

Independence Homes Limited

Mayfield Road

Inspection report

17 Mayfield Road
Sutton
Surrey
SM2 5DU

Website: www.independencehomes.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Mayfield Road is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Mayfield Road accommodates twelve people with a learning disability in one adapted building. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

This inspection took place on 13 December 2017 and was unannounced. At our last comprehensive inspection of the service in October 2016 we gave the service an overall rating of requires improvement. We found the provider had not sufficiently addressed issues we had identified at a previous comprehensive inspection of the service in January 2016 and were in breach of the regulations because medicines were not managed safely and there was a risk that people did not receive 'as required' or covertly administered medicines safely. Some medicines were not stored at appropriate temperatures and medicines were not disposed of appropriately. We found the provider's quality improvement systems were not always effective as the issues we identified at our previous inspection had not been improved. We also found care plan reviews were not always effective in making sure care records were kept up to date.

At this inspection we found the provider had taken action to make improvements and now met legal requirements. Information was available to staff to help them support people with their 'as required' medicines so that they received pain relieving medicines promptly and appropriately. Staff had access to the provider's policies for homely remedies and covert medicines. This helped to ensure people received safe and appropriate support with their medicines in these specific situations, which adhered to their legal rights. People received the medicines prescribed to them. Stocks were regularly checked and accounted for and systems were in place to dispose of medicines safely. Medicines were stored safely and securely. The temperature of the room and fridge where medicines were stored was taken daily and was within safe recommended ranges so that people's medicines would continue to remain effective and safe to use.

The provider's audit systems were now used effectively to make improvements to the quality of care and support provided to people evidenced by the improvements made and sustained since our last inspection to medicines management arrangements. Senior staff undertook regular monitoring and audits of other key aspects of the service. When gaps or shortfalls in the service were identified required improvements were made promptly. People's care records and associated documents were reviewed monthly to check these were complete, accurate and up to date.

Since our last inspection a new registered manager had been appointed at the service. A registered manager is a person who has registered with the CQC 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. The registered manager was aware of their registration responsibilities and submitted statutory notifications about key events that occurred at the service as required. People and staff spoke positively about the management and leadership of the service. The registered manager promoted an inclusive and open culture in which people and staff were encouraged to share their views and participate in developing the service. The provider maintained arrangements to deal with people's complaints appropriately if these should arise.

People were safe at Mayfield Road. Staff knew how to protect people from the risk of abuse or harm and followed the provider's safeguarding policy and procedure for reporting concerns promptly. Risks to people's health, safety and wellbeing were assessed and reviewed and staff followed appropriate guidance to minimise these risks. Senior staff reviewed all incidents to identify triggers and specific patterns of behaviour that may have contributed to these. The provider continued to maintain a servicing programme of the premises and the equipment used by staff to ensure those areas of the service covered by these checks did not pose unnecessary risks to people. Staff followed good practice to ensure risks to people from poor hygiene and cleanliness were minimised.

There were enough staff to keep people safe. The provider maintained robust recruitment checks to assure themselves of staff's suitability and fitness to support people. Staff received regular and relevant training to help keep their knowledge and skills up to date with best practice. Staff felt well supported by senior staff and the provider. Staff knew people well and had a good understanding of their needs, preferences and wishes. They were aware of people's communication methods and how they expressed themselves.

People continued to receive support that was personalised and which met their specific needs. Staff used information and guidance, based on best available evidence and best practice, to plan and deliver care that would support people to experience good outcomes in relation to their healthcare needs. Senior staff reviewed people's needs regularly to ensure the support they received continued to meet these.

People were supported to eat and drink enough to meet their needs. People were also supported to access healthcare services when needed and staff liaised with health and social care professionals to ensure people received effective coordinated care in regards to any health needs. Staff encouraged people to participate in activities and events and to maintain relationships with the people that mattered to them. Staff were welcoming to visitors to the home and friends and families were free to visit when they wished.

Staff were kind, attentive and treated people with dignity and respect. They ensured people's privacy was maintained particularly when being supported with their personal care needs. People were encouraged to do as much as they could and wanted to do for themselves to retain their independence. People were asked for their consent before care was provided and prompted to make choices. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and supported people in the least restrictive way possible. The policies and systems in the service supported this practice.

The provider supported the service to continuously improve and worked in partnership with others to develop and improve the delivery of care to people. Since our last inspection the service had been accredited as an approved service provider by a national charity for supporting people with a brain injury. The provider was also assisting in trials of new technology to improve outcomes for people living with epilepsy. Senior staff attended multi-agency meetings with the local authority, the police and other healthcare professionals to develop joined up, coordinated responses when dealing with concerns about people. The service was also participating in a pilot initiative aimed at improving end of life care for people with a learning disability. This would ensure that people would be afforded the comfort and dignity they deserved at the end of their lives.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was now safe. Medicines management arrangements had been improved and people received their medicines as prescribed.

Staff knew what action to take to protect people from abuse and how to minimise identified risks to their safety. Learning from incidents was used to reduce risks of further reoccurrence.

The environment was clean and servicing of the premises and equipment was carried out to ensure these did not pose unnecessary risks.

There were enough staff to support people. The provider carried out robust recruitment checks on new staff to check their suitability and fitness.

Good ●

Is the service effective?

The service remains good. People's needs were assessed in line with best practice so that they experienced good health outcomes.

Staff were well supported and trained to help them to meet people's needs.

Staff supported people to eat and drink sufficient amounts, monitored their health and wellbeing and supported them to access healthcare services when they needed to.

The layout of the premises were designed to meet people's individual needs.

Staff were aware of their responsibilities in relation to the MCA and Deprivation of Liberty Safeguards (DoLS).

Good ●

Is the service caring?

The service remains good. Staff were kind, attentive and knew people well including their preferred method of communication.

Staff respected people's right to be treated with dignity and right

Good ●

to privacy particularly when receiving care.

People were supported by staff to be as independent as they could be. Family members or friends had no restrictions placed on them when visiting the service.

Is the service responsive?

Good ●

The service remains good. People received personalised care, which was regularly reviewed and updated as their needs changed.

People had access to a range activities to have their social and physical needs met.

The provider maintained appropriate arrangements to deal with complaints if these should arise.

The service was participating in a pilot initiative aimed at improving end of life care for people with a learning disability.

Is the service well-led?

Good ●

The service was now good. The provider's audit systems were now used effectively to make improvements to the quality of care and support provided to people.

People's records were up to date and accurate.

People and staff were encouraged to share their views and participated in developing the service.

The provider supported the service to continuously improve and worked in partnership with others to develop and improve the delivery of care to people.

Mayfield Road

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 checked 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 13 December 2017 and was unannounced. The inspection was undertaken by a single inspector.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager, deputy manager, operations manager, a nurse from the provider's in-house medical team and four care support workers. As some people using the service were unable to speak with us, we observed interactions between staff and people using the service. We looked at three people's care records and two staff records. We reviewed medicines management arrangements and records relating to the management of the service, including policies and procedures.

After the inspection we spoke to three people's relatives to gather their views of the service and the support their family member received.

Is the service safe?

Our findings

At our last comprehensive inspection of the service in October 2016 when answering the key question 'is the service safe?' we gave the service an overall rating of 'requires improvement'. We found the provider had not sufficiently addressed issues we had identified at a previous comprehensive inspection of the service in January 2016. The provider continued to be in breach of the regulations because medicines were not managed safely and there was a risk that people did not receive 'as required' or covertly administered medicines safely. Some medicines were not stored at appropriate temperatures and medicines were not disposed of appropriately.

At this inspection we found the provider had taken action to make improvements and now met legal requirements.

There was detailed information about people's medicines in their care records to enable staff to support people to take their medicines as prescribed to them. This included information about 'as required' medicines for pain and the signs, indicators and behaviour's people displayed to indicate they were in pain and in need of pain relieving medicines. The provider had taken action to ensure all staff had easy access to the provider's policies for homely remedies and covert medicines. This helped to ensure people received safe and appropriate support with their medicines in these specific situations, which adhered to their legal rights.

We found accurate records had been maintained of medicines administered to people and saw regular stock checks were undertaken to ensure all medicines could be accounted for. We also found robust systems in place to ensure that any unused medicines were disposed of safely and appropriately. Medicines were stored safely and securely. The temperature of the room and fridge where medicines were stored was taken daily and recorded by staff. Our checks showed these to be within safe recommended ranges so that people's medicines would continue to remain effective and safe to use.

Relatives of people using the service said people were safe at Mayfield Road. One relative said, "I feel [family member] is very safe there." Another relative told us, "In all the times I've been there I've never seen anyone mistreated." Another relative said they always observed their family member for any signs or changes in their behaviour on visits to their family home that could indicate that they may be unhappy. "I think [family member] is happy there...always seems relaxed when [family member] goes back (after home visits)." Since our last inspection, the provider continued to support staff to keep people safe from the risk of abuse and from harm that could be caused through discriminatory behaviours and practices. Staff received mandatory training in safeguarding adults at risk and in equality and diversity. Staff were able to tell us about the different types of abuse that could occur and how to recognise signs and symptoms that could indicate a person may be being abused or harmed. Staff knew to follow the provider's safeguarding policy and procedure to report any concerns they had about people. Records showed when concerns about a person had been raised the senior staff team co-operated with the investigating local authority and took appropriate action when required.

Senior staff continued to assess and review risks posed to people by their healthcare conditions and by the environment and ensured staff had current information about how these should be minimised to keep people safe. People's records and associated risk management plans were up to date and the measures in place to reduce risks to people were designed to be as least restrictive as possible. For example, as most people were at risk of incurring an injury due to seizures, we saw thought and attention had been given to how the environment was set up to reduce this risk whilst maintaining people's freedom to enjoy activities they liked. For one person who liked to sit on the floor whilst carrying out their preferred activity cushions were placed about them to soften the impact of any fall if this should occur. When accidents and incidents occurred involving people these were reviewed in detail by staff to discuss any learning in terms of new, emerging or changing risks to people so that appropriate measures could be put in place to ensure their continuing safety.

The provider maintained a regular programme of maintenance and servicing of the premises and of the equipment used at the service to check these did not pose a risk of injury or harm to people. We saw evidence of recent checks made of the lift, hoists, slings, profile beds, assisted bath and shower, water hygiene, fire equipment, alarms, emergency lighting, portable electrical appliances and the gas heating system. Regular checks of hot water temperatures from outlets were made to ensure these did not pose a risk of scalding to people. Windows were also checked to ensure appropriate restrictors were in place to protect people from a fall from height.

All staff received mandatory training in positive behaviour support and in the use of physical interventions when people displayed behaviour that challenged the service. These techniques equipped staff with skills and understanding in how to help keep people safe from abuse or harm through appropriate intervention and management of behaviour that may have challenged the service. Senior staff closely monitored and reviewed all incidents when this type of support and intervention was used by staff to check they had followed the behaviour support and intervention plan for the person and that this had been appropriate and in line with best practice.

There were enough staff at the time of this inspection to support people safely. Staff rotas showed senior staff took account of the level of care and support people required each day when at home and in the community to plan the numbers of staff needed to support them safely. On each shift there were suitably experienced staff trained in fire safety and first aid to help them to respond appropriately to emergencies if these should arise. We observed during the course of our inspection staff were present and provided appropriate support and assistance to people when this was needed.

The provider maintained robust recruitment procedures to check the suitability and fitness of staff to support people. Prospective applicants undertook a telephone interview and attended an assessment day prior to a full interview. The provider used this process to ensure prospective applicants were clear about the required duties and responsibilities as well as to check their motivation and reasons for applying for the role. This helped to ensure only applicants that demonstrated the necessary values and behaviours required for supporting people in a care setting would be selected for a full interview. Before successful applicants could start work, the provider checked their eligibility to work in the UK, took up character and employment references, sought evidence of qualifications and training and undertook criminal records checks.

Staff followed appropriate procedures for minimising risks to people that could arise from poor hygiene and cleanliness. Staff had received training on infection control. They wore personal protective equipment (PPE), particularly when supporting people with their personal care, to reduce the risk of spreading and contaminating people with infectious diseases. We observed the environment was clean and tidy. Communal areas including toilets and bathrooms were well maintained and equipped with soap and hand

towels to promote good practice in hand hygiene.

Is the service effective?

Our findings

The provider used current evidence based guidance, standards and best practice to plan and deliver care that would support people to experience positive outcomes in relation to their healthcare needs. The provider specialised in supporting people with epilepsy and had an in-house medical team made up of clinical professionals such as nurses with extensive experience and knowledge of epilepsy care and management. This team supported the service to assess people's needs relating to their specific healthcare conditions and developed individualised plans for each person that set out how they should be supported to help manage their healthcare conditions effectively. For example people had personalised seizure management protocols which set out the various interventions and techniques that should be used to reduce the frequency and severity of seizures. Staff kept detailed records about people's health particularly when people experienced seizures which were then reviewed by the medical team to identify any potential triggers and patterns that could be contributing to these.

Staff also had access to resources from within the provider's organisation that enabled them to support people to make decisions about their care and support which took account of their diverse needs to reduce risks to them from discrimination. For example a 'Well Being Manager' provided information, advice and support to people who needed this regarding relationships, sexuality and sexual health which was focussed on promoting people's health and safety.

Staff continued to be well supported by the provider and received regular and relevant training to help them to meet people's needs. This helped staff keep their knowledge and skills up to date with current best practice particularly with regard the specialist support people required with managing their epilepsy and use of positive behaviour support and of physical interventions when people displayed behaviour that challenged the service. Staff had supervision meetings and a performance appraisal with their line manager which enabled them to reflect on their work practice, discuss any issues or concerns they had and identify how they could improve through further training and learning. Staff spoke positively about the training they had received. One staff member told us, "We get loads of training...it keeps us all up to date." Another staff member said, "The training is second to none...I feel very well trained." A member of the medical team told us the team kept themselves up to date with best practice in epilepsy care and management by attending national courses and conferences and through access to a professional network of clinical specialists for advice, support and guidance when required.

Staff supported people to eat and drink sufficient amounts to meet their needs. Staff were aware of people's dietary requirements, if they had any food allergies and if there were risks to them associated with eating, for example from choking. The provider employed a team of therapists whom staff could access for specialist advice and support when people needed additional support with their nutritional needs to improve the effectiveness of the support people received with this aspect of their care.

Staff liaised with health and social care professionals to ensure effective care and support was provided to people. For example, the provider's in house medical team had developed good working relations with the specialist epilepsy unit at Kings College Hospital in London and had used this partnership to seek referrals

and support for people with regard to the treatment and management of their epilepsy. We saw a good example of this for one person for whom, prior to them using the service, minimal good quality information was known about their medical history and the care and treatment provided to them in relation to their healthcare conditions. Staff were able to refer the person to the specialist epilepsy unit so that the person's care and treatment could be better coordinated and the person would experience consistent and timely support when this was needed.

Staff supported people to meet their day to day needs so that people experienced positive outcomes in relation to their health and wellbeing. We saw a good example of this for one person who when they arrived at the service was heavily reliant on the use of a wheelchair and support from at least two members of staff with their care needs and to move and transfer. Staff worked to a prescribed rehabilitation programme with the person and now the person was able to use a walking frame to walk around the premises and the garden. For another person who had a heightened state of anxiety due to their healthcare condition, staff had patiently built trust and increased the person's confidence to learn to accept support from staff and others, which they previously would have rejected. People were supported to attend their healthcare appointments including any specialist appointments they required and had regular health reviews and check-ups. We saw when people were unwell or needed additional specialist support for their physical and psychological health staff were prompt in arranging this for them. Relatives said staff kept them up to date with any changes in their family member's health including outcomes of healthcare appointments.

The layout of the premises provided people with flexibility in terms of how they wished to spend their time when at home. In addition to their own bedroom, which people had been able to personalise as they wished, people also had use of a large combined living and dining room, a separate smaller and quieter lounge and a large garden. One of the bathrooms had sensory stimulation aids fitted which people could use when they wished. Corridors were wide and open and people were able to move freely around the premises and gardens as they wished.

People's ability to make and to consent to decisions about their care and support needs continued to be assessed, monitored and reviewed. We saw staff prompted people to make decisions and choices and sought their permission and consent before providing any support.

We checked whether the service was continuing to work within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

Staff ensured people's relatives or representatives and relevant healthcare professionals remained involved in making decisions in people's best interests, where people lacked capacity to do so. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the DoLS authorisations. The registered manager reviewed authorisations regularly to check that they were still appropriate.

Is the service caring?

Our findings

Relatives spoke positively about the care and kindness shown by staff towards their family members. One relative said, "[Family member] is treated with care and respect. ...they (staff) were very compassionate when [family member] was ill. They were there for [them] all the way through it." Another relative told us, "Staff seem to be very caring." Another relative said, "Staff are helpful and seem caring."

People had complex communication needs and their records provided information for staff on how they communicated and expressed themselves and their choices through speech, signs, gestures and behaviours. This information was used by staff to understand how people may be feeling, particularly if they were unwell, and the support they needed from staff based on their specific preferences and choices. Staff were able to anticipate what people needed or wanted which indicated they had a good understanding of people's communication preferences and needs. We saw a good example of this where staff responded promptly and appropriately when a person with complex communication needs indicated that they wished to undertake an activity they enjoyed.

During the inspection we observed interactions between people and staff. Staff were chatty and friendly and people appeared comfortable and relaxed in their presence. We saw people did not hesitate to ask for their support when they wanted this. People were not rushed and given the time they needed to make choices or to do things at a pace that suited them. During activities, staff created a fun atmosphere and checked that people were enjoying taking part. Staff reacted appropriately when people became agitated or distressed. They alleviated people's anxiety or agitation in a calm and reassuring manner.

Staff respected people's right to privacy and dignity. Staff did not enter people's rooms without first seeking their permission to enter. Personal care was provided in the privacy of people's rooms or in the communal bathrooms. When people wanted privacy, staff respected this so that people could spend time alone if they wished. As many people using the service were at risk of seizures the provider had installed a bespoke alarm system in people's bedrooms. This helped to alert staff that a person may be having a seizure in their room. In addition to supporting staff to respond appropriately in this instance this also gave people the freedom and privacy they needed when in their rooms without the need for continuous observation and interruptions from staff.

People were supported by staff to be as independent as they wanted to be. We saw a good example of this for one person who had been supported by staff to undertake tasks and activities with minimal support. This had led to the person feeling more in control and empowered in making decisions about what they wished to achieve in terms of their care goals and objectives. For another person staff were supporting them to relearn daily living skills such as making a drink and preparing a snack to increase their level of independence. As the person could easily become fatigued when undertaking these tasks from standing for long periods, a 'perching stool' had been purchased for them so they could use this to rest when they became tired.

People were encouraged to maintain relationships with their family and friends, who were welcome to visit

without any unnecessary restrictions. People were supported by staff to visit and stay with their relatives at their homes when they wished.

Is the service responsive?

Our findings

Relatives told us the support their family members received at the service was personalised and tailored to their specific needs. People's care records showed people and their relatives were involved in planning and reviewing their care and support needs. There was detailed up to date information about people's personal care needs, their dietary needs, their physical and psychological health, the support they needed with their personal finances and their social needs. There were clear instructions for staff on how peoples' needs should be met whilst maintaining people's safety from identified risks. This included guidance on how people should be supported to gain fair and equal access to services and organisations they needed to use so they would not be discriminated against due to their specific needs. People's care and support needs were reviewed regularly. When changes to their needs were identified through these reviews, people's care records were updated promptly so that staff had the latest information about how to support people appropriately.

Staff displayed good understanding and awareness of people's needs and how these should be met in line with people's specific preferences and choices. Each person using the service had a designated 'key worker' who was responsible for ensuring their care and support needs were being met. People had regular one to one meetings, with their key workers at which they discussed their progress in meeting their care goals and objectives, reviewed the success of activities and outings they had attended and explored the possibility of undertaking new activities they may wish to try. Staff kept detailed records of these meetings to monitor how people were progressing in terms of their care and support needs. They also recorded information about people's current health and wellbeing which enabled everyone involved in people's care to respond appropriately to their needs when required. For example for one person detailed information was recorded about their seizures and this was shared with their relative. The relative told us this information was important because if a medical emergency arose when their family member came for a home visit they would be able to provide attending healthcare professionals with current information about their family member's current healthcare needs.

People continued to be supported to undertake activities, outings and events to meet their social and physical needs. The registered manager told us that since our last inspection this aspect of the service had been reviewed and improved further with people being offered a wider range of activities to participate in. Relatives confirmed this. One relative said staff had tried out different activities with their family member to see if they would like them. When their family member indicated their preference for two specific activities staff ensured this was planned into their daily and weekly schedule of activities. The relative told us they felt their family member was relaxed and happier because of this. Another relative told us their family member was restricted to the types of activities they could do due to their healthcare needs. Staff had been proactive in identifying suitable activities that their family member could do with appropriate support and assistance. The relative said their family member had started a new activity which the staff were well prepared to support them with as they had taken account of all the identified risks to their family member and had a plan for managing these if and when these should arise. In addition to personalised activities there were regular group outings and holidays which provided opportunities for people to develop and maintain friendships with others.

The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. The complaints procedure was made available in an accessible format for people to raise their concerns. The registered manager confirmed there had been no formal complaints received by the service since our last inspection.

The service was participating in a pilot initiative through the Royal Marsden Hospital aimed at improving end of life care for people with a learning disability. Staff were receiving training and support through this initiative in pain assessment, advanced care planning and communicating with families so that the care and support people received in their final days was well co-ordinated and managed. This would ensure that people would be afforded the comfort and dignity they deserved at the end of their lives.

Is the service well-led?

Our findings

At our last comprehensive inspection of the service in October 2016 when answering the key question 'is the service well led?' we gave the service a rating of 'requires improvement'. We found the provider in breach of the regulations because their audits and quality improvement processes had not been effective in making improvements that were needed to their management of medicines. We also found out of date information in a care plan even though it had been recently reviewed.

After our last inspection there had been a change in leadership and management of the service. A new registered manager and deputy manager had been appointed at the service. The registered manager was aware of their registration responsibilities and submitted statutory notifications about key events that occurred at the service as required.

At this inspection we found the provider had taken action to make improvements and now met legal requirements.

The provider's audit systems were now being used more effectively to make improvements to the quality of care and support provided to people. The registered manager told us their first priority when taking up their role was to make improvements and changes to the management of medicines at the service. They were supported in this task by the provider's in-house medical team made up of clinical staff such as nurses to ensure the service followed best practice in medicines management. During this inspection we found robust and effective systems in place for the management of medicines. Improvements had clearly been made since our last inspection to medicines management arrangements and these had been sustained. To ensure this standard was maintained senior staff undertook a range of daily, weekly and monthly audits to check staff were following the medicines policy and procedures and that medicines were being managed appropriately and safely. From our checks of recent audits undertaken by senior staff we saw the service was meeting the provider's required standards for safe management of medicines.

Senior staff continued to undertake regular monitoring and audits of other key aspects of the service. Specifically, people's care records and associated documents were reviewed monthly to check these were complete, accurate and up to date, which addressed the concerns we found at the last comprehensive inspection. We saw evidence of other audits undertaken on a regular basis which included observations of the care provided by staff, checks of people's finances, checks of records relating to staff training and support and environmental health and safety checks. When gaps or shortfalls in the service were identified through these checks required improvements were made promptly by staff.

Feedback we received from relatives about the new managers was positive. A relative said, "The management seems ok now the new manager is in post. Everything seems to be working better." Another relative told us, "All the changes have made a difference. There's been a vast improvement."

The registered manager encouraged an open, inclusive culture at the service in which information was shared and communicated to people and their relatives so that they were kept informed and involved. A

relative said, "The level of communication is good. They are good at keeping us involved and always on the phone." Another relative told us, "They (staff) record everything. They record a lot of information so I can keep track of what's happening." Another relative said, "I mainly deal with [the registered manager] and talk to her a lot. She's very helpful, gives a lot of feedback and useful information." People and their relatives were actively encouraged to share their experiences and views about how the quality of support provided to people could be improved. Staff gauged people's level of satisfaction with the support they received through monthly key worker meetings and used this to identify how support could be improved through for example undertaking new activities and events that suited people's specific needs. Relatives were asked for their views through quarterly surveys about the quality of support provided to people. We saw the provider used their feedback to make improvements. For example in a recent survey, less than a third of relatives that responded felt reassured by the provider's 'family quality checkers' scheme. This scheme which formed part of the provider's quality assurance framework was made up of relatives of people using the provider's services, who carried out unannounced audits of services to check the quality of care and support provided to people. In response the provider had communicated an undertaking to all relatives to provide them with more detailed feedback about the results of these audits so that relatives would be better informed about the work that family quality checkers did and how their audits helped to improve the quality of support people experienced.

Staff were well supported and motivated to support people. The provider undertook annual employee surveys to gauge the level of staff satisfaction. The provider used these surveys to identify where improvements were needed to increase staff morale and productivity. We saw from the results of the most recent employee survey, satisfaction levels had increased with staff stating they felt better supported and valued by their managers and the provider. A staff member said, "The managers are supportive, approachable and we've built up a good team. There's good team work." Another staff member told us, "The manager has been very supportive and is very approachable. The staff team is so good. We know how each other works and we've built up a good rapport." Staff were set personal objectives which reflected the provider's values and vision for people experiencing good quality outcomes in terms of their care and support. Senior staff used supervision, appraisal and staff team meetings to check that staff were achieving these aims through their working practices. In our conversations with staff they were clear about their role and how through their work they could support people to experience good outcomes in relation to the support they received.

The provider supported the service to continuously improve the quality of care provided so that this met high quality standards and best practice in relation to the support people received. Since our last inspection the service had achieved accreditation with 'The Headway Approved Provider Scheme'. Headway is a national charity that works to improve the life of people after a brain injury. The approved provider scheme aimed to give people, relatives and commissioners of care information about care services that could deliver the specialist support needed to help people with a brain injury. In order to achieve accreditation the service had to demonstrate that they met the required standards set by the charity in relation to supporting people with a brain injury. They also had to demonstrate a culture of continuous improvement and learning through the embodiment of current best practice and guidance within working practices and processes so that people experienced good quality outcomes from the support they received.

The provider worked in partnership with other agencies and professionals to support the service to develop and improve the delivery of care to people. For example through partnership working with the specialist epilepsy unit at Kings College Hospital in London, the provider was assisting in trials of new technology for managing epilepsy that could have potentially life changing effects on people living with this condition. Senior staff also attended monthly meetings with staff from the local authority, the police and other healthcare professionals as part of a local multi agency approach in improving understanding and

awareness on how services and professionals can work together in a joined up coordinated way to ensure people receive appropriate support and protection when concerns about them arose. The registered manager told us learning from these meetings was disseminated through staff team meetings and had helped to improve staff's understanding and awareness of the need for different agencies and organisations to respond and work together to protect people at risk.