Greenfield Close Residential Home Limited

Greenfields Close

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

We inspected the service on 27 January 2016. The inspection was unannounced. Greenfields Close is registered to provide care for up to 30 people. Greenfields Close provides care and support to people with a diagnosed learning disability and/or autism. Some of these people also receive care in relation to a diagnosed physical disability. The service consists of a main house and three smaller houses which have been built on the grounds of the main house. On the day of our inspection 27 people were using the service. The site is made up of four residential buildings and one activity lodge: Greenfields (17 people), The Stables (five people), Kloisters (four people) The Lodge (activities and staff room) and the new building Aspen (four people).

We carried out an unannounced inspection of this service on 25 August 2015. Breaches of legal requirements were found in relation to the care, treatment of people and the providers monitoring of the quality of the service. We told the provider they must send us a written plan setting out how they would make the improvements and by when. The provider sent us an action plan and told us they would make the improvements and comply with the regulations by 12 December 2015.

During this comprehensive inspection we looked at whether the provider now met the legal requirements in relation to breaches of regulation we had found.

The service did not have a registered manager in place at the time of our inspection. 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.

Improvements had been made to the medicines management but at the time of our visit there were still some areas of concern. People were still not fully protected under the Mental Capacity Act 2005 (MCA) and there were still risks in relation to the potential for people to scald themselves with hot water. Following our visit the provider sent evidence to show they had made the improvements in relation to the MCA and water temperatures. They also gave assurances that they had committed to plans which would enable them to reduce the temperature of the hot water in the kitchen areas.

Improvements had been made in relation to keeping people safe from intruders and to prevent people who were at risk from leaving the service without staff knowing. Risks to individuals in relation to their care and support had been assessed and staff had access to information about how to manage the risks.

People received support with their nutrition and their on going health care. People were supported by staff who were caring and supported people to make choices.

People were supported by staff who knew how to protect them from harm and what to do if they suspected

a person was at risk of harm. People were supported by adequate numbers of staff who were given training to enable they to support people safely. However safe recruitment practices were not always adhered to and supervisions were not being carried out in a way that would develop staff practice.

People knew how to raise concerns and when people raised concerns these were recorded and responded to appropriately.

People lived a more active life and were supported to follow their hobbies and interests. Care and support was planned for and assessed with the implementation of new care plans which gave staff detailed guidance on how to meet the current needs of the person they were written for.

The systems in place to monitor the quality and safety of the service had improved but were still not fully effective and people were still not fully protected from risk as a result of this. Following our visit the provider sent us evidence and written assurances that the issues we identified at this inspection had been addressed and systems used to monitor the quality of the service would be further improved upon.

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

The service was not always safe.

Medicines were not always given as prescribed. Safe recruitment practices were not always adhered to.

Systems to protect people from scalding themselves on hot water were not effective at the time of our visit. However, following our visit the provider sent evidence to show they had made the improvements in relation to the water temperatures. They also gave assurances that they had committed to plans which would enable them to reduce the temperature of the hot water in the kitchen areas.

People were protected from the risk of abuse because the provider had systems in place to recognise and respond to allegations or incidents.

There were enough staff to provide care and support to people when they needed it. Risks to individuals in relation to their support had been assessed and staff had access to information about how to manage the risks.

Is the service effective?

Requires Improvement

The service was not always effective

People were not always supported to make decisions in relation to their care and support.

People were supported by staff who had the skills and experience to support them safely.

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Is the service caring?

Good

The service was caring

People lived in a service where staff cared for them in a way they preferred. Staff supported people to make choices and to live

how they chose.

Staff respected people's rights to privacy and respected their dignity.

Is the service responsive?

Good

The service was responsive

People were supported to live a more active life and to follow their hobbies and interests. Care and support was planned for and assessed with the implementation of new care plans which gave staff detailed guidance on how to meet the current needs of the person they were written for.

People knew how to raise concerns and when concerns were raised they were recorded and responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not always well led

The systems in place to monitor the quality of the service had been improved. However the systems had not been fully effective in identifying and bringing about improvements. Following our visit the provider sent us evidence and written assurances that the issues we identified at this inspection had been addressed and systems used to monitor the quality of the service would be further improved upon.

People lived in a more open and inclusive service where staff were supported to raise concerns and suggestions.

Greenfields Close

Detailed findings

Background to this inspection

We undertook an unannounced comprehensive inspection of Greenfields Close on 27 January 2016. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. This inspection was also done to check that improvements to meet legal requirements planned by the provider after our 25 August 2015 inspection had been made.

The inspection team consisted of three inspectors, a specialist advisor who specialised in learning disabilities 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views. Before the inspection, 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.

During the visit we spoke with 11 people who used the service and one relative, 10 support workers, and various members of the management team including, the new manager, two team managers, the regional manager and the nominated individual, who is legally responsible for the service. We observed care and support in communal areas of all four houses. We looked at the care records of seven people who used the service, as well as a range of records relating to the running of the service including audits carried out by the manager. We looked at the physical environment of the service, and reviewed maintenance records and risk assessments.

Requires Improvement

Is the service safe?

Our findings

The last time we inspected the service we found there were improvements needed in relation to the safety of people due to the security of the building, medicines management and the safety of the environment. During this inspection we found some improvements had been made but that further improvements were needed. We also found concerns about the way staff were recruited during this inspection.

We found the management team had not always taken the necessary steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the management team carried out checks to determine if staff were of good character and requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

However we found the references received for one member of staff were from a member of staff who was not the staff member's manager and so would not have access to information held about the staff members conduct. We also saw that DBS gave evidence of past convictions and a risk assessment had not been completed to show consideration as to whether the staff member was suitable to work with the people who used the service. We found similar issues with references in a second staff members file. Following our visit the provider sent us evidence to show they had undertaken a thorough audit of all staff files and gave us assurances that they had made improvements to the recruitment process.

We looked at the improvements the provider had made in relation to the risk to people from the environment. We found the provider had followed the recommendations from a health and safety officer and had installed signage warning people to be cautious in areas where the hot water was above a safe temperature. However a shower did not have the signage in place and we found the water to be above the safe recommended temperature.

The hot water from taps was being tested in all but one of the houses to ensure the temperature did not exceed safe levels. However the records kept of the temperatures did not reflect the same high readings we found. The management team were unsure if the water temperature testing kit had been calibrated to ensure it was reading accurately.

In one of the houses the water temperatures had not been tested since April 2015 and there was some confusion from staff about who was responsible for the tests in this house. Additionally the hot water in sinks where the water would need to be hotter for washing up dishes posed a risk of scalding. The management team told us they had ruled out the use of dishwashers as they wanted people who used the service to be involved in washing the dishes as part of their daily living skills. This meant that although the risk had been reduced in some areas there was still a risk of people scalding themselves. Following our visit the provider gave us written assurance that they had made the improvements in relation to the water temperatures. They also gave assurances that they had committed to the installation of dishwashers in each kitchen, which would enable them to reduce the temperature of the hot water in the kitchen areas.

The last time we inspected the service we found that the provider had not acted on advice from expert agencies to reduce the risk of trips caused by large rubber strips in the wet room for Meadows house. During our inspection we found the strips had been replaced.

We saw there was still some piles of debris left over from building work on the land behind the main house and some temporary style fencing which needed to be replaced with permanent fencing. However the risk to people being injured from the uneven land and debris left behind had been mitigated by the installation of an alarm to alert staff if a person left the main house and accessed the rear land. The provider told us there were plans in place to address this area and would share the plans with us.

The last time we inspected the service we found there were improvements needed in relation to how medicines were stored and in relation to how people with epilepsy received their medicines. During this visit we saw the improvements had been made but we found medicines were not always being managed appropriately for one person.

We looked at the medicines management for a person in one of the houses and we saw that authorisation had been given to staff to give the person their medicines covertly due to the person frequently refusing their medicines. Covert medication is the administration of medicines which involves disguising medication by administering it in food and drink. The external professional team involved in this person's care had advised that it was in the person's best interests for staff to give their medicines covertly if they refused their medicines and to record this on the Medication Administration Records (MAR) and report it to the person's doctor. It was important the person took their medicines as without it they didn't sleep well and a risk assessment showed the person's behaviour could escalate if they did not take their medicines.

Staff had signed the person's MAR for the night prior to our inspection to state that the person had taken their medicines. However when we looked at the person's daily records staff had recorded that the person had refused to take their medicines and so they had not been given. Staff had not followed the guidance from the external professional team in recording the refusal on the MAR and reporting it to the person's doctor. We saw this had a negative impact on the person and records showed they had not slept well that night. We spoke with staff about this and they were not aware the person had not had their medicines and were not aware of the effect this might have, for example how it might affect the person's behaviour.

This person was also prescribed a cream to be applied to their skin but the application of this was not recorded on the person's MAR. We spoke with two members of staff about this and they told us they applied the creams if they thought the person needed it but they were not aware they were supposed to record this on the MAR. A lack of recording meant we could not be assured the cream was being used as prescribed.

We looked at the medicines in the main house and we saw people's MAR were all completed to show their medicines had been administered as prescribed. We saw new medicines cupboards had been installed in each of the sections of the house and temperature checks were being recorded to show medicines were being stored safely. We saw medicines audits were carried out by senior staff on a weekly basis and these were highlighting if there were any missing signatures or MAR charts had not been completed correctly.

People told us or indicated they felt safe in the service. One person said, "I like it here. The staff are really nice. I really like [staff member], is ever so kind." The relative we spoke with told us, 'I know my relative is safe here. [Relation] is very trusting and vulnerable because of that but the staff look after [relation] and keep [relation] safe." We observed people who were unable to communicate with us and they looked comfortable with staff and their body language indicated they felt safe, for example we observed one person who could not communicate verbally and when staff approached them they looked and smiled at the staff.

People were protected from harm as there were systems in place to reduce the risk of abuse. Staff we spoke with knew how to recognise and respond to allegations or incidents of abuse and how to escalate concerns. Staff were confident that any concerns they raised with the new manager would be dealt with straight away. One member of staff told us about an incident they had reported to the new manager and said that it was dealt with straight away. We saw the management team had shared information with the local authority when the incidents were of a safeguarding nature.

We found improvements had been made to the security of the environment to prevent people who were at risk if they left the service unsupervised. An alarm had been fitted to the rear door of the main house which would alert staff if a person left the service unobserved. A key fob system had also been installed. In addition, the gate to the main road had been replaced with secure electric gates to enhance security and protection of people who used the service.

Risks to individuals were assessed and staff had access to information about how to manage the risks. For example one person was at risk when they went swimming and another person was at risk of choking and we saw there was information in their care plans guiding staff on how to minimise the risks. We saw that one person had fallen over in the service and their care plan had been updated to reflect the risk and the plan gave guidance for staff on how to minimise the risk.

The last time we inspected the service we found that some improvements had been made in relation to staffing levels and the heavy reliance on agency staff and further improvements were in progress. When we inspected this time we found further improvements had been made to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed in the service. We found the use of agency staff was minimal because the provider had recruited sufficient numbers of staff to work in the service.

On the day of our visit we observed there were a number of staff available to meet the requests and needs of people. Staff were readily available to support people when they needed or requested it and staff were also available to escort people in the community. We saw there were staff available to support people with their meals when needed.

Staff told us they felt there were enough staff to meet the needs of people. One member of staff told us that the reduction in the use of agency staff was a big improvement as the permanent staff knew the needs of the people who used the service and worked well as a team. One member of staff told us, "'We have appointed more staff who are permanent. We haven't got agency staff all the time. It's much better."

Requires Improvement

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 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The last time we inspected the service we found there were improvements needed in relation to the provider's oversight of the MCA and DoLS. During this inspection we found that staff we spoke with had an understanding of the MCA and their role in relation to this. We saw that where people lacked the capacity to make certain decisions an assessment had been carried out for each decision. However the forms were not always completed fully with information relating to how the person's capacity was assessed and how the agreed decision had been reached. We also found a person who had a belt on their wheelchair to prevent them from falling out did not have a MCA assessment in place to ensure the decision to use this was in the person's best interests. Following our visit the provider sent evidence to show they had made the improvements in relation to the MCA and gave assurances that assessments were now being completed in full.

People were supported to make decisions on a day to day basis. We observed people decided how and where they spent their time. We observed people who chose to spend time in their bedroom were supported to do this. We heard staff asking people where they would like to go after lunch. One person told us they made decisions about what they did and said, "It's up to me what time I get up and go to bed."

The management team had an understanding of DoLS and had made applications for people where there were indications they may be deprived of their liberty. A process of assessment had been used to determine if a person may need a DoLS application made. This meant people were not being restricted without the required authorisation.

People were supported by staff who did not always receive appropriate supervision to assess their development needs. Staff were receiving supervisions on a regular basis, however these meetings were not always being used as they were intended, to discuss staff performance and any development needs. We found that where allegations had been made against staff, although the provider had taken the appropriate action in relation to protecting people from risk and investigating the allegations, additional support and training had not been given to staff when they returned to work. For example there had been a member of staff who had allegations made against them and we saw that the first supervision they had received

following this had not included a discussion about this to explore if further support or training was needed.

A further member of staff had received a supervision following an allegation of poor practice. We saw the discussion held was centred on the staff member not maintaining confidentiality about the incident and there was no discussion about the poor practice to ascertain if the staff member needed additional support or training.

Where people sometimes communicated through their behaviour, there were assessments in place detailing how staff should respond to this and how they could avoid the triggers. We found this, along with structured routines, had a positive effect. We found that two houses we had concerns about the last time we visited were much calmer. One person who had previously communicated through their behaviour had not displayed this behaviour for over four months and this was real progress for them. We saw that there had been a reduction in incidents for a further two people who sometimes communicated through their behaviour since our last inspection.

Staff were being given the skills and knowledge they needed to support people safely. We observed staff during our visit and they were more confident in their role and worked following safe practice. We spoke with staff who had been recruited since we last inspected the service and they told us they had received an induction and had shadowed experienced staff until they were confident in their role.

One member of staff who had been recruited recently told us, "I started here two months ago. It was the best induction I've had anywhere. It's really thorough. I was given really good introductions to each resident as well so I'm clear about people's preferences and any behaviour triggers." We looked at records and these showed staff were receiving an induction to prepare them for the role. The new manager told us that staff who were being recruited were being given care certificate training, which is a nationally recognised induction, although this had recently been introduced and not completed in full by any of the staff. One member of staff we spoke with confirmed they had been given the care certificate workbook and had started the qualification.

Staff we spoke with told us they had received more training since we last inspected. We looked at the staff training records and these showed that more training had been given to staff in areas such as autism, moving and handling and dignity values. The management team provided us with a list of training for staff which had been booked over the next few months. One member of staff told us they felt they were supported with training. They told us, "I didn't fully understand the training we had for [training title] and I felt able to tell a member of the management team and they went through it with me until I understood."

People were supported to eat and drink enough. We spoke with people about the food and they told us they had enough to eat and we observed people had access to food when they wanted to eat. At our last inspection we observed one person who was not eating a healthy diet. We spoke with the person during this inspection and they told us, "I've got a much better diet. I'm having lots of vegetables now. I still like a sausage sandwich but I like vegetables now. I don't have any crisps and things like I used to." Another person told us me they were having chicken and vegetables for lunch and said, "I have to eat a healthy diet because I have [a health condition]".

People's nutritional needs were assessed regularly and there was information in support plans detailing people's nutritional needs. We saw staff had noted when one person's weight had changed and staff had sought advice from the dietician. The dietician had recommended the person's food intake be monitored and then they could assess this. We saw staff had followed this advice and food intake charts had been completed appropriately.

People were supported with their day to day healthcare. We saw people were supported to attend regular appointments to get their health checked. One person was unable to attend appointments and we saw arrangements had been made for home visits to be made. We saw from records that one person had been unwell and we saw staff had noticed this quickly and had liaised with external health professionals, monitored the person closely and sought further healthcare advice when needed.

Staff sought advice from external professionals when people's health and support needs changed. For example, staff had involved a physiotherapist for one person when their mobility changed. We saw there was a range of external health professionals involved in people's care, such as occupational therapists and the Speech and Language Team (SALT).

Good

Is the service caring?

Our findings

People we spoke with told us they were happy living at the service. We asked one person how things were going and they told us, "Things are going good." We observed staff interactions with people and we saw staff were kind and caring to people when they were supporting them. People looked relaxed and comfortable with staff and one person told us, "The new staff are alright. Everybody is kind."

People looked much happier in the service and we observed positive relationships between staff and people who used the service had been built on. We saw people laughing and enjoying time with staff and heard sounds of laughter drifting through the houses throughout the day.

Staff we spoke with told us they enjoyed working in the service and one member of staff said, "I love it here." Observations and discussions with staff showed that staff knew people's needs and preferences. We saw in people's care plans that their preferences for how they were supported were recorded, along with their likes, dislikes and what was important to them. We saw a visiting health professional had written in the comments book kept by the service, '[Staff member] and [staff member] very helpful and informative. Very knowledgeable about service users.' A second visiting professional had written, 'Staff very helpful. Welcoming and professional.'

People were supported by staff who understood their individual communication skills and were given information in a format they would understand. We saw new communication passports had been added to people's care plans and these detailed guidance for staff on how people communicated and how staff should respond. The communication passports gave staff guidance on how people were communicating their choices. For example, in the communication passport for one person it stated that if a person was communicating that they didn't like certain foods then they would spit it out or push their plate away. In another person's plan it was detailed what their body language would indicate if they were uncomfortable and what staff should do in response to this.

We saw that some information was being provided to people in a format they would understand, such as an easy read format with pictures. We saw the activities schedules and the surveys given to people to give their views on the quality of the service were in easy read format.

People we spoke with told us they got to make choices, for example about when and where they ate, how they spent their time and what activities they did. We observed people's choices were respected on the day of our visit. We observed a person who used the service being assisted to make their lunch in the kitchen and the person told us they had chosen what they were going to eat. We saw that another person did not want the lunch they had been given and they told staff what they wanted to eat instead and this was prepared and given to the person. One person told us they had recently had their bedroom decorated and they had been involved in choosing the theme.

At the time of our previous inspection we found one house to be in a poor state of refurbishment, very bare and did not provide people with a homely, comfortable place to live. When we visited this time we found the

house had been refurbished and decorated and now provided people with more homely surroundings. We saw that people who lived in this house had been supported to help with the choosing and decorating of their home.

People were starting to being involved in different aspects of the service. One person was being supported with their daily living skills. They told us they had been given the responsibility of ordering the buffet food for an event which was being planned for all of the people who used the service. They also told us they had been asked if they wanted to help out in the office. They told us, "I am going to be a secretary." The person was clearly proud of this and was looking forward to the role.

The relative we spoke with told us they felt their relation was supported to make choices. We saw that people had bedrooms which were personalised to their tastes. We saw in care records that information was recorded to ensure staff knew what choices people were able to make themselves and what they would need support with. We saw that staff and people who used the service in two of the houses now had their own budget for shopping and menu planning. This gave people more choice and control over what they ate.

The new manager told us that one person was currently using an independent advocate to support them with decision making. We saw the advocate was visiting the person on the day of our visit. This meant that people had access to advocacy services when they needed it. Advocates are trained professionals who support, enable and empower people to speak up. The area manager told us they would also be placing leaflets in the service for people to read on advocacy services.

People were supported to have their privacy and were treated with dignity. People we spoke with told us staff were respectful and said they were able to have privacy when they wished. One person told us, "They don't mind if me and [another person who used the service] stop in here (bedroom) because we like the same things. It's up to us what we do."

We observed this in practice with people choosing to spend time in private and this being supported by staff. We saw staff assisting people in a discreet manner and we saw that the new care plans contained guidance for staff around the need for discretion and awareness, particularly in relation to personal care.

Staff told us they were given training in relation to privacy and dignity values and we saw records that showed this had been completed for some staff with further staff booked on a training course. The new manager was a dignity champion and told us as part of this role she planned to carry out observations of staff to ensure they were working to the values. Staff we spoke with showed they understood the values in relation to respecting privacy and dignity and we saw care plans gave guidance to staff on how to meet the preferred needs of individuals.

Good

Is the service responsive?

Our findings

The last time we inspected the service we found there were improvements needed in relation to the provider's oversight of people's care where there were risks of them developing a pressure ulcer. We found during this inspection that the improvements had been made and people were being assessed in relation to the risk of them developing a pressure ulcer. Where it was determined there was a risk, there was a care plan in place informing staff how to minimise the risk. We saw from the care plans of two people that they had been deemed as being at high risk and we saw this had resulted in the recommendation of staff providing support to both people to reposition themselves regularly. We looked at the records being kept to show staff were following this recommendation and we saw the re-positioning was being done in line with the guidance in both people's care plans.

We found that steps had been taken to involve people in developing and knowing about their own care plans. One person told us, "My folder in there" whilst pointing to where the care plans were stored. We saw evidence in some care plans of people being involved in making decisions about what went in them. For example in the care plan of one person we saw a statement which said, "I talked with [past manager] and we used a computer to write this." In another care plan an easy read format of recording had been used so the person could be involved in understanding how their care had been planned. We saw that some relatives of the people who used the service had also been involved in the implementation of the new care plans. We saw one relative had written their relation's life history record so that staff would know about their relation and their achievements through their life.

Care and support was planned for and assessed with the implementation of new care plans. New care plans had been put in place for all of the people who used the service. The care plans we looked at gave staff detailed guidance on how to meet the current needs of the person they were written for. For example, we looked at the care plans for two people who had a health condition which caused them to have seizures. We saw there was detailed guidance in place informing staff how to recognise each person was about to or was having a seizure and how they should respond to keep the person safe and ensure they received appropriate support. There was also pictorial guidance for staff to follow in how to administer emergency medicines safely.

During our last two inspections we were concerned that people were not being supported to follow their hobbies and interests. During this inspection we saw a number of people were involved in activities and people who used the service told us they were doing more. One person told us they went to the cinema regularly and they enjoyed this. We saw this person being supported to go to the cinema on the day of our visit. Two people were keen science fiction fans and they told us staff had supported them to go to the cinema to see a new science fiction film. We saw they had also been supported to collect memorabilia as part of their hobby and interest. Another person told us staff supported them to have pampering sessions and said, "I really like facials and having my eyebrows done."

We observed one person being supported to do picture painting and they told us they enjoyed this and were making them as presents for the staff. One person was enjoying a musical activity with staff and we saw they

enjoyed this. Three people were doing 'monkey exercises' which involved using a soft toy monkey to encourage them with their mobility. They clearly enjoyed this and there was a lot of laughing and smiling. One person who had not previously been going out of the service was now being supported to go to a weekly session at a hydro pool and had also been out into the countryside with staff. One member of staff told us how much this person enjoyed the pool sessions and enjoyed the floating experience. They told us everyone in the service was invited to the pool once a week and supported to go if they chose to.

People told us about a Valentines party and disco which was going to be held in the service. They told us they were involved in the planning of this event and had parts to play on the night. One person said, "I'm really busy. I'm organising a karaoke evening for Valentine's Day. I'm looking forward to it." Another person told us about lyrics they were writing ready to perform a song at the party. Another person told us about the forthcoming Valentine's event and said, "I'm going to make some cards for Valentine's Day this afternoon."

We saw photographs of people who had recently been involved in some physical activity with an external professional. People appeared to be enjoying the activity and the management team told us it had been very popular and so they had arranged for this to be repeated each week. There were also regular coffee mornings held in the service for people from all of the houses to get together and we saw this was scheduled to happen on the day we visited and people were supported to attend.

Staff we spoke with told us that activities for people who used the service had improved significantly. They were able to describe people's individual peoples' hobbies and interests.

Although at the time of our inspection there was not a designated activities organiser, staff told us they were arranging activities and supporting people to get involved. We saw that people had structured activity plans in place and the provider told us they were looking to recruit internally for this role as a member of staff had been employed with the skills needed for activity planning.

People were given information on how to raise concerns and when concerns were received they were acted on and responded to appropriately. People told us they could speak with staff if they had any concerns and felt they would be listened to. There was a complaints procedure on display which was in a format people would understand.

We saw there had been complaints received from the relatives of two people who used the service. We looked at the concerns received and saw both had been recorded and responded to appropriately.

Requires Improvement

Is the service well-led?

Our findings

The last time we inspected the service we found there were improvements needed in relation to the provider's systems to assess, monitor and improve the quality of the service people received. We found breaches of regulation due to the security of the building, medicines management, the application of the MCA and DoLS and the safety of the environment. We also found improvements were needed in relation to record keeping and the confidentiality of information held about people.

During this inspection we found there had been improvements in a number of areas and this had resulted in a lower level of risk. The provider had implemented new systems for monitoring the quality of the service and had engaged external professionals to test these systems. There were new audits and analysis of information such as incident records and some of these had been effective in identifying where improvements were needed in the service.

However we found that the systems were still not always effective in identifying issues and improving the quality of the service. For example we saw there were audits being carried out in relation to staff files, to ensure staff were being recruited safely and had all of the required documentation. The two staff files we found issues with had been audited but the shortfalls we found had not been identified by the provider's audit. Issues with the MCA in care plans had not been identified and people remained at risk of being scalded due to hot water temperatures being too high. Following our visit, the provider sent us evidence and written assurances that they had taken action following our visit to address the issues we found. They gave assurances that they would improve the systems in place to monitor and identify issues in the future to ensure the service would sustain and build upon the improvements already made.

The last time we inspected the service we saw there had been house meetings implemented so that people could be involved in making decisions about the service. We asked during this inspection if the meetings were still taking place and we were told they were. However the minutes of the meetings which the house manager gave to us only included staff names as attendees and not people who used the service. We were therefore unable to ascertain if people's views were being sought and acted on during these meetings.

We saw there were audits being carried out in a range of areas which had been effective in assessing and improving the quality of the service. For example, we saw infection control and the cleanliness of the houses were being undertaken and that these were effective. We saw the environment was much cleaner and more hygienic than on previous inspections. The audits consisted of the management team completing 'daily walk around checks' and weekly audits in all of the houses. There were daily stock checks and weekly audits relating to medicines and weekly manager reports, the results of which formed a part of the regular senior team meeting agenda.

There was no registered manager in post when we inspected the service. The provider had taken the appropriate steps to replace the manager and in the meantime there was a management team working in the service on a regular basis. The provider had recently recruited a new manager and at the time of the inspection we had received the application from the new manager to register with us and this was being

processed.

We received positive feedback about the new manager and the way she worked from people who used the service and staff. One person told us, "I like the new manager. She is spot on." One member of staff told us, "We are keeping our fingers crossed that she will stay. She is making a difference. I can't put my finger on it, but she comes round in the morning when she gets here and again before she goes home and she is really interested in all the residents and in us as well."

Staff told us they felt it was now easier to raise issues and that they were listened to. They told us they were supported to make suggestions for improvement to the new manager. One member of staff gave us an example of this and described asking the new manager for some items to enable people who used the service to do more arts and crafts. They told us the new manager had gone out and purchased what was asked for the next day. There were also team managers for some of the houses and one member of staff told us that their team manager was approachable and responsive.

We observed staff and they looked happy and motivated. Staff told us that morale was better and that they were all working better as a team. A member of the management team told us, "I feel this is a nice place now. Staff morale is much better." We found this had a positive impact on people who used the service as the atmosphere was calm and people looked happy and well cared for.

Although the new manager had only been working in the service for a short time she told us she had already identified there still needed to be improvements in the service and said that communication was one area needing improvement. We found this to be the case with feedback from relatives and staff via surveys, which had a theme in relation to there still being communication issues. The new manager had developed a 'moving forward plan' and the first key area for 2016 was communication. A newsletter had been implemented as a result of the plan and was shared with people who used the service, relatives and staff. This included news of events in the service, introductions to new staff and plans for the future. This meant the new manager was recognising where improvements were needed and was putting steps in place to make the improvements.

We saw the provider had set up regular meetings with the directors of the company and staff from all positions in the service being invited to attend the meetings to listen to future plans and to have an input into the meetings. These meetings were used to discuss progress and improvements made over the previous month and to decide on actions for the following month.

We saw there had been a survey undertaken in late 2015 to gain the views of the staff and the relatives of people using the service. We saw there were some positive comments but that some staff and relations had raised some concerns and given negative feedback on some aspects of the service. In response to this the provider told us that phone calls had been made to relatives to discuss their concerns. They also told us that results had been discussed with staff at a meeting held after the survey had been done. We saw the new manager had also written to all relatives to introduce herself and to invite people to share their experience via a telephone call or a face to face meeting.

People who used the service had very recently completed a survey and these were still being received. The provider told us that once all the surveys were received back the results would be shared with people who used the service and an action plan put in place if there were any areas of improvements highlighted.

We saw there had been improvements made to record keeping and all confidential information was now locked away to ensure people's private information was kept secure. We found there had also been

improvements to records kept for people's personal care. For example we saw two people needed their food intake recording and we found staff were completing these and there were no gaps in the records.