Benell Care Services Ltd

Drayton Wood

Inspection report

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Tel: 01603409451

Date of inspection visit:
09 March 2017

Date of publication:
13 April 2017

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was unannounced and took place on 9 March 2017. Drayton Wood is a service that provides accommodation and personal care to people with a learning disability or autistic spectrum disorder. The home is registered for up to 37 people. It is not registered to provide nursing care. Accommodation is provided in five separate houses on one site. On the day of our visit there were 36 people living in the service.

There was a registered manager in post. 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 our last inspection on 10 and 14 March 2016 we found four breaches of the Health and Social Care Act 2008 and one breach of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found improvements had been made, this meant the provider was no longer in breach of these regulations.

Safeguarding concerns and incidents were reported appropriately to the relevant agencies. Staff had a good understanding of adult safeguarding and how to identify and report concerns. Safeguarding plans were in place where people were considered at high risk. Restrictive actions to manage these risks had been agreed with people living in the service and were proportionate.

The provider had taken action to manage the risks to people relating to the premises. Risk assessments were in place for people and provided detailed guidance for staff. Staff had a good understanding of the risks to people's wellbeing and took action to manage these. Medicines were being managed safely and people received their medicines as prescribed.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and report on what we find. Improvements had been made in this area. Staff and the management team understood the MCA and DoLS and its impact on the support they provided. People's ability to make decisions and consent to their care was considered. Mental Capacity assessments and DoLS applications were carried out when required. It was not always clear how decisions in people's best interests had been made. We have made a recommendation that the provider reviews this legislation and associated guidance to ensure they are acting in full accordance with the MCA.

The provider had established a number of effective measures and audits to monitor the quality of the service provided. They had ensured staff had a good understanding of their roles and responsibilities. Notifications were being submitted appropriately.

The culture in the home meant some staff did not always support people in a way that took into account their wishes. The provider was taking action to make improvements to the culture of the home and where

they had identified this kind of practice.

Relatives and staff were positive about the support and leadership of the registered manager. People, relatives, and staffs opinions were sought and listened to.

There were sufficient staff to meet people's needs, and this included enabling people to receive one to one support where required. Staff felt supported to provide effective care through the training and support that was provided.

People's nutritional needs were met and staff encouraged people to eat healthily. Where there were concerns regarding people's nutritional or health care needs staff liaised with relevant health care professionals to manage these needs.

People were supported by staff that cared for them and knew them as individuals. Some people living in the home had complex communication needs. The service was introducing a number of communication systems to help people express their wishes and feelings.

People were supported to be independent and participate in activities that took in to account their needs and preferences.

Care plans provided detailed guidance for staff on how to meet people's needs and were updated when people's needs changed. People and relatives knew how to raise concerns or complaints, although there was varied feedback on how responsive the service was to issues raised.

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.

Staff understood their responsibilities regarding adult safeguarding and knew how to recognise and report concerns. Action was taken to manage risks to people's safety.

Staff were recruited following safe recruitment practices. People were supported by a stable and consistent staff group.

There was guidance in place for the administration of medicines and people received their medicines when required.

Is the service effective?

Good

The service was effective.

People's ability to make decisions and consent to their care was considered. Mental Capacity assessments and DoLS applications were carried out when required.

Staff received training and support which helped them to provide effective care.

People were supported to maintain their health and manage their nutritional needs. Staff ensured people had access to appropriate health care where required.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff who encouraged their independence.

People were able to discuss their care needs. The service was introducing systems to support people with complex communication needs to communicate their wishes and feelings.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

The support provided did not always take in to account people's specific needs or wishes.

There was plenty for people to do and they were supported to engage in a wide variety of activities.

People and relatives knew how to complain, but there was varied feedback on how responsive the service was to complaints.

Is the service well-led?

Good

The service was well led.

The registered manager was supportive and listened to people, staff, and relatives.

The quality of the service was monitored. The management team took action to make improvements where required, including any negative practices within the culture of the home.

Drayton Wood

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 9 March 2017 and was unannounced. The inspection was carried out by two inspectors, a pharmacy inspector, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we carried out our inspection we looked at the information we held about the service. This included notifications received by us. Notifications are changes, events, or incidents that providers must legally inform us about. We reviewed this information and information requested from the local authority safeguarding and quality assurance teams. The provider completed a 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. We reviewed this and the action plan the provider had sent us following our last inspection.

During our inspection we spoke with ten people living in the home. We spoke with two support workers, three senior support workers, the deputy manager, and the registered manager. The registered manager was also the nominated individual and the managing director for the provider. Not everyone living at Drayton Wood was able to speak with us and tell us about their experiences of living in the service. We observed how care and support was provided to people in the home. Following our inspection visit we spoke with four relatives and one healthcare professional via the telephone for their feedback on the service.

We looked at three people's care records, medication records, three staff recruitment files and staff training records. We looked at other documentation such as quality monitoring, accidents and incidents, maintenance records, and records from staff and residents' meetings.

Good

Is the service safe?

Our findings

At our last inspection on 10 and 14 March 2016 we found the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because actions taken appeared overly restrictive to people and were not appropriate to managing the risks involved. We also found safeguarding incidents were not reported to the appropriate authorities. At this inspection we found the provider had made improvements and was no longer in breach of this regulation.

The records we reviewed showed that safeguarding referrals had been made appropriately and to the correct authorities. We saw where people were involved in a number of safeguarding incidents, as a result of behaviour that may be challenging; the provider had put in place safeguarding care plans. We saw these provided detailed guidance for staff on factors that may increase the likelihood of such incidents occurring and what action they should take in response to this.

We saw that whilst some restrictions were placed on people at times these were proportionate and appropriate. For example, we saw one person's safeguarding care plan asked that staff encourage the person to watch TV in their room during a certain period of the day. This was because staff had identified that the risk of further safeguarding incidents was high during this period. We saw this had been discussed with the person and their agreement given. The provider had reviewed care plans where we had had concerns regarding restrictive practices and made amendments to these to ensure they were no longer overly restrictive.

Staff we spoke with had a good understanding of adult safeguarding and knew how to raise concerns, including which external agencies to contact and when. One member of staff told us how the provider had organised a learning session on safeguarding, which had included watching a video and discussing possible signs of abuse, and what to do about them. Another member of staff told us, "[We] have more awareness of what we need to report." Records we reviewed showed that staff raised safeguarding concerns. This meant the registered manager could take action. Records showed they took any concerns seriously and took action in response to them.

None of the people or relatives we spoke with had any concerns for their safety. One person told us, "I feel nice and safe here, [I've] got all the things I want." A relative said, "Safe? Without a doubt." Some of the people we spoke with told us that one or two people living in the home could be a bit noisy and there were occasional arguments between people. One person told us, "Staff try and sort it out." Conversations with staff, and records we looked at, showed that staff took action to address and resolve disagreements between people.

At our last inspection on 10 and 14 March 2016 we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because not all risks to people were regularly reviewed, managed or reduced. Risk assessments had not always been up-to-date which had meant that new or agency staff did not have up to date guidance in the event that permanent staff were not available. At this inspection we found the provider had made improvements and was no

longer in breach of this regulation.

The staff we spoke with demonstrated an understanding of individual risks to people and how to manage these. During our inspection visit we observed staff taking action to manage risks to people in accordance with the guidance in people's care plans. We saw people's care plans incorporated risks to people's health and wellbeing in areas such as mental health, behaviour, and nutrition. We saw these were specific to each person and provided staff with clear guidance for staff on how to manage identified risks. We saw that these records had been reviewed and were updated if risks changed.

At our previous inspection we found some risks to people from the premises were not adequately managed or risk assessed. The registered manager told us they now met with the person responsible for maintenance on a weekly basis to review and discuss what actions were required. We saw that appropriate fire safety checks had been carried out. They had put in place a risk assessment in relation to water safety which covered the risks of legionella bacteria. We saw there were some checks being carried out on water temperatures in the home. However, there was no record of other actions, including tests for legionella bacteria, as discussed in the risk assessment. We discussed this with the registered manager who told us these actions were being taken and they were in the process of compiling a document to record them. They told us they were reviewing how they could ensure they tested for any bacteria. Other routine maintenance such as portable appliance testing and servicing of the lift had been carried out.

At our previous inspection we had identified medicines were not always being managed safely, this had meant the provider was also in breach of Regulation 12 in relation to the management of medicines. At this inspection a member of CQC medicines team looked at how information in medication administration records and care notes for people living in the service supported the safe handling of their medicines. We found the provider was no longer in breach of this regulation.

Medicines were being stored safely for the protection of people who used the service and at the correct temperatures. Records showed that people were receiving their medicines as prescribed. There were internal audits in place to enable staff to monitor medicines. Staff handling and giving people their medicines had received training.

Staff had supporting information available to them to enable them to give people their medicines safely and consistently. There was personal identification and information about known allergies/medicine sensitivities, however, some profiles about people's medicines had not been accurately updated. There were care plans in place about people's medicines. When people were prescribed medicines on a when required basis, written information was available to show staff how and when to give people these medicines. However more detail was required for medicines prescribed to be given 'when required' that were used to treat people's psychological agitation to ensure they were used consistently and appropriately. For one person managing their own medicine prescribed for external application the service had not considered and recorded the risks around this. We noted that for some people there were no records of consent showing they had agreed to have their medicines administered to them.

People we spoke with told us they were happy with the current staffing arrangements in the home and staff were available to support them when needed. One person told us, "I would ring if I need help, staff sleep in a room [at night]." Another person said, "I have my own mobile, will call if I need help." One person did, however, tell us that in the past it had been nice when there had been three members of staff to each house which allowed one to be available for short notice trips, such as to the pub. On the day of our inspection visit we saw there were sufficient staff and we saw that staffing numbers also allowed for one to one support for people to access the community.

The registered manager told us they were in the process of utilising a staffing dependency tool to help them assess if their staffing numbers were sufficient. A member of staff told us that the dependency tool had helped them identify that there were not enough staff in the mornings in one of the houses. The registered manager had then reviewed this and increased staffing. This had meant staff had been better able to support people. The staff member said, "The dependency tool has definitely helped." The staff we spoke with told us they felt staffing numbers were sufficient and this allowed for people to have one to one time with staff. One member of staff told us, "[There] seems enough to cover."

Staff files showed safe recruitment practices were being followed. We checked three staff files which showed references and Disclosure and Barring record checks had been carried out.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may the lack 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 in their best interests and legally authorised under the MCA. The application procedures for this in care home and hospitals are called 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 was being met.

At our last inspection in March 2016 we found the provider was in breach of Regulation 11 because the provider was not acting in accordance with the MCA. We found no MCA assessments had been completed and the provider had failed to consider if applications under DoLS were required.

At this inspection we saw where staff had concerns about whether people had the capacity to make decisions regarding their care and support a mental capacity assessment was now completed. The management team had considered what restrictions were placed on people's care and were submitting DoLS applications when required. However, no best interest decisions were being recorded which meant it was difficult to establish what options had been considered and why the decision made was in the person's best interests. We discussed this with the registered manager and deputy manager. They told us that they had recognised further learning was needed in this area and planned to contact the local DoLS team, as well as secure other training materials to help them. The registered manager also told us they were planning to introduce a new care record system which would improve how they recorded mental capacity assessments and best interest decisions.

Whilst some improvements had been made in this area some further work was required. We recommend the provider reviews this legislation and associated guidance to ensure they are acting in full accordance with the MCA.

Staff we spoke with had a good understanding of the MCA and DoLS and were able to tell us about the key principles of the act. One member of staff told us if a person lacked capacity to make decisions that it was important to consult and listen to other people involved in the person's care. This was so the decision made was, "Not just one person's opinion." Staff had a good understanding of the importance of supporting people's decision making and seeking their consent. One member of staff said, "Try to make [decisions] clear so they understand it, make it simple." Another staff member told us, "I ask them, whatever I'm doing with them, I ask as I'm doing." Care plans we looked at showed that people's care had been discussed with them and their consent sought.

Staff spoke positively about their training and how this supported them to provide effective care. One staff member said, "Plenty of [training] offered." A second staff member told us that training was promoted and important to the provider. They said, "If staff are trained well and have support, then the clients are going to have a better quality of care and a better quality of life."

Staff told us that a range of methods were used to help imbed and ensure staff's understanding. Staff undertook online eLearning training which was supported by regular monthly workshops on specific subjects. A member of staff said, "It's good to discuss it with other people." A second staff member told us, "Workshops back up what we've learnt." The registered manager also sent staff a question of the week which was designed to test and refresh staff's knowledge. Another member of staff told us that this, "Gets [staff] more involved in learning." A second staff member told us the question of the week, "Gets staff thinking."

The service had a training co-ordinator, we reviewed their records and saw they kept a list of staff training and what training was due. We saw the co-ordinator had a training plan for the year ahead. This included introducing additional training topics that were relevant to people living in the home, such as dementia awareness, diabetes awareness, and epilepsy awareness. This would help ensure staff had the knowledge and skills to provide effective care to people.

People's nutritional needs were met and they were supported to eat balanced meals. All the people we spoke with told us that weekly meetings were held in each house to discuss and agree a menu for the forthcoming week. People confirmed that if they did not like the meal on offer alternatives were always offered. One person we spoke with told us they chose not to eat certain types of food and this was always respected. We observed the support offered over lunchtime, we saw plenty of options were available for people and the mealtime was an enjoyable experience.

Care plans contained clear guidance around peoples' nutritional needs and risks. We saw people's weights were monitored and action taken in response to any concerns for people's weight. This included liaising with relevant professionals when required. Staff supported people to eat healthily. We saw some people had identified losing weight as one of their goals and been successfully supported to achieve this. A relative we spoke with told us how their relative had been supported to lose weight; they said this had made a big difference to their relative.

People were supported to attend their medical appointments. There was a system in place that kept a note of people's medical appointments and ensured staff supported people to attend. Care records we looked at showed health professionals were involved in peoples' care where required.

Good

Is the service caring?

Our findings

People and relatives spoke positively about the staff. One person told us, "We're very lucky with staff here." A second person said, "The staff are lovely here, they really are, ever so helpful." A relative said, "They seem to get the sort of staff that care about who they're doing things for." A second relative told us staff were, "Very friendly." A third relative told us staff were, "Definitely" kind and caring.

The staff we spoke with talked in a positive and caring way about the people they supported. One staff member told us, "I like to see them [people] happy." A second staff member said, "They are all happy, that shows we're all doing alright." A third staff member told us they liked, "Being part of people's lives and making them as independent as possible." A fourth member of staff said they would recommend the service to others because, "Staff are very caring and genuinely care for people." On the day of our visit we heard a staff member telling another staff member about the progress one of the people they supported had made. We could hear the staff member was clearly proud of the person and happy about the positive impact this had had for the person. We saw it was one person's birthday and they had asked a staff member to bake them a cake. We saw this staff member had put a lot of effort in to the cake, which was homemade and decorated to the person's specifications.

On another occasion on our visit we saw staff were quick to respond to a person's distress. We saw the person became distressed and frustrated and began forcefully banging the wall with their forearm. A member of staff immediately responded and offered a distraction by offering a cup of tea. We saw within minutes the person was peacefully sitting, calm and settled with the member of staff offering reassurance.

From speaking to staff it was clear they knew people living in the service well and had built up relationships with them. We saw people had keyworkers which allowed them to build up a relationship with a particular member of staff. One relative told us, "I am confident that staff do know [name]." One relative told us how their relative could be anxious with staff that were new to them. They said the service made sure they introduced new staff to their relative so that their relative could get to know the new staff member before being supported by them. Another relative told us "[name] is in an environment, a family group, [staff] who are constant, who know them, they feel comfortable." They told us how this meant their relative had, "Blossomed."

Records we looked at showed that people's care and support were discussed and agreed with them. Some people living in the home had complex communication needs. We saw staff had put in place measures to ensure that people were supported to communicate their needs and wishes. One staff member told us that they worked in one of the house in which a number of people used a type of sign language. They said that staff and all people living in the house were learning this type of sign language. They said each week they introduced a particular sign which staff used in their meetings and with people living in the house. We saw one member of staff was introducing communication books for people that needed them. Another staff member told us that this staff member often put in extra unpaid time to work on these books. Records we reviewed showed that staff had shown one person how to use objects of reference to support them to communicate their wishes and feelings.

Staff we spoke with understood the importance of treating people with respect and dignity. One member of staff we spoke with told us, "It's their house you are stepping in to." Although one of the relatives we spoke with provided us with some examples where staff had not always supported their relative with their appearance and this had compromised their dignity. They said, "Sometimes name will [visit] and look lovely and other times not so much."

People were supported to be independent. One relative told us their relative "Was even doing the ironing to our absolute amazement." Another relative told us staff encouraged independence, "Without a doubt." One staff member provided us with an example of how they had supported one person to use public transport independently. For another person who needed support to brush their teeth, staff had purchased a dye which the person could use to help show them which areas they needed to brush the most.

Requires Improvement

Is the service responsive?

Our findings

We found a mixed picture regarding whether the care provided was given in a responsive manner that met people's individual needs and wishes. We found some positive examples. One person living in the home had a sensory impairment and we saw staff had used tactile surfaces and objects to assist the person to find their way round their home. For another person we saw they were on a restricted diet but had expressed a wish to eat a certain type of food. We saw staff had contacted the healthcare professional involved to see if this was possible. A member of staff told us how the registered manager had increased staffing in one of the houses in order to accommodate the time a person wished to get up. A relative we spoke with told us how staff supported their relative to maintain their religious practices. They said, "That's really important to [name]." During our visit we saw examples of staff providing support to people as outlined in their care plans.

However, people we spoke with all told us that they went to bed at the same time, 10pm, which coincided with the end of the late shift. One of the records we reviewed showed that one person was told to go to bed at 10pm despite it being clearly recorded that they had said they wanted to stay up. One of the relatives we spoke with told us how their relative had specific needs and preferences regarding the support they needed with their personal care. They said this was really important to their relative but was not always accommodated and depended on which staff were providing support.

We reviewed the daily notes for one person and saw these provided instances where the care was not always delivered in line with their care plan or wishes. The person had experienced a period of low mood and did not always want to eat their meals. We saw that their care plan had been written with the input of other professionals and stated that if the person refused meals staff were to leave a meal with the person in their room anyway. This was because the person would then tend to eat some or all of their meal. However, the records we reviewed provided several instances where staff had not always followed this advice.

Additionally we found the support provided for this person did not always adhere to their wishes and preferences. On one occasion we saw the person had wanted an evening snack but had been told they could not have one as they had not eaten their evening meal. On a second occasion we saw the person had been going on an outing and had asked if they could eat their lunch out and have a cake. We saw the staff member had told the person they couldn't do this as they had food available for their lunch in the home.

People were supported to go on holiday. The registered manager told us holiday destinations were discussed with people at residents meetings to get an idea of people's preferences. They said they used these suggestions along with taking in to account people's budgets to suggest three options to choose from. If people did not wish to go on holiday, activities and trips out were arranged instead. However, when we spoke with people about their holidays they told us that holiday destinations were chosen by the management team. One person said, "I choose from [registered manager's] suggestions." Whilst another person told us holidays were, "Up to [registered manager]." Two people we spoke with told us they wanted to visit specific destinations in the UK however it was not clear that they were receiving the support to do so.

None of the people we spoke with had any complaints regarding their care. We saw information on how to complain was provided to people. One relative we spoke with told us their relative had good relationships with staff and this meant they could raise concerns. They provided us with a specific example of this and said, "The fact that [name] had the confidence to tell them this was really good." Relatives knew how complain. One said, "If I have any issues I'll ring [registered manager] or go and have a meeting." They went on to say, "[Registered manager] wants us to be happy with the care as well as [name]." However, one relative we spoke with said their relative had raised a specific issue which was important to them regarding their accommodation. They said that despite this being raised a significant time ago the issue had still not been resolved. Another relative told us that they had raised a concern and the registered manager had told them what they would do in response. They said that despite this they hadn't received any further information on the action taken. They said, "I don't think that [action to be taken] has materialised to be honest."

Care plans we looked at were individual and written in relation to people's individual needs and preferences. We saw they provided detailed information to staff to help ensure the support delivered was responsive to people's needs. Care records were up to date and we saw adjustments were made to them when people's needs changed.

People and relatives spoke positively of the activities on offer. One person we spoke with told us how a member of staff had taught them play the guitar and would sometimes play with a band and as part of on-site entertainment. They went on to tell us they attended activities such as a Men's Group, drama, cooking and self-defence classes. Other people we spoke with told us about the support they received to attend voluntary work placements. A relative said, "[Staff] do a lot with people." A second relative told us, "They've always got something nice to look forward to." They provided us with specific examples which showed staff supported their relative to maintain their specific interests and hobbies. During our visit we saw people were supported to access a range of activities outside the home. For example one person had been out for a long walk whilst another had gone to a nearby town to do some shopping and have their lunch out. We saw people were supported to access events and resources in the community, such as local clubs and specially arranged night club events.

Staff supported people to maintain important relationships. One relative said, "They do keep me in touch." A second relative told us their relative was supported to visit and stay with them. Whilst a third relative we spoke with provided us with an example of how staff ensured they visited their spouse. They said, "Staff are supportive of them as a couple."

Good

Is the service well-led?

Our findings

At our last inspection in March 2016 we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of clear leadership and guidance for staff on their responsibilities, records were not well maintained and accurate, and there was a lack of effective quality control systems. At this inspection we found improvements had been made. The provider was no longer in breach of this regulation.

The registered manager had introduced a number of systems to ensure staff understood their responsibilities and monitor the quality of the service provided. For example, they had introduced a task of the week for each key worker. We saw the latest task had been for each key worker to check people had enough toiletries and appropriate clothing. The previous weeks had been for keyworkers to check people's health books were up-to-date. Staff we spoke with told us this was well received and they better understood their roles and responsibilities. One member to staff told us, "[Task of the week] tends to motivate you." Another staff member said "Give [staff] responsibility." A third staff member told us, "[Roles are] more clearly defined, you now know exactly what you need to do."

Each house now had a senior support worker whose role was to oversee the support provided, monitor staff, and undertake a number of audits. These included weekly checks on any due health appointments for people, health and safety including fire safety, care plans, food stocks. Each month senior support workers carried out additional checks on medicines, supervisions, and risk assessments. The seniors we spoke with were positive about these checks and the impact it had on the service. One told us, "We've got tools in place [that] help us keep track of where we're at." A second senior support worker told us how recording the checks they did on medicines helped them to investigate possible errors and why these might have occurred.

The registered manager had set up regular meetings with senior support staff to discuss the outcomes of the audits and any other issues. We observed one of these meetings and saw the atmosphere was positive, friendly, and motivational. We saw that this also provided the registered manager with a good oversight of what was happening in each house and any potential issues. A senior support worker told us, "Lot more communication then there was."

Each member of the management team also had their own audits to complete on a monthly basis. The registered manager undertook audits on areas such as complaints, safeguarding incidents, audits by other staff members, notifications, and disciplinary actions. The training and personal manager conducted audits on the training provided whilst the deputy manager undertook monthly audits on areas such as medicines, people's weight, and people's finances. These audits had been newly introduced however we reviewed the previous month's and saw these identified issues and documented what actions were required.

Audits on any accidents or incidents that occurred in the service were taking place. We saw these allowed them to identify any patterns or themes. They also demonstrated that the registered manager had checked what action had been taken to protect against the risk of any reoccurrence. All the staff we spoke with

understood their responsibilities on reporting incidents and provided us with consistent information on how to report and respond to these.

Improvements had been made to the records in the home. We found the records we viewed relating to people's care were up to date and accurate.

Providers and registered managers are required by law to report incidents that can affect people's wellbeing by submitting statutory notifications to the Care Quality Commission. At our last inspection we found the provider had failed to notify us of safeguarding incidents occurring in the home. This has meant they were in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found the provider was notifying us of such incidents and they were no longer in breach of this regulation.

Two of the relatives we spoke with referred to the home as providing a warm family environment. One relative said, "It's a home from home." Whilst another told us, "It's just like being part of a family and that's what they try to get across." However we found some examples which indicated the culture in the home could be paternalistic, with some staff not fully respecting people's wishes and preferences. We discussed this with the registered manager who told us that the examples we had found were not acceptable. They told us that they were making changes to the culture in the home, and acknowledged this was not a quick process. Records we reviewed showed that the registered manager was discussing the changes required to the culture with staff. We saw where they had identified issues such as those we found at this inspection that they had discussed these with individual staff members and taken appropriate action. They told us that they would amend their audits to include people's daily records so this would help them identify and tackle this issue.

Relatives and staff we spoke with talked positively of the home and the support provided. One relative said, "I couldn't fault them in any way." Whilst a second relative told us, "I can't praise the place highly enough." A third relative told us, "It's lovely to have an opportunity to tell you how happy we are with [registered manager] and their team." They went on to say, "I would like you to know what a good hard working staff they have." A fourth relative said, "When the chips are down and we need support I feel we'll get that from [registered manager] and their team."

People were encouraged to give their views on the service and had regular contact with the registered manager. One relative told us, "[Registered manager] often pops in to see how [name]is." Staff told us that the registered manager would visit each house and chat with people living there. One staff member said, "[Registered manager] does come over, see the guys and have a chat." A second staff member told us the deputy manager visited the house they worked in every day. They said the registered manager would also visit often and always asked how people and staff in the house were. We saw that questionnaires were offered to people in the service so the provider could gain their views and opinions. The registered manager had ensured that people who required help to do this were supported.

Relatives told us there felt there was open communication and they knew what was happening in the service. One relative told us, "When things do happen I feel confident that staff do tell us." We saw there were regular team meetings to inform staff of any changes to the service and listen to their ideas. Staff told us management listened to them and took their ideas on board. One member of staff provided us with an example of this, whilst another said the registered manager always asked staff, "Do you need anything?"

Staff and relatives spoke positively about the registered manager and the support they provided. One relative said, "[Registered manager] will get things sorted." Another relative said, "[Registered manager]

couldn't be more approachable, if there is a problem that needs sorting they'll do it." A staff member told us, "They'll back me up." A second staff member said, "I do feel I can go to [registered manager] or [deputy manager] if I have a problem."