the staff supporting them. This included environmental risks as well as risks associated with their support needs and lifestyle choices. Assessments included information about any action needed to minimise the risk of any harm to the individual or others, whilst promoting and recognising the person's rights and independence. For example, one person chose to go out of the service independently most days. Guidelines were in place to enable this person to fulfil their wishes and independence whilst also considering ways of helping ensure their safety in the community. There were also known risks for one person in relation to hygiene and their environment. Guidelines had been agreed with the person to respect their personal space, whilst also ensuring any risks in relation to health and safety were considered and addressed as appropriately as possible.

People's medicines were managed and given to people as prescribed. Staff were trained and confirmed they understood the importance of safe administration of medicines. Systems were in place to help ensure people received their medicines at the correct time and in a way they needed and preferred. Where possible people were supported to manage their medicines independently. A designated staff member had the responsibility of overseeing medicines and the registered manager undertook regular audits and staff competency checks.

Medicines administration records (MAR) were all in place and had been completed appropriately. Medicines were locked away, temperatures had been checked and fell within the guidelines that ensured the quality of the medicines were maintained. Staff were knowledgeable with regards to people's individual needs relating to their health and medicines.

Any risks associated with medicines had been documented and advice sought from professionals when required. Information was clearly available to staff about people who required, as needed (PRN) medicines. These protocols helped ensure staff understood the reasons for these medicines and when and how they should be given.

People's needs were considered in the event of an emergency such as a fire. People had personal emergency evacuation plans in place, which helped ensure their individual needs were known to staff and other services in the event of a fire. A fire risk assessment, policy and procedure were in place, which clearly outlined action that must be taken in the event of a fire. Staff said they had undertaken Fire Marshal training, which had been helpful and raised their understanding of fire safety procedures. Regular visual checks and audits were undertaken to ensure the environment and facilities remained safe and fit for purpose. An emergency plan was in place with contacts and emergency procedures to deal with a range of adverse events, such as power loss and flooding, which could affect the running of the service and well-being of people living there.

Staff and relatives told us they felt there were enough staff to meet people's needs and keep them safe. Comments included, "We have a very consistent staff team, and enough to keep people safe". Staffing levels had been organised for each person dependent on their assessed need and was reflected in their support plans and risk assessments. We saw there were enough staff to support people in different areas of the home and to respond to individual needs and requests. For example, one person had been assessed as requiring support for all aspects of care. We saw these agreed staffing levels were in place throughout the inspection.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. The manager said staff were required to disclose annually any changes to their Disclosure and Barring Scheme (DBS) check. They said that as most of the staff had been employed in the service for a number of years they had made the decision to request all staff submit a new DBS check, which would help further ensure all staff working in the home were fit and safe to work with vulnerable people.

Is the service effective?

Our findings

At the last inspection on the 17 and 18 March 2015 we found people were not protected against the use of unlawful restrictive practice within the service. Some people were not able to move freely around their home and had some opportunities restricted due to the needs of other people in the service. The provider sent us an action plan to tell us how they would address these concerns and by when. We found at this inspection improvements had been made.

During this inspection we saw people were able to move freely around the home and their rights and liberty were not being unlawfully restricted. A relative said, "I am really happy now, [...] is much happier, has freedom now and is able to spend time with others".

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We also checked if any conditions on authorisations to deprive a person of their liberty were being met. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for care homes are called the Deprivation of Liberty Safeguards (DoLS).

Records confirmed staff considered people's capacity to make a decision and this was documented as part of a capacity assessment. The guidelines for staff stated they must document the steps taken to communicate with the person, including the use of visual aids to help them understand and make a choice. Records also confirmed when best interest meetings had been held to support a person who had been assessed as lacking the capacity to understand or make a particular decision. For example, a best interest meeting had taken place for one person in relation to their health, finances and risks associated with self-neglect. This meeting helped ensure any decisions and support was appropriate and in the person's best interest.

The manager was up to date with changes in law regarding DoLS and had a good knowledge of their responsibilities under the legislation. Records showed where DoLS applications had been made. These records evidenced the manager had followed the correct procedures and had included professionals and relatives in discussions and the application process when appropriate. At the time of the inspection none of the DoLS applications had been authorised. The manager confirmed they had continued to follow up the applications with the relevant authorising local authority.

The manager said they had introduced a question and answer session for staff regarding the Mental Capacity Act and DoLS. They said this helped ensure staff stayed up to date with their knowledge and also had the opportunity to raise and questions or concerns.

We saw staff understood the need to promote choice and ask people's consent before providing care and support. We saw staff speaking to people as they provided care and support and checking if they were happy with the care being provided. A staff member said one person had very particular wishes in relation to their personal space. They said staff respected this person's right to make choices and always asked permission before entering their room and touching any of their personal belongings.

Staff were supported to understand and manage people's behaviours in an appropriate and lawful way. Guidelines were in place to help staff understand possible triggers as well as the appropriate action to take if difficult or challenging behaviour occurred. A professional said the staff team had been keen and responsive to training opportunities in relation to one person's behaviours.

Most of the staff had worked in the home for a number of years and knew people well. Staff confirmed they had undertaken a thorough induction programme when they first started working in the home and on-going training to develop their skills and knowledge. The manager said all new staff would undertake the Care Certificate (designed to improve consistency in the sector specific training healthcare assistants and support workers receive in social care settings). Training was planned and continued throughout employment to aid development and enhance staff skills. In addition to mandatory training such as health and safety and safeguarding staff also undertook training specific to the needs of people they supported. Staff felt training was of a high standard, one staff member commented "Training is good and relevant to the people who use the service, we had behaviour management training and looked at different scenarios, it means we all deal with situations in the same way"

Staff said they felt well supported by their colleagues and the manager. Comments from staff included, "We work really well as a team, the new manager is great and really approachable". Staff received formal supervision and all said although this had not always happened in the past was now frequent since the recruitment of the new manager. Team meetings were held to provide staff with the opportunity to discuss practice, highlight areas where support was needed and share ideas on how the service could improve.

People were involved in decisions about what they would like to eat and drink. People were supported to have a sufficient and well balanced diet. People assisted with meal preparation and were able to make decisions in relation to mealtimes and the menu. We saw one person making themselves their morning drink and another person assisting with the lunchtime meal. People were able to access the kitchen area independently and received support from staff when required. Staff understood any risks associated with eating and guidelines were in place in relation to choking hazards and specialist dietary needs. For example, one person had a food and nutrition plan in place in relation to diabetes. Staff were familiar with this information and supported the person to consider low sugar menu options.

People's health needs were met. People were supported to maintain good health and when required had access to a range of healthcare services. Support plans included information about people's past and current health needs and staff were familiar with this information. When people had complex health conditions individual support plans were in place for that particular area of need. Information about people's health needs was available within a document, which could be taken with them if they required an admission to hospital. This information helped ensure people's needs were known and understood when they were away from the home.

Staff knew people well and were able to use this knowledge to recognise and respond appropriately to changes in people's health. Care records showed health and social care professional advice had been sought regarding specific guidance about delivery of certain aspects of care. Professionals we spoke with commented that staff made relevant referrals and followed any advice and guidance given.

Is the service caring?

Our findings

Some people had limited verbal communication and it was therefore difficult for them to tell us if they felt well cared for by staff and the service. We spent time with people seeing how they spent their day and observing the care and support being provided.

We observed the atmosphere in the home was warm and welcoming. People who were able to speak to us said they liked living at St Winnow and the staff were kind and helped them. The interactions between people and staff were positive. For example, one person was waiting patiently for a relative to arrive. The staff spoke to them about their plans for their day and provided reassurance that their visitor would arrive soon. Another person sat with the home's pet guinea pigs on their laps. They clearly enjoyed this activity and staff shared their interest and enthusiasm. During the lunchtime meal people and staff sat together and we heard plenty of friendly conversation and laughter.

Staff had a good knowledge of people they cared for. They were able to tell us about people's likes and dislikes, which matched what was recorded in people's individual care records. Staff told us they had time to get to know people and were able to sit and spend time with people as well as attending to other care tasks.

Staff had a good knowledge of how people communicated and were able to use this knowledge and understanding to respond promptly to any requests or signs of anxiety or discomfort. For example, one person clearly communicated when they wanted to change their clothing or if their clothing was soiled or uncomfortable. The staff member supporting them had ensured a clean top was ready on their bed so they could change when requested.

Staff spoke positively and with compassion about the people they supported. Two professionals said they had been really impressed with how positive staff were even when faced with challenges. They said staff spoke positively about people and for one person in particular this had resulted in positive changes in their lifestyle and living arrangements. All the staff we spoke to said they enjoyed working in the home and liked helping people achieve their goals and independence, comments included, "I love my job, it is nice to go home and feel you have hopefully made a difference".

People's privacy and dignity was respected. One person had particular wishes in relation to their personal space and belongings and clear guidelines were in place to help ensure these were understood and respected. People's support plans detailed the importance of maintaining people's privacy and dignity. For example, plans included a profile of what people considered a good or bad day. One plan stated a bad day would be staff walking into their room without knocking and waiting. Throughout the inspection we observed staff knocking on people's bedroom doors and waiting for them to answer before entering. Another person's plan documented they liked privacy when taking their medicines. Staff clearly described how they respected this person's privacy, whilst ensuring their safety and health needs were promoted and maintained.

People had the opportunity to express their views and be actively involved in making decisions about their

care and support. One person said, "Sometimes I have meetings, see how things are going". "Your Voice" meetings took place in the home and people were supported to discuss the service and other issues such as holidays. People had expressed a wish to go on holiday to Paris and this wish had been posted on a 'goals' board in the communal area with actions about how this could be achieved. People had access to advocacy services and were able to speak to people if required outside of the organisation. For example, one person had support provided from outside the service in relation to their finances. Professionals said this arrangement had worked well for the person concerned and had been welcomed positively by the staff team.

Staff recognised the importance of people's family and friends. Relatives said they were made to feel welcome in the home and were able to visit at any time. One person liked to go out most days to meet up with friends. Staff respected this person's wishes and supported them with their arrangements and plans.

Is the service responsive?

Our findings

People were supported by staff who knew them well and understood their needs and personal wishes. Staff gave us clear and detailed information about people's daily routines and how they needed and preferred to be supported. Professionals said they were impressed how well staff had responded to suggestions about supporting people particularly in relation to managing people's behaviours, comments included, "The staff have been really engaging, responded well, which has been positive for the people concerned".

People's support plans included clear information for staff about their health and social care needs. Each area of the plan described the person's skills as well as the support needed by staff and other services. For example, one person's file stated that the person required support to make choices and could become frustrated if not supported appropriately. A pictorial communication board had been developed for this person, with pictures of favourite activities, daily plans and menu choices. The support plan for another person assessed as requiring 1:1 staffing provided good detail about how the person needed and preferred to be supported. For example, the plan clearly described how personal care should be provided and the person's preference to be supported by a female member of staff. Staff supporting this person said consistency of care was very important, "It is important everyone understands and responds to [...] needs and understand how important sensory activities are to their care".

Systems were in place to help ensure information about people's needs and support arrangements were regularly reviewed and updated. Each person had a designated key worker responsible for reviewing people's support arrangements and personal goals. One person said, "I have meetings with my keyworker and we see how things are going".

Due to people's learning disability and associated conditions such as Asperger's support plans in most cases stated that people needed good, clear information to help them plan their time and understand what was going on. We saw a range of communication methods and tools being used to support people. These were specific to people's needs and were detailed as part of their support plan. For example, one person had a pictorial planner on their wall outside their bedroom, with a box of pictures attached, which staff helped them use to plan their day. One staff member had spent time improving communication aids in the service and this had included pictures of staff on duty posted on the notice board in the main hallway. Staff said people benefitted from being able to see who would be supporting them at different times of the day. A relative said, "I can see the Makaton communication board is always up to date and clearly being used by staff".

People received personalised care, which was responsive to their needs. Professionals we spoke with were very positive about how well staff supported a person who had more recently moved into the service. They said staff had listened to the person and professionals involved and by doing so had managed to maintain a really good service that was working well for the person concerned.

People were supported to lead a full and active lifestyle. Throughout the inspection we saw people coming and going from the home either independently or supported by staff. One person went with staff to a regular

music group, staff said, "They love it, have a great time". Another person returned from a morning walk, and another was supported by staff for a trip out with a relative. One person told us about their voluntary work and said when they got back they would often be tired and like to sit and relax. People had plenty of personal belongings, which reflected their interests and occupied their time at home. One person had purchased a new television, so they could use their PlayStation in their bedroom and another had a large collection of music and DVDs.

We saw one person enjoying looking after two guinea pigs purchased by the service for people in the home. The person was very relaxed with the guinea pigs on their lap, and then appeared pleased to be able to prepare and feed them some lettuce. The staff said people had asked to have a pet for the home and were happy to share the responsibility of looking after them.

We saw people socialising in the home as well as going out with family and friends. Staff supported one person to go out with their relative every week. Staff said these arrangements were really important and enjoyed by all concerned. Another person liked to go out independently to meet up with friends. Staff respected this person's wishes and only offered support when requested.

We saw lots of information was available in a format people could understand. This included information about how to make a complaint, which had been translated into pictures and symbols. The complaints procedure was freely available in the home and clearly outlined the action staff would take and in what timescale. We saw complaints had in most cases been documented and records included the action taken and feedback provided to the person concerned. It was noted procedures had not been followed in relation to a concern raised by a neighbour. This was discussed with the manager at the time of the inspection who confirmed this had been addressed appropriately and would be documented in the future. One person said they knew who to speak to if they were concerned about anything. A relative said the manager responded to any issues or concerns promptly.

Is the service well-led?

Our findings

At the last inspection on the 17 and 18 March 2015 we found systems had not been put in place to ensure the service was well led. Management changes in the service had meant quality auditing systems had not been effective. The provider sent us an action plan and told us how they would address these concerns and by when. At this inspection we found improvements had been made to the leadership and running of the service.

Since December 2014 this service has not had a registered manager in post. This has led to inconsistencies in care and management of the service. Two managers recruited after December 2014 only stayed in post for a short period of time. The current manager was recruited in October 2015 and was in the process of registering with CQC. Whilst systems had improved since the recruitment of the current manager, it was too early to judge if these improvements would be sustained. We will continue to monitor this as part of our ongoing inspection of the service.

Staff, relatives and professionals all said there had been a number of improvements in the service since the appointment of the new manager and this had had a positive impact on the people living there. Comments included, "Fantastic improvements in the short time she has been here", "The new manager is really on the ball and gets things done", "The manager is very flexible, has done shifts and leads by example".

The provider and manager continued to explore ways of improving the service. Since the last a major refurbishment plan had taken place within the home. All communal areas had been redecorated and a new kitchen fitted. People's bedrooms and en-suite facilities had also been redecorated. People had been involved in this process choosing colour schemes and furnishings. The changes had provided people with a more comfortable and modern environment to live in, which they were clearly pleased with and proud of.

The manager took an active role in the running of the home and had a good knowledge of the staff and the people who used the service. There were clear lines of accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The manager said they aimed at all times to be open and supportive and recognised that staff required good leadership and support to ensure the delivery of a good service. All of the staff said they felt the service had improved since the appointment of the new manager, however some said they still had concerns that this could change, particularly if management had too many responsibilities outside of the service. This concern was passed to the manager at the time of the inspection who said they would take these views into consideration within their new management role.

The manager maintained their own professional practice by attending regular training and local provider events to share and discuss best practice.

Staff were inspired and motivated to provide a good quality service. They had a clear understanding of their role and what was expected of them. Throughout the inspection we saw staff smiling and looking happy as they supported people, comments from staff included, "I love my job, we get very attached to the people we

support, see them doing improvements and wanting them to do well". Staff meetings were held to provide a forum for open communication. Staff told us they were supported and encouraged to question practice.

Information following investigations and incidents were used to aid learning and drive quality across the service. For example, an audit of incident reports concluded incidents occurred for one person when they were being supported by female staff. Patterns and trends also showed behaviours for one person resulted in incidents when they were told 'No' they couldn't do something. As a result of this analysis care arrangements and support was changed for the people concerned resulting in the reduction of incidents and improved quality of life.

People were supported to raise their views about the service. "Your Voice" meetings were held within the home as well as across different services run by the organisation. This gave people the opportunity to express their views and discuss issues about the service and support received.

There was an effective quality assurance system in place to drive continuous improvement across the service. The manager and staff completed spot checks of the environment as well as checking with people if they were happy or if they had any concerns. Regular audits were undertaken of people's medicines and personal finances. A number of environmental checks were completed on a weekly or monthly basis including, checks of fire equipment, vehicles, window restrictors and temperature controls.

Compliance visits had been completed by senior management following the last inspection and an action plan put in place to address breaches in regulation and concerns raised. The manager said provider compliance visits took place monthly but had been more frequent to support them in their new role and whilst they registered with CQC.