

# Kisimul Group Limited

## Tigh Fruin

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected the service on 26 June 2017. The inspection was unannounced. Tigh Fruin provides accommodation and personal care for up to six people living with learning disabilities and an autistic spectrum disorder. At the time of our inspection there were five people living at the service.

The service had a registered manager in place at the time of our inspection. They had been appointed since our last inspection and had been at the service since March 2017. 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 on 30 January 2017 we asked the provider to take action to make improvements to how people were protected against the risk of abuse, how staff were deployed, how the registered provider monitored and assessed the service to identify and act on any improvements needed and how the Care Quality Commission was informed of incidents the provider was required to report.

We told the provider they must send us a written plan setting out how they would make the improvements and by when. Following our inspection the provider immediately sent us an action plan and subsequent action plans of the action they would take to make the required improvements.

During this comprehensive inspection we looked at whether the provider now met the legal requirements in relation to breaches of regulation we had found in January 2017. We found that the provider had taken action and all the breaches had been met. In addition there is an ongoing police safeguarding investigation, the provider continues to work with the police and the local authority safeguarding team. We will continue to monitor this work.

Staff had received further safeguarding training and new systems had been introduced to help protect people from the risk abuse. Risks to people's needs had been assessed and planned for but relatives and professionals had some concerns about information sharing relating to incidents in how these were communicated.

Improvements had been made to the deployment of staff and safe staff recruitment practice was in place and followed. Some minor improvements were identified with the management of medicines and immediate action was taken to address this. People received their prescribed medicines when required and safely. The storage, ordering and disposal of medicines were found to follow best practice guidance.

Improvements had been made to staff induction, ongoing training and support provided to staff. The implementation of the Mental Capacity Act 2005 was found to have ongoing issues. However, the registered manager took immediate action to address this.

Improvements had been made to how people's anxiety and behaviours were assessed and planned for. However, further work should be undertaken to ensure new recording systems and processes are effective to understand better people's unique and complex behavioural needs.

Improvements had been made with menu planning and the involvement of people in choosing their meals. People's dietary and nutritional needs had been assessed and planned for and staff provided support with people's healthcare needs appropriately.

Staff had a caring approach and understood people's needs, preferences and what was important to them. Staff were more effective in how they responded to people's communication preferences and needs. People were involved as fully as possible in choice making and independence was promoted. Independent advocacy information was available should this support have been required. Staff supported people with dignity and respect.

Improvements had been made to the activities and opportunities available to people, these were meaningful and represented people's interests and hobbies. Relatives felt on the whole more involved in discussions and decisions about their family members care and support.

Where concerns had been made, the management team had responded in a timely manner and action had been taken to improve people's experience of the service.

Relatives and staff were positive that improvements had been made at the service. Some relatives had concerns about these being sustained but were confident the management team would achieve this. External professionals on the whole were positive that improvements were being made.

The provider had made improvements in the systems and processes used to monitor the quality and safety of the service. This included better accountability and scrutiny of the service by senior managers. Staff were more motivated and positive about working at the service.

## 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.

Improvements had been made to how people were protected from any potential risk of abuse. Staff had received appropriate safeguarding training and knew what to do if they had any concerns.

Risks to people's health and safety were assessed and staff were informed about how to provide safe care and support.

People were supported by a sufficient number of staff who had been recruited safely.

People received the support they required to ensure they took their medicines which were stored safely and securely. Some minor actions were required in the management of medicines.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Improvements in the process to assess and monitor people's capacity to make decisions were required. DoLS had been applied for when required.

Improvements had been made in how people's behaviour had been assessed and was being managed. However, further action was required to understand and respond effectively to people's complex behaviours.

Improvements had been made to staff induction, ongoing training and support.

Improvements had been made to menu planning and people received opportunities to choose their meals. Staff understood people's healthcare needs and their role in supporting them with these.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that had a caring approach and understood their individual needs, routines and preferences.

People's relatives and representatives were better involved in how people were cared and supported.

Improvements had been made to support people with their individual communication preferences and needs. Independent advocacy information was available should this support have been required.

Independence was promoted as fully as possible. People's dignity and privacy was respected by staff.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Improvements had been made to the activities and opportunities available for people.

People received a service that was individual to them and person centred approaches to care and support was being further improved upon.

People were involved as fully as possible in choice making and relatives and representatives included in decisions.

The provider's complaint policy and procedure was available to people and visitors. Where concerns had been raised these had been responded to appropriately.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Improvements had been made to the service and previous breaches in regulation had been met.

Changes had been made with the management structure resulting in an increase in accountability and scrutiny. The staff team as a whole had worked hard to make the required improvements and the new registered manager was making good progress.

# Tigh Fruin

## 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.

This inspection took place on 26 June 2017 and was unannounced. The inspection team consisted of one inspector and a specialist advisor in behavioural support needs.

Before the inspection, we reviewed information the provider had sent us including statutory notifications. These are made for serious incidents which the provider must inform us about. We also contacted the commissioners of the service and external healthcare professionals to obtain their views about the care and support provided at the service.

Due to people's complex needs associated with their autism and learning disability, we were unable to communicate with people to gain their views about the care and support they received. We observed staff interaction with people, but this was limited due to three out of five people being out on a community visit during the day of our inspection.

During the inspection we spoke with the registered manager, deputy manager, regional manager, provider's representative, compliance manager, positive behavioural support lead, a senior support worker and three support workers. We also spoke with a visiting speech and language therapy assistant. We looked at the relevant parts of the care records of five people, a sample of staff recruitment files and other records relating to the management of the service. This included medicines management and the systems in place to monitor quality and safety.

After the inspection we received feedback from four relatives about how the service met their family member's needs and also received feedback from three external professionals.

# Is the service safe?

## Our findings

During our previous inspection on 30 January 2017 we identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to how people were protected from abuse. Not all staff had received safeguarding training as part of their induction. Appropriate action was not taken in response to safeguarding issues.

At this inspection we found improvements had been made and this breach in regulation had been met.

Feedback from relatives was that they acknowledged there were positive improvements being made at the service in how people were supported safely. One relative said, "We feel that the staff understand [name of family member]'s needs and they are kept safe and free from harm by having a high staff to resident ratio of 1:1." Relatives told us that they had been invited to discuss concerns identified at the last inspection, in particular about new safeguarding systems and processes introduced.

Staff told us that since our last inspection they had completed refresher safeguarding training and records confirmed this. One staff member said, "We've completed refresher training and further positive behavioural support (PBS) training to make sure we support people appropriately and safely."

Training records and staff files also confirmed new staff had received safeguarding training as part of their induction. Records showed where staff had had concerns about any safeguarding issues; they had acted upon these and reported them to the management team effectively. The provider then reported these safeguarding incidents as per the multi-agency safeguarding policy and procedure correctly. Since our last inspection visit the provider had reviewed and updated their safeguarding policy and procedure to ensure it was robust in appropriately protecting people from abuse. At the time of our inspection visit, we were aware that there was some ongoing safeguarding investigations which the provider was working with external agencies.

Systems of incident recording was found to be overly complex. New recording systems had been introduced but we found a small number of incident reports were not clear and or lacked detail. Incidents were not consistently recorded across the various reporting forms, some were duplicated and others missing. Some records suggested the possible use of physical intervention which was not recorded, for example "[Name of person] was guided into the hallway," "fending off"/ "blocking," was not consistently recorded as physical intervention. The management team talked about the new recording tools that had been introduced. They agreed they required further review to ensure they were being completed correctly and met the need they were implemented for. This would give assurances that all incidents were being managed effectively.

During our previous inspection on 30 January 2017 we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to deploy sufficient numbers of suitably qualified, skilled and experienced staff.

At this inspection we found improvements had been made and this breach in regulation had been met.

Relatives were positive that improvements had been made to the availability of staff. One relative said, "Current staffing levels appear to be improved, with an increase in numbers and recruitment of new staff." Another relative told us, "The current dayshift staffing levels appear appropriate as individuals are now accessing the community and participating in activities daily."

Staff were positive that improvements had been made to the staffing levels. One staff member said, "There's now a deputy manager that's been recruited which is a good support. There is always five staff to provide one to one support. It's so much better; people are going out more regularly and are more confident and relaxed."

The regional manager told us how new staff had been appointed. The recruitment process of applicants having to attend an assessment day and a second day with people who used the service was working well. Staff confirmed this and said, "We get involved too in the recruitment, if an applicant doesn't interact well with people we share this with the manager and they won't get recruited."

The staff rota confirmed there were sufficient staff available to meet people's needs and consideration of staff skill mix was taken into account. A senior support worker and four support workers were available during the day of our inspection visit and were supported by a management team and three staff worked at night. The numbers of staff during our inspection visit matched the staff rota.

Relatives told us that they had received opportunities to review their family members' risk plans to ensure staff had the required information to support them safely and effectively. One relative said, "We have received a document entitled care file/risk assessment and have had an opportunity to review it." Another relative told us, "I have reviewed and advised of minor changes to [name of family member]'s current care plans and risk assessment. Overall care plans were a true reflection of their needs and including appropriate interventions." However, one relative and external professional raised concerns that risks associated to a person's needs was not fully understood and that they did not feel listened to about ways to manage risks. We shared this feedback with the registered manager who told us of the action taken to work with the relative and external professionals to address these issues.

People's care records confirmed that any associated risks had been assessed and planned for. For example, some people had a health condition that required their health to be monitored and staff to take specific action if they became unwell. Staff told us they had received training in this health condition and demonstrated they were knowledgeable and competent.

Risks associated to the environment and premises had been assessed and regular health and safety checks were completed. People had personal evacuation plans in place that supported staff of people's needs in the event affecting the safety of the service where people needed to evacuate the building.

Relatives told us they were confident their family member was supported appropriately with their prescribed medicines. One relative said, "Yes all medication is administered appropriately by trained staff."

Staff responsible for the administration of medicines told us they had received training and competency assessments. Records confirmed what we were told and these were up to date. We observed a staff member administer medicines and they did this correctly, following best practice guidance, including remaining with the person to ensure they had safely taken their medicine.

We completed checks on the safe storage and management of medicines. Staff had the required information about people's prescribed medicines, including a photograph of the person. However people's



preferences of how they liked to take their medicines was not recorded on the medicine administration record (MAR). A senior support worker told us this information was recorded separately in the person's care file. However, they said it would be more helpful to have it in the MAR and would arrange for this information to be included. This would support new staff to ensure people received their medicines in a consistent way that met their individual preferences.

Protocols were used to manage the use of medicines to be taken when needed (PRN), for example for pain or anxiety. We found body maps were not used to support staff of where topical creams should be administered. This meant there was a risk without clear guidance topical creams may not have been applied correctly. A senior worker told us they would introduce the use of body maps immediately. We checked the MARs of all five people living at the service and these confirmed people had taken their prescribed medicines as required. A sample stock check of medicines was completed and these were found to be correct. The records of medicines used on social leave were seen to have been booked out and returned appropriately. However, emergency medicines used as a PRN for epilepsy was not recorded with the same level of detail, resulting in a potential risk of medicines not being fully accounted for. A senior support worker told us that they would review the system used immediately and make the required changes.

# Is the service effective?

## Our findings

At our last inspection on 30 January 2017. We found staff had received an induction but training was not always provided in a timely manner.

At this inspection we found improvements had been made and this breach in regulation had been met.

Feedback from relatives about staff competency included, "The longer serving staff are (competent and skilled) and I have been informed that more recently employed staff are now receiving the required training." and, "Senior support workers need to be aware and continuously reminded of their responsibilities regarding informing families of incidents in a timely manner and empowered to do this. Therefore if the site manager/deputy manager not present/fails to report correctly family members are still informed."

Feedback from external professionals raised some concerns about the lack of awareness by staff of how people sometimes had unexplained bruising. We found some instances where body maps were not used by staff to record bruising and relatives had not been informed until they asked how bruises had occurred. External professionals told us that this had been raised with senior managers and the management team, who had responded by reviewing systems and processes to provide staff with additional support and guidance to effectively support people. The management team was confident that the new systems implemented were working better.

Staff were positive about ongoing training opportunities and said support from the management team had greatly improved since our last inspection. One staff member said, "I've completed the care certificate and now enrolled on level two of the health and social care diploma. I've completed face to face training and eLearning; I think the training is good." The care certificate is a nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. Another staff member told us, "The support is much better; the new manager is really supportive, fair and listens to us. We now have a deputy manager who is new and a senior on each shift. Staff feel so much better because they are being supported properly."

When talking with staff we found them to be knowledgeable about people's individual needs and our observations of staff supporting people showed them to be responsive. Staff were seen to support people with choice making and used effective communication and approaches. The staff training plan confirmed staff had completed training in a variety of areas identified by the provider as required. Additional training had also been provided that included communication and recording information. Autism awareness training was planned for July and August 2017.

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.

At our last inspection on 30 January 2017 the MCA had not always been fully adhered to. For example, best interest decisions that had been made for people who lacked capacity to make certain decisions, nor did records show that the least restrictive options had been considered. Neither did they show who had been involved in these decisions or that had they been reviewed. At this inspection we found these improvements were still outstanding. The registered manager was aware this action was still required but had not had sufficient time to complete this. The registered manager assured us they would take immediate action to address this and confirmed after our inspection visit when this had been completed.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made applications for DoLS where appropriate and these had been granted. There were no conditions specified on the DoLS authorisations that we reviewed. This information was in the person's care record to ensure staff were aware of this information. We found staff to be aware of the principles on MCA and DoLS and they had received training in this legislation.

People could experience periods of high anxiety and behaviours associated with their mental health needs. The provider uses the Timian Approach for challenging behaviour and physical intervention training, the scheme is BILD accredited. All staff were found to be trained in the approach and training for new staff was available within a reasonable timescale.

There has been a demonstrable focus on reducing physical intervention and restraint since our last inspection. This was confirmed by changes in people's behavioural support plans with more restrictive physical interventions no longer being prescribed for any of the people living at Tigh Fruin.

Positive behavioural support plans (PBS) had been reviewed and updated. There is scope to further develop assessment or meaningful understanding of behaviours. Low level behaviours were not being recorded with the same level of detail and analysis as high impact behaviour at the present time due to a focus on more challenging behaviours which could result in harm to the person and others. While this may be appropriate in the short-term this would be less appropriate if it were to become a longer term strategy.

Staff told us how they found PBS plans to be more helpful and they described redirection or de-escalation techniques used, they were clear that physical restraint was the last resort and should always be the least restrictive.

At our last inspection we found people received sufficient amounts to eat and drink but there was a lack of menu planning. Relatives told us that improvements had been made to how people were involved and said people were involved as fully as possible in menu planning. One relative said, "We are unaware of the full menu options but have been told that there is an evening meeting on a Sunday to choose meals for the week." and, "[Name of family member] picks a picture of a meal but would not understand when it was to be served, or its nutritional value but this does constitute some element of choice."

We saw there was a visual menu on display and the evening meal served matched the menu choice. Meeting records confirmed meetings were held on a Sunday with people to discuss and plan the week's menu. Photographs of different foods were used as a method to support people with choice making.

People's care records demonstrated their nutritional needs were assessed and planned for. People's weight was monitored to enable any changes to be easily identified. We saw examples where action had been taken when concerns had been identified about weight loss; this included the person being supported to visit the GP. Staff demonstrated an awareness of people's different nutritional needs such as some people requiring a reduced fat diet whilst others needed high calorific foods. We checked food stocks and found these were stored appropriately.

## Is the service caring?

### Our findings

Relatives told us that they found staff to have a caring approach. One relative said, "The home is much more structured and is now a calm and warm environment, for all." Another relative told us, "I have found staff to be, warm, friendly and caring to us as parents and equally towards [name of family member]." A third relative added, "My observations and enquiries would lead me to describe staffs approach as caring and person centred."

Since our last inspection improvements had been made with regard to staff using and being more aware of people's different communication preferences. Relatives were positive about these changes. One relative said, "I particularly like the introduction of the pictorial symbols around the home, in resident's personal bedrooms and the kitchen, especially the pictorial planned menus." Another relative told us, "The PECS symbols ((picture exchange communication system) are now evident in the home. Whilst these have always been of limited effectiveness for [name of family member] it is an improvement that they are now available. They are non-verbal but can understand a few key words for activities and these are used to support them."

Staff spoke positively about people they supported, demonstrating a good understanding of their preferences, routines and what was important to them. Our observations of staff engaging with people confirmed what we were told about the approach of staff. We found people were at ease and comfortable in the presence of staff. There was a calm and welcoming atmosphere with exchanges of laughter. We observed the transition between activities sometimes raised people's anxieties, staff were seen to use a caring, sensitive approach and effective communication skills that supported people. For example, staff gained eye contact if appropriate to the person when communicating, staff were also aware of their tone of voice, body language and used assisted communication technology, signs or symbols to support them to communicate effectively. Staff were found to be patient, relaxed and unhurried allowing the person sufficient time to process the information before responding.

We saw staff supported people effectively with their different communication preferences and needs. For example, one person used PECS to communicate they wanted a drink and something to eat. We observed the staff member supported the person with their request. Staff also used PECS in addition to verbal communication to exchange information, offer explanation and support choice making. Another person used Proloquo2go, (assistive software communication) on an iPad to communicate their needs. Again we saw how staff supported the person to effectively use this. For example, one person had a health appointment and a staff member was observed to use the Proloquo2go to communicate information about the appointment.

Relatives told us that they felt they were involved in discussions and decisions about their family members' care and support and this had been improved upon by the new registered manager. Staff told us since our last inspection there had been an increase in contact with relatives to share information about activities people had participated in, any appointments attended and to review and share information in people's care records. This was confirmed by parents. One relative said, "As well as receiving our weekly update telephone call, we have an array of communication with the deputy manager, manager and with senior

support staff." Another relative told us, "There has been more of an effort to communicate with us and the management team seem more available to discuss things."

Whilst people were supported by their relatives to advocate on their behalf, independent advocacy information was available should this support be required. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

Relatives were confident their family member was treated by staff in a dignified and respectful manner and their privacy supported. One relative said, "Staff have always come across as very caring and treat [name of family member] with respect and dignity." And, "I have had the opportunity to experience staff members having to intervene with some of the other residents whilst on our regular visits, and have only ever seen staff act swiftly, moving other residents to a place of safety whilst other staff members support the distressed resident, treating them with care and respect."

Staff told us how they needed to be aware of people's presence for safety reasons but how they provided this support in a discreet way recognising when people needed space and privacy. Our observations found staff to be polite and respectful towards people and sensitive in their approach that maintained people's dignity.

People's independence was promoted as fully as possible. We saw a person was supported at lunchtime by a staff member to make a snack. The person was encouraged to choose what sandwich they wanted and the staff member supported the person hand over hand to use the spread and fill the sandwich. We noted that people's support plans advised staff to involve people as fully as possible and to promote independence at all times.

## Is the service responsive?

### Our findings

The provider had their own pre-assessment document and transition plan completed when people moved to the service. The management team told us they were aware of the importance of people being compatible with each other. Relatives told us that they had concerns about the current vacancy being filled. This was with regard to compatibility issues and that relatives felt there was limited internal space available and that due to people's needs associated with their autism this was an important factor. Following our inspection visit we discussed this with the senior management team. They told us they were aware of these concerns and that the senior management team were in the process of considering options available.

People had support plans that advised staff of their needs, preferences and routines. Staff told us these had or were in the process of being updated with the support of relatives or representatives, to ensure they were up to date and reflected people's needs and what was important to them. Relatives confirmed what we were told.

We found staff provided support to people as detailed in their support plans. For example, in one person's care record it stated the person required their ear phones at all times and access to their iPad used to support their communication. We observed this person to have these items with them. This person received weekly speech and language therapy and on the day of our visit we saw staff supported the person to attend a speech therapy session with a visiting therapist. Support plans included people's routines such as morning and evening routines and consideration had been given to people's diverse needs such as their religious, spiritual needs and identity.

Staff and relatives told us that since our last inspection significant improvements had been made to the activities and opportunities available for people. Relatives told us their family member was supported with activities, interests and hobbies that were important to them. One relative said, "[Name of family member] is very well supported in participating in activities, every week they go horse riding, walking, recently going to Dovedale, visits to the coast, trampolining and the cinema." Another relative told us their family member participated in their top five favourite activities which included, swimming, horse-riding, walks in the community and country side, drives in the mini bus and meals out. This relative also added, "In addition to this [name of family member] has been going to the cinema, shopping and a local disco which they love."

Staff told us that the opportunity of supporting people on a holiday was being explored. One staff member said, "We are looking at options of supporting people to have a holiday in September or October this year, this will be something new to us." Another staff member told us, "Each person has an activity timetable which includes their individual likes and preferences. Opportunities to participate in activities are much better and varied." The registered manager told us that they were continually exploring new opportunities for people to ensure they had new activities to try and whilst activity timetables had been developed, these would be regularly reviewed to ensure they were individualised to each person.

Feedback from an external healthcare professional about activities and opportunities for one person was negative. They told us that activities were not always person centred and group activities were still

happening more than individual one to one activities. Whilst acknowledgement was made about the introduction of individual weekly activity planners, they (professional) said that having a weekly timetable was not appropriate or responsive, saying they had requested a daily plan be developed but this had not been provided. We spoke with the registered manager about this feedback and they told us that they were working with the person's family and professionals involved to address these issues.

We found from reviewing people's records more meaningful activities both inside and outside of the home were happening. We found prominent activity planners were on display in pictorial form to advise people and staff of the activities that were planned. Recordings in people's daily notes confirmed people were supported to participate in activities and in compliments and feedback recorded from relatives and representatives.

Information to advise people and visitors how to make a complaint was displayed and available. Whilst people who used the service were unable to make a complaint independently due to their needs, relatives told us they would not hesitate to raise and concerns or complaints if required.

One relative told us how they had made a complaint that initially had not been responded to but added, "However following the change in management and introduction of a regional manager this [complaint] was addressed." The relative said that their complaint had been successfully resolved.

The complaint log showed that two concerns had been received since our last inspection. Records showed that appropriate and timely action had been taken in line with the provider's complaint policy and procedure.



# Is the service well-led?

## Our findings

During our previous inspection on 30 January 2017 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the governance of the service.

At this inspection we found improvements had been made and this breach in regulation had been met. The provider had taken immediate action to safeguard and mitigate further risks and had invested in additional staffing resources and developed new and improved quality assurance processes and systems that were working well. Staff were positive about the improvements made and felt better supported and that people who used the service, were receiving safe and effective care and support.

Feedback from relatives was that they acknowledged there had been positive improvements made at the service in how people were supported. However, a theme highlighted from relatives and professionals was about communication and sharing of information in particular following an incident. One relative told us, "We're not always given an explanation of how injuries have occurred." Comments were made that some improvements had been made since April 2017 after the new registered manager started. However, some professionals said this was an on-going concern they had. One external professional said, "The sharing of information of incidents with families and professionals in a timely manner is still an issue."

Relatives were positive about the improvements made but had some reservations of how these would be sustained. One relative said, "My only question/concern would be; how is this (improvements) being monitored to ensure it continues and is imbedded. Both my family member and the client group as a whole, require a full and individualised activity programme to meet their complex needs, address their behaviours and avoid high levels of agitation and distress."

Since our last inspection the senior management team had met with relatives to provide an opportunity for an open discussion about the concerns identified at the last inspection and ongoing safeguarding investigations. This was to discuss lessons learnt, to instil confidence in the service and for the management of the service to be open, honest and transparent. One relative said, "The management team are accessible to all parents." Another relative told us, "The manager, is of strong character and their confidence and experience is visible through our meetings and conversations had."

During our previous inspection on 30 January 2017 we identified a breach of Regulation 18 Registration Regulations 2009 Notifications of other incidents Statutory notifications had not been sent to the CQC when required.

At this inspection we found improvements had been made and this breach in regulation had been met.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been

notified of events in the service the provider was required to notify us about. The registered manager told us they felt well supported by the senior management team.

The provider had policies and procedures and systems in place to continually review any incidents or concerns to keep people safe and monitor the quality of the service. Since our last inspection improved oversight and accountability by senior managers and the provider's compliance team provided more robust scrutiny of the service. For example, new systems and processes had been introduced in response to previous concerns that staff, "were going through a tough time and weren't being listened to." This included a 'red-flag' system where staff can make issues known to senior management and are assured of a proportionate response. There was evidence that this had worked well on at least one occasion where a member of staff had made management aware of a safeguarding concern, which had resulted in timely and appropriate action. There were daily 'site sweeps' undertaken by managers and senior managers. Any issues raised were reviewed and actioned by the registered manager.

The provider had appointed three additional compliance officers who completed audit visits to check on all aspects of quality and safety. Following these audits any areas of improvement were risk rated and an action plan produced with timescales of action required by whom. The addition of a deputy manager and senior support worker was a support to the registered manager. Additional senior management changes had occurred that resulted in the regional manager having more time to support the service and have increased oversight.

We found that since our last inspection the service had made improvements in the way of external support and scrutiny. The service has invested in external autism training and there was evidence of increased involvement of external professionals including a behavioural specialist, a community learning disability nurse, an occupational therapist and an epilepsy nurse. An external healthcare professional new to the service told us, "The staff (usually senior staff / management) are generally accepting of advice and appear willing to work with external professionals."

Monthly quarterly meetings had been introduced with senior managers including the chief executive. This meant that the provider's representatives for Tigh Fruin were held more to account and that there was clear and regular oversight of the service.

The latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home and on their website.