Our TLC Limited

Redburn House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The service consists of Redburn House which provides accommodation and personal care for up to ten people with mental health needs. At the time of the inspection eight people were living in Redburn House.

The provider has an additional registration for personal care which allows it to provide services in the community. Supported living services are provided at seven properties, where staff support people to rehabilitate and develop life skills. In addition, the service provides a domiciliary care service to people in their own homes. The vast majority of this is out of the scope of registration with the Care Quality Commission as it consists of social inclusion and emotional support. At the time of the inspection, we identified one person was receiving a small amount of personal care from the domiciliary service.

At the last comprehensive inspection in March 2016 we identified four breaches of regulation, rated the service as 'inadequate' overall and placed it in special measures. At this inspection we found significant improvements had been made driven by a service improvement plan. Increased management support had been provided and we found the provider to be no longer in breach of any regulations. This means the service is no longer in special measures.

A registered manager was in place. 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.

People provided positive feedback about the service. They said they were treated fairly by staff and staff had provided a good level of support in helping them to increase their independence.

Improvements had been made to the medicine management system. Medicines were better organised and people were consistently receiving their medicines as prescribed.

People told us they felt safe using the service. Risks to people's health and safety had been fully assessed and clear and person centred plans of care put in place which were understood by staff.

Where incidents had occurred, we saw evidence of clear preventative measures being put in place to help keep people safe. Staff and management were clear about their role in reporting and investigating incidents.

There were enough staff deployed to ensure people received appropriate support and interaction. Safe recruitment procedures were in place with staff files now better organised.

Following the last inspection, improvements had been made to staff training provision. Staff had received training specific to their role working for example in 'Challenging Behaviour.' Staff were provided with regular support, appraisal and supervision.

The service was working within the legal framework of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Care and support was delivered in the least restrictive way possible.

People were supported appropriately to eat and drink. People were encouraged to prepare meals for themselves to help develop independence and life skills.

People told us staff treated them with dignity and respect. This was confirmed in the observations of care and support that we witnessed.

People's needs were assessed by the service and clear and person centred plans of care put in place. These were now easy to navigate and well structured.

People were told how to complain and any complaints were logged, investigated and measures put in place to prevent a re-occurrence.

People were supported to undertake a range of activities and maintain links with the local community.

Significant improvement had been made to the systems in place to assess, monitor and improve the service. A range of audits and checks were now undertaken in a structured way and these were effective in identifying issues and rectifying them in a prompt manner. Further work was being underway to further imbed these systems across all areas of the service.

People's feedback was regularly sought on the service and used to make positive changes to people's care and support.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

We found that action had been taken to improve safety.

Medicines were safely managed and people received their medicines as prescribed.

The risks to each person were fully assessed and clear and detailed plans put in place to reduce the risk of harm.

There were enough staff deployed to ensure people received the required care and support. Safe recruitment procedures were in place.

We could not award a rating above 'requires improvement' for this domain as to do so would require evidence of sustained improvement over a period of time.

Is the service effective?

Requires Improvement

We found that action had been taken to improve the effectiveness of the service.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS),

Staff received appropriate training and support tailored to their role in supporting people with mental health needs.

People's healthcare needs were met and liaison took place with a team of health professionals to ensure these needs were met.

People received appropriate support to ensure they had enough to eat and drink.

We could not award a rating above 'requires improvement' for this domain as to do so would require evidence of sustained improvement over a period of time.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect by the staff at the service.

Staff understood people's individual needs and had sought information on their likes, dislikes, preferences and past lives to help understand them.

People were listened to and their opinions valued and used to make changes to the care and support provided.

Is the service responsive?

Good

We found that action had been taken to improve the responsiveness of the service.

People told us they received a good level of care and support. People's needs were assessed and clear and personalised plans of care put in place.

People were encouraged to undertake social activities and maintain links with the local community and people living in other premises.

A system was in place to log, investigate and learn from any complaints.

Is the service well-led?

Requires Improvement

We found action had been taken to improve leadership at the service. Significant improvement had been made to the service since our last inspection in March 2016 with no breaches of regulation remaining.

Systems to assess, monitor and improve the service had been made more robust with audits now carried out regularly and used to drive improvement to the service.

We observed a positive and inclusive atmosphere within the service with people and staff praising the way the service was run.

People's feedback was regularly sought on the service through mechanisms such as house meetings and surveys.

We could not award a rating above 'requires improvement' for this domain as to do so would require evidence of sustained improvement over a period of time.

Redburn House

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 see whether improvements had been made following the service being placed in special measures following the March 2016 inspection. We looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 10 and 11 August 2016 and was unannounced. The inspection team consisted of one adult social care inspector and a special advisor in mental health.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with eight people who used the service. This included people living at Redburn House and people receiving support in the community. We spoke with the provider, registered manager, operations manager, compliance manager, training and recruitment manager, the cook and five support workers.

We looked at five people's care records, medication records and other records which related to the management of the service such as training records and policies and procedures.

As part of our inspection planning we reviewed the information we held about the home. This included information from the provider, notifications and contacting the local authority contracts and safeguarding teams. We also contacted health and social care professionals who have worked with the service.

Requires Improvement

Is the service safe?

Our findings

During this inspection we checked whether improvements had been made to the safety of the service following the March 2016 inspection. We found improvements had been made and the service was no longer in breach of any of our regulations. We were able to change the rating for the safe domain from 'Inadequate' to 'Requires Improvement.' In order to achieve a rating of good, the service needs to demonstrate sustained improvement over a longer period of time.

At the last inspection in March 2016 we found medicines were not safely managed as people did not always receive their medicines as prescribed and we were unable to account for the administration of all medicines. At this inspection we found improvements had been made. The medicines management system was better organised and subject to more robust checks. We looked at medicines at Redburn House and in the community and found they were managed in a safe and appropriate way.

Medicines were administered to people by trained care staff who had their competency to administer medicines periodically assessed. We looked at the provider's medicines policy which demonstrated the provider had taken steps to ensure they complied with current legislation and best practice in the administration of medicines.

We inspected medicine storage and administration procedures. We found the storage cupboards were secure, clean and well organised. Medicine fridge temperatures were taken daily and recorded. The room containing the medicine cabinets was locked when not in use.

Some prescription medicines contain drugs which are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs. We saw controlled drug records were accurately maintained. The giving of the medicine and the balance remaining was checked by two appropriately trained staff. These medicines were stored appropriately.

Creams and ointments were prescribed and dispensed on an individual basis. The creams and ointments were properly stored and dated upon opening. All medication was found to be in date.
We saw evidence people were referred to their doctor when issues in relation to their medication arose

We saw all as necessary (PRN) medicines were supported by written instructions which described situations and presentations where PRN medicines could be given.

A support worker we spoke with showed us the medication administration records (MAR) sheet was complete and contained no gaps in signatures. We saw any known allergies were recorded. We asked the support worker about the safe handling of medicines to ensure people received the correct medication. Answers given demonstrated medicines were given in a competent manner by well trained staff.

We carried out a random sample of supplied medicines dispensed in individual boxes. We found on all occasions the stock levels of the medicines concurred with amounts recorded on the MAR sheet. We

examined records of medicines no longer required and found the procedures to be robust and well managed.
We saw assessments in place with regard to self-medication. We saw some people were able to self-medicate, particular in the community and staff conducted regular checks to ensure compliance with prescribed medicines. However in speaking to another person we found no mental capacity or risk assessment had taken place yet they had the desire to self-medicate as part of their continuing rehabilitation. The manager told both us and the service user they would discuss the person's wishes at their next review. The service user expressed their delight in this.

Whilst no people were receiving their medicines covertly the manager had a good understanding of the requirements to ensure a legal frame work existed before doing so.

At the last inspection in March 2016 we identified the premises at Redburn House was not safely maintained. At this inspection we found improvements had been made. We inspected three people's bedrooms, bath and shower rooms and various communal living spaces. We saw fire-fighting equipment was available and emergency lighting was in place. During our inspection we found all fire escapes were kept clear of obstructions. Upstairs windows all had opening restrictors in place to reduce the risk of falls. Radiators were covered to protect people injury from hot surfaces. During our last inspection we found many floor coverings were of poor quality and posed a significant risk of trips and falls as well as identifying areas of dilapidation, broken furniture, missing light bulbs and damage to the fabric of people's rooms. On this inspection we found all areas to be well maintained and in good working order. We reviewed environmental risk assessments, fire safety records and maintenance certificates for the premises and found them to be compliant and within date.

We saw the food standards agency had inspected the kitchen and had awarded them 4* for hygiene. This meant food was generally being prepared and stored safely and hygienically. We found communal areas of the premises to be kept in a clean and hygienic state.

At the last inspection we found risks to people's health, safety and welfare were not appropriately assessed and managed. At this inspection we found improvements had been made. A more comprehensive and person centred assessment of the risks each person was exposed to was now undertaken by the service. People told us they were involved in reviewing their support plans and risk assessments with their key worker. During our review of care plans were saw risk assessments were highly specific to people's individual needs. Many people at the home were at risk due to long standing mental health issues. Where risks had been identified specific staff requirements for action were recorded. For example, one person had a history of self-harm. The risk assessment recorded mental health relapse indicators and how staff should try to direct the person to have positive thoughts. Support records indicated the risk assessments and staff actions were successful in maintaining people's mental health without the need for anti-psychotic 'as necessary' (prn) medication. We also saw evidence of risk assessments where the actions of a person may be a risk to others. We saw these people's care plans identified what staff should do to protect other people either in the home or whilst in the community. Our scrutiny of support plans indicated the risk assessment processes and staff actions were successful in minimising the risks to other people and the public. Staff we spoke with understood the risks presented by people we asked them about.

People using the service told us they felt secure and safe and they would not hesitate in speaking with their key worker, if they felt upset or threatened in any way. One person said, "I feel very safe and supported here which has made a big difference to my life."

Staff told us they had received safeguarding training. They were clear about their responsibilities for

reducing the risk of abuse and were able to describe the common types of abuse. They explained what signs they would look for which may indicate a person was being abused. We asked staff how they would act if they suspected abuse to people. Their answers confirmed they knew how to act which included their ability to make a safeguarding referral.

We looked at how safeguarding incidents had been managed. We found appropriate liaison had taken place with the adult protection unit and measures put in place to help keep people safe. Following the last inspection, improvements had been made to the incident management system. Incident forms were now completed in a more timely way and had been redesigned now evidencing clear preventative measures which had put in place following each incident. Staff we spoke with were clear on how to log and report incidents to management.

At the last inspection we were concerned about the way staff were recruited to the service with a lack of sufficient scrutiny of people's backgrounds before employment was offered. At this inspection we found improvements had been made. A new clear recruitment policy had been put in place. Recruitment records were now well organised and provided clear evidence that staff had been required to complete an application form, attend an assessed interview and undertake reference and criminal record checks before being offered employment. This helped to ensure staff were of suitable character to work with vulnerable people.

We found there were sufficient staff deployed to ensure safe care both at Redburn House and in the community. Staffing levels were based on people's contracted hours of care and support in the community. Staff and people we spoke with told us these hours were always met by the service. One person told us staff were "always about if you need something." At Redburn House there were two staff on during the day and one at night. On observing care and support and speaking to people and staff, we concluded these staffing levels were suitable for the needs of the people using the service. During the inspection we saw enough staff to ensure the right balance of supervision and encouraging people to develop their independence. Appropriate arrangements were in place to provide staff from other areas of the service to cover staff sickness.

Protocols were in place in case of emergency. This included a dedicated on call manager which staff could ring 24 hours a day and Personal Evacuation plans for residents. Protocols were in place instructing staff on what to do if people went missing from the service.

Requires Improvement

Is the service effective?

Our findings

During this inspection we checked whether improvements had been made to the effectiveness of the service following the March 2016 inspection. We found improvements had been made and the service was no longer in breach of any of our regulations. We did not improve the rating for the effective domain from 'Requires Improvement', as to do the service would need to demonstrate that the remaining training courses staff were in the process of undertaking were fully completed and that compliance with mandatory training was sustained over a period of time.

People we spoke with were all complimentary about the staff. We were told they thought staff were skilled, knowledgeable and trained to support people. One person said, "The staff are great and my life is so much better than when I arrived here." Another person told us "Staff are alright they get on with their jobs well."

At the last inspection we identified concerns about staff training. At this inspection we found improvements had been made. A large amount of recent training had been provided to staff to increase their skill and knowledge level. This included ensuring staff were provided with face to face training in topics such as challenging behaviour, cultural awareness, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had completed basic medication training and had also completed, or were enrolled on, level 2 training in medicines management. A number of staff were also enrolled on a level 2 qualification in mental health awareness with further staff training planning to complete this qualification in the near future. Kitchen staff had undertaken enhanced training in food hygiene. Staff were largely up-to-date in mandatory training subjects including medication, safeguarding, food hygiene and infection control. Further training sessions were booked within the upcoming months to capture any remaining staff. Staff were also supporting to complete level two or three qualifications in health and social care and a number of the management team were in the processing of completing level five qualifications.

New care workers were required to complete the Care Certificate. This ensured that new staff received a standardised induction in line with national standards. Staff also received an induction to the homes policies and procedures and ways of working. This was robustly documented within staff files.

Staff praised the provision of recent training and said it had been useful to them. Where staff had not attended training we saw disciplinary processes were followed, which demonstrated the service recognised the importance of ensuring staff received timely training. Staff received periodic supervision and appraisal and told us they felt well supported by management.

Throughout our inspection we saw people who used the service were able to express their views and make decisions about their care and support. We saw staff seeking consent to help people with their needs. For example, one person was prescribed six tablets to take orally in a morning. Their known ritual was to take two at a time over a period of an hour. Staff gave encouragement and administered the medicine in line with the person's wishes. When people were not able to verbally communicate effectively we saw staff accurately interpreting their needs to ensure people's best interests were being met. Our discussions with staff, people using the service and observed documentation showed consent was sought and was appropriately used to

deliver care.

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 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.

We saw two standard authorisations had been submitted to supervisory bodies for current service users. One submission had been granted and another was awaited. We saw conditions attached to authorisations had been translated into support plans and enacted. Of the remaining six people receiving care at Redburn House we found no indications DoLS were required.

The manager and support staff we spoke with were able to demonstrate an understanding of the Mental Capacity Act 2005 (MCA) and of the Deprivation of Liberty Safeguards (DoLS). We spoke with one member of care staff about the use of restraint. They were able to describe de-escalation techniques to minimise the use of restraint. They said, "I have not had the need to use restraint nor have I seen it used". They also demonstrated their understanding restraint should only be used in a way which respected dignity and protected human rights.

Some people using the service had complex mental health needs and their care was coordinated under a Care Programme Approach (CPA). This approach ensures a multidisciplinary involvement in assessing, planning and reviewing people's mental health care needs. We saw written evidence that CPA meetings took place with all relevant health and social care professional in attendance.

Support plans and daily records of care given demonstrated that known circumstances which triggered bouts of anxiety or behaviours that challenge were well documented. Annotations in care plans showed practical interventions were carried out by staff to ensure people were not distressed or subject to stressors which would have a detrimental effect on their mental health.

We saw evidence in written records staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. This had included GP's, hospital consultants, community nurses, social workers, opticians and dentists. Analysis was undertaken of people's healthcare appointments to check whether the outcomes had been positive on their health and welfare.

People spoke positively about the food served at Redburn House. We saw it looked tasty, smelt good and there was appropriate variety. People could have breakfast at the time that suited them and there were a range of options available. A menu was created each week for lunch and evening times and each person who used the service chose a meal to be included on it.
People were also encouraged to cook for themselves in the occupational therapy kitchen following assessment of their abilities.

Kitchen staff had received food hygiene training and were aware of people's nutritional needs. One person was at risk of poor nutrition and their food and fluid input was recorded. We saw evidence they were

provided with a varied diet and the risk of malnutrition was managed well. However they had no target fluid input and the fluid they took each day was not totalised. We asked the registered manager to review whether this person needed their fluid intake monitoring at all. People had food and nutrition care plans in place which provided person centred information on how to support people. People's weight was monitored to ensure they received adequate nutrition. In the community, people were more independent and staff provided people with appropriate support with shopping and in the preparing of food.

Good

Is the service caring?

Our findings

People we spoke with said staff were kind, friendly and treated them with dignity and respect. This included people living at Redburn House and those receiving support in the community. One person said, "I am much better since I came here and hopefully one day I will be able to have my own place." Another person said "I don't mind living here at all." A third person told us "Lovely staff, doing everything I want them to do. They listen to me and I listen to them."

We observed staff and people in communal areas at Redburn House and noted there to be a calm and settled atmosphere. This helped people who had identified problems with anxiety which could result in distress behaviours. Staff spoke quietly and gave encouragement for people to participate in conversations. When people became distressed, staff offered appropriate comfort and redirection to reduce distress. We saw people and staff sharing jokes, engaging in general conversation and staff encouraged people to take part in meaningful activity. This came from all levels of staff including management and domestic staff which created a positive and inclusive atmosphere.

Staff demonstrated a very good knowledge of people's needs, preferences and past clinical histories. This knowledge was used continually to foster an environment which was conducive to people's needs. We observed situations where the knowledge staff had of people's mood or their particular rituals was used to promote good mental health and an environment free of triggers to adverse behaviour. Person centred information was present within care records detailing people's lives and past experiences. This demonstrated staff had sought this level of detail from people in order to provide personalised care and support.

Staff had assigned key workers. A key worker is a member of staff assigned to work with an individual to provide one to one support for that person. This provided a named key contact for people to go to and develop a strong and positive relationship with.

During our inspection tour of Redburn House we noted staff knocked on doors before entering people's rooms, thus demonstrating staff respected people's need for privacy. We saw that all personal information about people receiving care was only accessible to staff involved in care.

People who used the service said they had individual choice at the home and their choices were respected. One person told us, "Yes I do feel I have choice and my privacy is respected." However they also said, "Sometimes staff come into my room without my consent but I know it is for the best as sometimes I may have had too much alcohol." We saw the person's support plan did not highlight this understanding. The registered manager assured the person they would discuss with them their preferences and ensure a written consent agreement was put in place.

We were told the provision of care at the service was developed around the individual choices of people living at the home and our observations throughout the day demonstrated this. For example, one person's support plan showed the person liked to go out on a morning following staff giving the person an agreed

amount of personal money. We observed this taking place with the person thanking staff before leaving the home. We also saw people had choices around how they liked to have their bedrooms and the communal areas. One person we spoke with confirmed that they were offered the opportunity to personalise their bedroom and had done so. People confirmed they were free to remain in their rooms and relax as they wished. They told us they chose when they got up and went to bed.

People's views on the service were listened to through various mechanisms including resident meetings, and periodic surveys. People were asked to evaluate activities they had been taking part in and provide feedback on how they could be improved.

The service focused on helping people to increase their independence and move from Redburn house into supported living housing in community once this had been achieved. We saw people were encouraged to participate in tasks around the house such as cleaning and cooking. We saw some good examples of how people's independence had been enhanced by the service. An occupational therapy kitchen was present at Redburn House which helped support people to cook for themselves. One person told us staff had "taught them to wash up. Another person told us , "I think I am as independent as I can be and I do what I want and I am intelligent enough to know what I am doing, but I appreciate the staff have to try and give me good advice."

Where people did not have any relatives or suitable person to advocate on their behalf, we saw advocacy services had been made available to people.

Good

Is the service responsive?

Our findings

At the last inspection in March 2016 we found care records were poorly organised with information duplicated or inconsistently recorded making it difficult to for staff to find information on people's needs. At this inspection we found improvements had been made.

People said care and support was appropriate and met their needs, for example one person said "really good care here". People had clear care plans in place which demonstrated their needs had been assessed in a range of areas which included mental and physical health, substance misuse, mobility, continence, social and emotional support. Some had cognitive impairments that made it hard for people to plan ahead whilst others were vulnerable to financial and sexual exploitation. Care plans demonstrated how to address the challenges whilst recognising the person's own wishes and ambitions. We saw these contained a good level of personalised information which were well understood by staff. Staff we spoke with told us that care and support plans were now much better with information easier to find. This helped provided us with assurance that appropriate care was delivered by the service. Any religious or cultural needs were assessed by the service and plans of care put in place where required.

The service also operated a domiciliary care service which supported people in the community. Some people who lived at Redburn House also used this service to access the community and social activities. We saw appropriate assessment of their needs in the community had been undertaken.

Care plans were subject to regular review and updated with additional information when people's needs changed. This helped to ensure responsive and relevant care. Where possible, people were involved in their care and support plans.

Daily records of care and support were kept. These were detailed and provided evidence of the care and support interventions provided. They demonstrated people were provided with timely care and support in line with their plans of care.

The service aimed to help rehabilitate people and develop their life skills through care in Redburn House and in the community. People had allocated time in the kitchen to help support and develop these skills. This included the preparation of meals, washing up or setting the table. We visited one person in the community who had recently moved from Redburn House. They praised staff and told us how staff had helped them develop their life skills. Care plans contained information on goals and achievements. We saw plans were in place to introduce a more structured 'Outcome star' which would provide a more structured approach to goal setting and evaluation over time. Training on this was planned with staff for September 2016.

People's social care needs were assessed and a range of activities were provided. For example during the inspection we saw staff played board games with people. People were encouraged to access the community themselves. Trips and events were also planned such as to an aquarium or the seaside and meals out on a monthly basis. People who used the service were involved in the planning of these trips, for

example one person had created the poster advertising the event.

People receiving care and support were encouraged to socialise with other people who used the service, for example through visiting people who lived at other supported living properties. One person we spoke with who lived in the community told us how they enjoyed visiting Redburn House every week to see staff and other service users.

Complaints were appropriately managed by the service. People we spoke with said they knew how to complain and that the registered manager and provider were very approachable and they felt able to raise any concerns with them. Information on how to complain was on display throughout Redburn House and in the community. Complaints forms were in the reception area of each home so people could submit a complaint if they needed to. We reviewed complaint records and saw a small number had been received, with evidence of appropriate investigation and actions taken to prevent a re-occurrence. Compliments were also logged, so the service was aware of the areas it exceeded expectations.

Requires Improvement

Is the service well-led?

Our findings

During this inspection we checked whether improvements had been made to the way the service was led following issues identified at the April 2014, August 2015 and March 2016 inspections. We found significant improvements had been made and the service was no longer in breach of any of our regulations. We were able to improve the rating for the 'Well led' domain from 'Inadequate' to 'Requires Improvement.' In order to achieve a rating of good, the service needs to demonstrate sustained improvement over a longer period of time.

A registered manager was in place. We found all required notifications had been submitted to the Care Quality Commission. This helped us to monitor events occurring within the service.

Staff we spoke with told us they felt supported and the registered manager was approachable. They said there was an open door policy and they received regular supervision. One staff member said, "The manager is always available to give us the support and advice we need." Another staff member told us, "The manager is great and since we started working as a team to make the changes since your [CQC] last inspection, she has been the person leading the changes." Staff told us morale was good and the team got on well together.

People spoke positively about the way the service was managed. For example one person told us "[provider] is a brilliant women to manage the service. She is really nice and caring and she will deal with any issues." Another person told us "[Provider] is really nice and caring, she runs the place really well."

We observed a friendly and inclusive atmosphere both within Redburn House and in the community with staff and people getting on well. One person told us "people and staff get on well". The registered manager told us they had changed their working practices and now spent more time upstairs at Redburn House in the company of staff and people who used the service. They said this had resulted in positive changes and less distress behaviours.

At previous inspections, we found the service was disorganised with no clear audit and governance procedures in place and a lack of well-defined policies, procedures and care documentation. At this inspection, we found improvements had been made. A new set of policies and procedures had been introduced which were more relevant to the service. Care plan documentation was better organised with information easy to find. There was now good oversight of the service, with each member of the management team having clear roles and responsibilities. Systems were in place to promptly disseminated information from Redburn House and the community to the appropriate manager in a clear and timely way. For example incidents forms were now promptly returned to the office and an 'incident tracker' was in place to monitor any incidents which had occurred and the action taken to prevent a reoccurrence. Regular management meetings were held where any emerging risks or improvements were discussed with clear actions put in place for the relevant manager to address. We saw these meetings had been an effective mechanism for driving improvement within the service.

A service improvement plan was in place which was regularly updated. The service had kept the Care Quality

Commission updated over the last few months as to the improvements being made to the service on a regular basis engaging in a positive way.

A range of audits and checks were undertaken by the registered manager and management team. This included care plan audits, medicines management audits, health and safety audits and daily room checks at Redburn House. We saw these were effective in regularly identifying issues and discrepancies and taking action to address. We found a number of improvements had been made to areas covered by audit such as care plans and medicines management systems, and the premises demonstrating these systems were effective

Spot audits of service delivery were undertaken in Redburn House and in the supported living premises which looked at a wide range of areas including observation of care and support and seeking staff and service user feedback.

As these new systems of audit were recently introduced further work was required to fully embed them throughout the service. For example the service had rightly prioritised their introduction in areas of most concern, namely Redburn House and as such they were not fully embedded in the domiciliary area of the service.

External quality audits were also undertaken by a consultancy organisation and a local pharmacy with actions generated for the management to address.

Further improvements were being made to the audit and governance systems with a new computerised system to be used to track that audits were now completed at structured and regular frequency in the future.

People's views were regularly sought on the quality of the service. House meetings were held with people to get their views on the service and involve them in things such as activities and menus.
Recent quality assurance surveys had been completed by people who used the service. These asked people for their views on a number of areas linked to the five CQC domain areas. Surveys were analysed to look for themes and trends and we saw outcomes were mostly positive. Any negative comments were addressed through house meetings.

Staff feedback was also regularly sought through periodic staff surveys, individual supervisions and regular staff meetings. Staff meetings had also been used as a mechanism to drive the necessary improvements to the service over recent months.