MCCH

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Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 23 and 24 November 2016 and was unannounced.

The service is a purpose built detached bungalow providing accommodation and personal care for 10 people with learning and physical disabilities. The service is split into two different units; The Willows and The Oaks. Each unit has five bedrooms, shared bathrooms, a lounge and dining room. The kitchen is in the centre of the home and is shared by both units. There were seven people living at the service when we inspected. Each person had restricted mobility and relied on staff to move them around the service in their wheelchair.

A registered manager was not in post. A registered manager is a person who has registered with the Care Quality Commission (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 service was last inspected in April 2016, when it was rated as Requires Improvement. At this time we found four breaches of Regulation and issued requirement actions. Regulation 12, the provider failed to ensure the safe administration of medicines and prevent the spread of infections. Regulation 15, the provider failed to properly maintain the premises and equipment. Regulation 17, the provider had failure to ensure there were effective systems for the governance of the service. Regulation 18, the provider had failed to notify CQC of events and incidents without delay. We asked the provider to take action to make improvements in these areas and this action had been completed when we inspected the service on 23 and 24 November 2016.

There was a manager at the service but they were not registered with the Commission. During the registration processes applicants are assessed to see if they have the necessary skills and knowledge to manage a care home. .

There were enough staff available to support the people at the service as agency staff were used to cover staff vacancies. The high percentage of staff vacancies at the service affected staff morale and their consistency in providing personalised care. People had complex needs and limited communication and therefore, it took time for staff to get to know them and their preferred routines

Effective processes were in place to undertake checks on staff to ensure they were suitable for their role.

Staff knew how to identify and report any safeguarding concerns in order to help people keep safe.

There were safe systems in place for the storage and disposal of medicines. Staff received training in how to administer medicines and had their competency in this area assessed.

A schedule of cleaning was in place to ensure the service was clean and practices were in place to minimise the spread of any infection.

A formal supervision programme had been introduced so staff received regular support from senior staff. There was a rolling programme of essential training for staff to ensure they had the skills and knowledge to care for people effectively. Specialist training had been undertaken in autism and learning disability, epilepsy and sensory impairments.

People had their health and dietary needs assessed and clear guidance was in place to ensure they were effectively monitored. People received the support they needed to eat and medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made and renewed, to ensure that people were only deprived of their liberty, when it had been assessed as lawful to do so.

Staff were kind and caring and treated people with dignity and respect. They communicated with people in a way they could understand and involved them in decisions about their care.

People were offered a range of activities inside and outside of the service which took into consideration their interests and abilities.

People's care, treatment and support needs were clearly identified in their plans of care and included their likes, choices and preferences. People's feedback about the service was gained on a daily basis and information was available to their relatives and visitors about how to raise a concern or complaint.

The manager at the service was approachable and the atmosphere in the service was relaxed and informal. The manager was supported by a staff team who understood the aims of the service and were motivated to support people according to their choices and preferences.

Systems were in place to review the quality of the service and feedback was sought from people, their relatives and staff.

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.

People's medicines were managed appropriately.

People were protected by the service's recruitment practices and there were enough staff available to meet people's needs. Staff knew how to recognise any potential abuse and this helped keep people safe.

Risks to people's safety and welfare were managed to make sure they were protected from harm.

The service was clean and practices were in place to minimise the spread of any infection.

Is the service effective?

Good

The service was effective.

People were provided with care by a staff team that had received the training for their role. They were supported by a number of agency staff.

People's health care needs were assessed and monitored and people had access to healthcare professionals when needed.

The principles of the Mental Capacity Act had been applied to ensure decisions were made in peoples best interests and any restrictions on their freedom and liberty were lawful.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and as individuals.

Staff were kind, caring and patient in their approach and supported people in a calm and relaxed manner.

People were supported to maintain important relationships.

Is the service responsive?

Good

The service was responsive.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

People participated in activities which met their needs.

Information about how to make a complaint was available at the service.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

A manager was in post but they were not registered with the Commission as having been assessed as having the necessary skills and knowledge for their role.

Staff had a clear understanding of the service's aims. However, they felt they could not always put these into practice for the maximum benefit of people, due to the high percentage of temporary staff at the service.

Quality assurance and monitoring systems were in place which had identified shortfalls which had or were being addressed.

People, staff and relatives were asked for their views about the service.

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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 23 and 24 November 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law.

Most people were not able to verbally express their experiences of living at the service. We spent time in the lounge/dining room on both days of the inspection observing how staff supported and communicated with people. Staff helped us to communicate with two people. We spoke with four care staff, the cook and the manager. We received feedback from two relatives, a music therapist and commissioning officer from the local authority.

During the inspection we viewed a number of records including the care notes in relation to three people and tracked how their care was planned and delivered. We also looked at a number of other records including the recruitment records of the last four staff employed at the service; the staff training programme; management of medicines, staff and family meetings, fire log, audits, and the medicines policy.

Good

Is the service safe?

Our findings

Relatives told us the service was safe. People's body language demonstrated they were relaxed and at ease in their home and in staff's presence. People relied on staff due to their physical and learning disabilities to keep them safe. During our inspection there was a calm atmosphere at the service. When people became anxious staff reassured them, by communicating in a way they could understand.

At our last inspection in April 2016 shortfalls were found in the recording and administration of medicines. At this inspection medication administration records (MAR) were clearly and accurately completed so there was a clear audit trail of all medicines entering and leaving the service. There were no gaps in the records indicating that people had received their medicines as prescribed by their doctor. Medicines which were at higher risk of misuse and therefore needed closer monitoring were stored securely. As an additional check, the staff undertook daily checks of numbers of medicines at the service to ensure they tallied with written records. The medication policy had been updated and the changes discussed at staff meetings. The policy included: guidance on how to order and administer medicines; what to do if a medicine was spoilt and could not be administered; and what to do when people spent time away from the service such as at day services, on a trip out or with relatives.

Staff that administered medicines had received training in how to do so safely and their competency in this area was checked when they undertook refresher training. Each person had a medicines profile which stated their personal preferences in relation to how they wished to receive their medicines. For example, one person liked to be given their medicines on a spoon, one at a time and without a drink. Other relevant information for staff included the reason why the person was prescribed each medicine. Clear guidance was in place and followed for non-prescription medicines available over the counter in community pharmacies. Guidance was also in place for people who took medicines prescribed as 'when required' (PRN) so they were safely administered according to people's individual needs.

At our last inspection in April 2016 some areas of the service were not suitably clean or safe. It was reported that the bathroom and shower areas were tired, had cracked and missing tiles, there was an odour of mould and the flooring was coming away from the wall. A deep clean had taken place which had removed the mould, and the broken tiles had been replaced. The floor was still coming away from the wall in one shower room. We were informed the people who lived in this part of the service preferred to have a bath. Plans were in place to replace the flooring as a long-term solution. Other repairs had been made to the environment. A new toilet had been installed, new door panel's fitted, new tiling provided in the laundry room and a hole in the ceiling had been filled and painted. During the inspection workmen were removing moss from the roof and gutters to ensure water drained effectively and paving stones on the path to the side of the service were being re-laid so the path was suitable for wheelchairs. The provider had discussed with the relevant people and made a record of all the improvements in the environment that needed to be completed.

At the last inspection in April 2016 regular checks on fire safety had not been carried out. A member of staff now had responsibility for ensuring these checks took place, they had completed checks at the appropriate intervals. Each person had a personal emergency evacuation plan (PEEP). These identified the individual

support and/or equipment people needed to be evacuated in the event of a fire. Checks were made of the service's equipment and utilities at the appropriate intervals to ensure they were safe and adequately maintained.

At the last inspection in April 2016 we found that some practice in the service did not follow good practice guidelines. At this inspection we found that hand towels had been replaced by paper towels and pedal bins were used which decreased the risk of contamination. The service was kept clean by staff and a schedule of cleaning was in place to ensure the service remained clean in all areas. Staff had received infection control training and personal protective equipment was available and used. Each unit had its own laundry with a separate area where people's clean clothes were stored in a named basket. These actions undertaken by staff helped to avoid cross contamination to minimise the spread of any infection.

Staff received training in safeguarding and understood when they should report any concerns to a senior member of staff or the manager. They felt confident that they would be listened to but knew if their concerns were not taken seriously, they could follow the "Whistle-blowing" policy. This is where staff are protected if they report the poor practice of another staff member employed at the service, if they do so in good faith. There were suitable numbers of staff on shift to meet people's needs. People required a ratio of one to one or two to one staff support due to their physical needs. There were six staff available in the morning and five or six in the afternoon, depending if people had appointments or activities arranged. The service had a number of staff vacancies and used agency staff, including some who had worked at the service for a period of time and knew people well. Staff and agency staff supported people during the inspection. They demonstrated they had the skills and knowledge to support the individual needs of people in their care. They provided appropriate assistance for people with personal care, eating meals and getting ready to attend activities. They spent time talking to people and did not rush them when providing support.

People had a wide range of support needs. Some people were able to travel independently and other people needed varying levels of staff support to assist or prompt them with their personal care. All but one person attended day services four days a week and on the other day they remained at the service to undertake their domestic responsibilities or undertake activities. At the weekend the number of people at the service varied, as some people stayed with relatives or were taken out by family members. People received the support and attention when they needed it during the inspection. When people were admitted to hospital or undergoing treatment, the staff rota had been adapted to ensure that people had a member of staff with them at all times to make them feel safe.

A member of staff walked around the service each week and any concerns were reported to maintenance staff to action. Accidents or incidents were recorded with details of what had occurred and the action taken in response to the situation. Any medicine incidents were investigated and changes to the medicines procedure had been made to minimise their reoccurrence.

Risk assessments had been undertaken for each person to ensure that people received safe and appropriate care. This included potential risks when undertaking daily activities such as moving and bathing; when going out; and in relation to specific health care needs. Assessments detailed the hazard, type of harm, risk involved, safety measures put in place to minimise the risk and any further action that was needed to reduce risks to people. For example, for people at risk of pressure areas, guidance was in place to ensure their position was moved regularly, that their skin integrity was checked during personal care and that the appropriate pressure relieving equipment was used to support them. Staff were knowledgeable about these guidelines and they were reviewed to ensure they contained up to date information.

Appropriate checks were carried out to ensure that staff recruited at the service were suitable for their role.

This included obtaining a person's work references, a full employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

Good

Is the service effective?

Our findings

Relatives told us the service was effective in meeting people's health care needs: "We are always kept informed on all aspects of our son's welfare". People received individual support to eat and drink. A staff member sat next to a person at the correct level, so the person being supported was comfortable. Staff focused their attention on the person and explained what food or drink was available before offering it to them. They engaged the person in conversation, maintaining a calm and relaxed demeanour and allowing the person to eat or drink at their own pace. Staff understood that each person had their own preferred way of making their needs known and used the appropriate method of communication for each person during the inspection.

At the last inspection in April 2016 it was recommended that staff were not suitably supported for their role as supervisions were not taking place in line with the provider's policy. At this inspection a supervision plan had been developed whereby the manager and team leaders were responsible for supervising the whole staff team and all permanent staff had received supervision. Supervision is a process which offers support, assurances and learning to help staff development.

New staff attended a 5 day induction programme at head office which included information about people with disabilities and the provider's aims and values. All new staff, including agency staff, completed an in-house induction which included fire procedures, a tour of the service and the use of equipment. Permanent new staff shadowed a senior staff for two weeks to gain practical experience and knowledge about their role. New staff said the programme at head office gave them an overview and the in-house training gave them more specific knowledge about how to support people with physical disabilities. In addition, new staff completed the Care Certificate. The Care Certificate includes the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised. Staff who had worked at the service for some time had completed a Diploma/Qualification and Credit Framework (QCF). To achieve a QCF, staff must prove that they have the ability and competence to carry out their job to the required standard.

A training matrix was in place which identified when staff had undertaken training essential to their role and when it required refreshing to ensure staff knowledge was up to date and they had the skills they needed to carry out their role. Essential training was provided by e-learning and included safeguarding, health and safety, fire, infection control and food handling. A practical session was arranged for permanent staff so they knew how to move and handle people safely and they also had received specialist training in learning disability and autism and the majority in epilepsy and dysphasia and sensory impairments. Dysphasia is an impaired ability to understand or use the spoken words. Due to their physical disabilities, some people benefitted from physiotherapy programmes to help them maintain movement in their bodies. Referrals had been made to a physiotherapist who had developed new programmes for two people. However, there was a risk that these programmes would be delivered inconsistency to people as only a few staff had been trained in how to deliver them. The manager explained that staff needed to get to know people well and a trusting relationship developed, before carrying out the programme with a person.

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 the best interests and as least restrictive as possible. Staff had received training in mental capacity and asked for people's consent when supporting people. Care plans contained decision specific capacity assessments such as if a person understood their care plan or how to raise a complaint. Staff understood that although people were not always able to consent verbally, they used other communication methods to make daily decisions and choices. Staff explained that one person used head movements and another person used one of their fingers to make their needs known. When a person had been assessed as not having the capacity to make the decision to move to an alternative service, their family member, a representative from the local authority, a healthcare professional and staff had been involved, to ensure the decision was made in the person's best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The service had submitted applications for each person and renewed the applications to ensure it was acting in people's best interests when restricting their liberty, in order to keep them safe.

People's needs in relation to food and fluids were assessed and the support they required was detailed in their plan of care. A speech and language therapist had developed swallowing guidelines about the consistency of people's food and drink and the importance of maintaining people's oral hygiene. Staff understood the importance of encouraging people to eat and drink. For people at risk of malnutrition and dehydration, a record was made of the proportion of each meal they ate and the amount of fluids they drank each day. Fluid levels were totalled at the end of each day to review if the person had drunk sufficiently to keep them healthy. People's weights were taken regularly to monitor any changes and the appropriate health care professionals contacted if there had been concerns. During the inspection a member of staff had specific concerns about a person they had supported to eat and contacted their doctor. This meant people were supported to receive the professional input their required in a timely manner.

A cook was employed four days a week to provide the lunchtime and evening meal. However, they also prepared the main meal for two other days when they were not present at the service. This meant care staff could spend their time supporting people and only had to prepare the main meal on a Sunday. All meals prepared by the cook were homemade. The cook had worked at the service for a number of years and was aware of people's likes and dislikes which they used to develop the menu. They also understood people's dietary requirements such as any allergies and who needed their food to be pureed or a soft consistency so it was easier for them to swallow.

Guidance for staff about people's health and medical conditions were recorded in people's care plans. This included information about people's foot care, eye care, dental care, allergies and pain management. For example, for people who had epilepsy, guidance for staff was available about the warning signs and how to recognize a seizure. There were clear protocols about the action staff should take such as administering emergency medicines or summoning emergency medical assistance. People with specific health care needs had been referred to the relevant health care professionals such as epilepsy nurse, physiotherapist and speech and language therapist. A record was made of all health care appointments, the reason for the visit, the outcome and any recommendations. Each person had a "Hospital Passport" which was given to hospital staff if a person was admitted to hospital. This provided essential information to hospital staff in a single document about each person's communication, personal support, disability, medicines and medical

history. People's health was reviewed monthly and a written summary made of important events such as if they had been unwell, any new medicines prescribed and any health care appointments.

Good

Is the service caring?

Our findings

Relatives and professionals said the staff were caring. There was a relaxed atmosphere in the service. Staff provided kind and compassionate care to people during the inspection. They communicated with people in a way they could understand involved people as much as possible in their care, enabled people to undertake tasks at their own pace, addressed people by their preferred name and showed people respect at all times.

Each person had a communication passport which identified if they were able to communicate verbally or express themselves by other means, such as clapping their hands, vocalising, moving their head or facial expressions. It included how people communicated when they were happy, sad or uncomfortable. Staff used the appropriate method with people during the inspection. For example, one person could indicate yes or no with head movements. Staff could tell that the person was unhappy with an aspect of their care due to their body language. They asked the person a short amount of questions such as "Do you want your breakfast", "Have you had enough", "Are you uncomfortable", "Do you want to go to the toilet" until the person responded. This way staff could identify what the person wanted and communicate back how they could help them.

Each person had a one page profile which contained important information about what the person liked, disliked and what other people liked about them. For example, staff had written that they liked one person's good sense of humour. This showed that staff valued people's contribution.

People's care records contained information about people who were important to them such as members of their family and friends and important dates and events. People were encouraged and supported to develop and maintain relationships with people that mattered to them. One person said they wanted to talk to another person so staff positioned each person so they could see one another. Staff then helped the other person, who was not able to communicate verbally, to join in the interaction, by encouraging them to show the other person their new coat.

People were involved in aspects of their care and support. They were asked for their views and staff let them know what was going to happen each day. Staff explained what they were going to do before and whilst supporting people with their care. For example, before moving a person in their wheelchair they told them where they were going and the reason. One person chose who supported them with their personal support and eating their meals. Their choices were communicated to the staff team and written on a board in the lounge. This person informed a member of staff they wanted them to support them eat their lunch. The staff member explained they were unable to do so as they were responsible for supporting a person in the other part of the service. They asked if it was alright if another named member of staff supported them instead and the person responded that this was alright with them.

People's bedrooms had been decorated to their own tastes and personalised with pictures, photographs and items of furniture. One person had expressed a wish to move to a bedroom in the other unit of the service that was vacant. Staff had consulted with the person and the room had been decorated in the colour

that they had chosen. The manager said that once all decoration had been completed they would be asked where they wanted their furniture and belongings placed in the room, before making the move.

Staff treated people with kindness and compassion in their day to day care. One person was due to attend a regular medical appointment and showed their reluctance to go by refusing to put their coat on. Staff understood it was essential they keep this appointment in order maintain their physical health. Staff used different tactics and approaches to encourage the person to put their arms up, so they could help them to put their coat on and were successful without any negative impact on the person. Staff explained how they tried to keep communication light and to make the person's trips to hospital as positive as possible, without undue stress. This incident showed how important it was for people to be supported by staff who knew them well.

People were treated with dignity and their privacy was respected. When personal care was provided people were given privacy by ensuring bathroom and bedroom doors were closed. A member of staff left a bathroom where they were assisting another member of staff with a person's personal care. Before returning to the bathroom they knocked on the door so the person and staff member were aware they were about to re-enter the room. Staff checked people's comfort throughout the day, assisting them to change position and offering regular drinks.

Good

Is the service responsive?

Our findings

Relatives and professionals said the staff were responsive to people's needs. Some people regularly attended 'hubs' in the local community where they undertook a variety of organised activities and also went out into the local community. Other people attended a centre in Canterbury where a range of activities were available such as music, games and art. Staff also supported people to go shopping, visit the library and go out for a drink.

Each person had an activity planner but these were flexible depending on people's choices and well-being. The service had a sensory room which had lighting, music and an image projector to tune into and develop people's senses. It also contained a water bed, so people could use the room whilst lying comfortably. A music therapist led a session at the service each week. Music therapy is a psychological therapy that aims to facilitate positive changes in emotional wellbeing and communication through the engagement in live musical interaction between the person and therapist. Once a month an entertainer visited the service to sing and play music and people and staff joined in.

Care plans contained detailed guidance for staff about the support people required in relation to their daily living, social and health needs including their mobility, nutrition, medical and skin care. They also included how people expressed themselves in relation to their senses such as sound, touch and smell. For example, one person's plan stated that when they smelt food being prepared they would say, "mmmm". Plans of care were personalised and each person's individual needs were identified, together with the level of staff support that was required to assist them. Photographs and pictures were used to give visual guidance to staff. For one person there was a picture of how staff should support them to lie in bed at night so that they were comfortable.

People's likes, dislikes and preferences were included in their plans of care. One person liked to listen to music when they were in the bathroom and another person liked to be able to see what was going on around them or they became anxious. Staff demonstrated that they understood how to support people according to the guidance in their plans of care. The service had started to develop 'story telling' with people. This is where a staff member works closely with the person and other relevant people, to create person centred stories which include visual aids such as photographs.

Staff made a daily record of how each person was feeling, how they spent their time, and details of any health care appointments. Staff read this information when they came on shift and there was also a handover. This was to ensure important information was shared and that people received consistency in how they were supported.

There was a clear procedure in place if a complaint was raised detailing how the concern would be investigated and the findings fed back to the complainant. It contained the contact details of relevant external agencies, such as the Care Quality Commission and Local Government Ombudsman, who people could contact if they were not satisfied with how the service had responded to their complaint. Complaints leaflets were displayed in communal areas of the service so people and visitors to the service knew how to

formally complain. Members of people's families were part of the Acorn Trust, which was responsible for setting up the service. The trustees met regularly to discuss any problems or concerns at the service.

Requires Improvement

Is the service well-led?

Our findings

Relatives and professionals told us the service was well-led. People knew the manager, who had managed the service previously and also on occasions worked alongside staff and people. Staff said the manager was approachable, supportive and was moving the service in the right direction for the benefit of people.

There had been a number of management changes in the service and the manager in post was not registered with the Commission. Staff valued the support of the manager but said that it was sometimes quite challenging to work at the service due to the number of staff vacancies which resulted in a high percentage use of agency staff. The service had a permanent staff team of twelve, used four regular agency members of staff and had nine staff vacancies. The staff rota was planned to try and balance the ratio of agency to permanent staff and ensure there were people who could drive on each shift. Staff were enthusiastic about fulfilling the aims and values of the service by providing people with individual care, promoting their well-being and engaging them in activities. However, they said this was more difficult to achieve if they had to spend time explaining people's complex needs to a number of staff who did not know people or the service. Staff said that when the staff team consisted of staff who knew people and the service well, there was good atmosphere which benefitted people. This was observed on both days of the inspection. However, staff said that at times when there was a higher ratio of agency staff who did not know the service and people well, they had additional pressure and responsibilities which they believed had an effect on the individualised care the team as a whole were able to provide. The provider was taking action to recruit additional staff. They had held a recruitment day and spoken to potential staff before they visited the service so they had a full understanding of what the role involved. Another recruitment day was planned for December.

A number of improvements to the environment had been undertaken and additional works were in progress. The provider was in discussion with representatives from the housing association who were responsible for the maintenance of the service, but had not been given timescales for all works that were required. A new hoist system was planned which would benefit people and staff, but there had been a delay in its installation. This meant that two people had been using their slings designed for use when having a bath for everyday use. Although no deterioration in these people's skin integrity had been observed, these two people had been using only bath slings for five months, since June 2016 and the provider was not able to inform us of a date for the installation of the new hoist system at the time of the inspection.

The manager had managed the service since the end of April 2016. They had managed the service previously and had maintained contact with people in a different role with the provider. Therefore, they knew and understood the complex health needs and individual characters of the people who used the service. The manager was enthusiastic and demonstrated their commitment to making improvements to the service, for people's benefit. They were supported by two team leaders and an administrator at the service, and by staff at the provider's head office.

At the last inspection in April 2016 some records were not complete and accurate. At this inspection all

records viewed were stored securely, accessible to staff when they needed and regularly reviewed to ensure they were kept up to date. Additional recording processes had been put in place to ensure that records were reviewed on an on-going basis to ensure they were current.

At the last inspection in April 2016 systems to effectively monitor and improve the service were not fully embedded. The service carried out a range of audits and this was complemented by a quarterly internal audit by the provider which identified what the service was doing well and where it needed to improve. This had been developed into an action plan which identified the specific action that needed to be undertaken with timescales. All areas highlighted had started to be progressed or had been completed. Environmental risk assessments, individual risk assessments and care plans had been updated, a family log in place for each person, a staff supervision planner was in place and additional information had been added to the service's business continuity plan. Work in progress included, including more people in 'story telling' and memory boxes and to gather information about their hopes and dreams; and reviewing people's positive behavioural support programmes (PBS), through direct observation from a member of the provider's PBS team. PBS is used to support people who present behaviours that may challenge in the most appropriate way. A medication audit had been undertaken in September and October and all shortfalls identified had been addresses such as implementing a signature sheet for staff to identify the member of staff administering medicines and ensuring peoples PRN protocols were kept with medicine records so they were available for staff.

Staff from human resources had visited the service and talked with staff on a one to one basis to gain their views. They had anonymously fed this back to the manager in relation to any ways they could further support the staff team. The manager planned staff meetings each month but had cancelled the last one as there were only a few staff in attendance. As a result of the feedback the manager had decided to go ahead with all planned staff meetings. They said they would display a comments sheet before the meeting so staff could record anything they wished to be discussed if they were unable to attend. At the last staff meeting discussions took place about each person in detail. The manager had sent out a team briefing in November which kept staff up to date with information about staff recruitment.

As people were not able to express their views verbally, the service had explored ways in which feedback from people could be gathered. People's views of the service were gained through observations and communicating with people in their preferred manner which took place on a daily basis. Upcoming events and activities were discussed at mealtimes. Evaluation meetings were held with people who provided an overview of the person's life over the last month and included health, appointments attended, weight, support guidelines, risk assessments and weekly activities.

The Acorn Trust, whose members were the parents of people who used the service, met with the manager every three months. This was to share information about the service and discuss any concerns. At the last meeting members had been informed that they would be contacted to gain more information about people's individual histories, for 'story telling' work. They were also informed about training staff had undertaken, staffing levels and building works to improve the environment.