Deafinitely Independent

Beech Lodge DEAF-initely Independent

Inspection report

Beech Lodge
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21 November 2017

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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 this service on 8 and 21 November 2017. The first day of our inspection visit was unannounced. We returned on 21 November 2017 to follow up on some issues we had discussed with the registered manager during our initial visit.

Beech Lodge Deaf-initely is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is delivered from two adjacent houses, Beech Lodge and Chestnut Lodge. It provides accommodation and personal care for up to 19 deaf younger adults across a wide age range all of whom have learning disabilities and who may also have other challenges. Those additional challenges may include, for example, autistic spectrum disorder, mobility issues, some other sensory impairment or a combination of such. Fifteen people were living at the home on the day of our inspection. Deaf-initely Independent is a charitable organisation. It is overseen by a board of trustees who meet monthly and who is the service provider.

There was a registered manager in post at the service. 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 the last inspection in May 2017, the service was rated as requires improvement. We found a breach of the regulations because risks to people's health and wellbeing were not always managed and the provider did not have a clear understanding of their safeguarding responsibilities. We found the provider was not acting in accordance with the Mental Capacity Act 2005 and did not have effective systems in place to assess, monitor and improve the quality of care and manage risks to people's health and wellbeing.

Following the last inspection visit, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, responsive and well led.

At this inspection we found some improvements had been made. Systems and processes had been introduced by the provider and registered manager to monitor the quality of the service. However, the improvements needed to become embedded in every day practice to be consistently effective. Whilst ratings under the key questions of responsive and well-led had improved, the overall rating remains as 'requires improvement'.

The provider and registered manager had a better understanding of mandatory requirements around adult safeguarding and the Mental Capacity Act 2005. However, greater depth of knowledge was required to ensure the rights and wellbeing of people who lived in the home were consistently protected. The provider

had submitted applications when people had restrictions placed on their liberty to ensure their safety. Management of risks had improved, but risk management plans were not always sufficiently detailed to provide staff with guidance about managing risks in a person centred way.

The atmosphere in both houses was homely and calm, and the relationship between people and staff was friendly. People were very comfortable with staff and enjoyed spending time talking and engaging in activities with them. Staffing levels were planned around people's needs and their daily activities. Since our last inspection staff had received further training to ensure they had the skills to meet people's specific needs. Staff felt valued and supported in their roles, but felt reasons for some changes were not always effectively communicated to them.

People's health and dietary needs were assessed and monitored. People were involved in managing their health needs and had a health passport to share vital information with other healthcare professionals involved in their care. People received their prescribed medicines safely.

People were supported to maintain hobbies or activities they enjoyed and were meaningful to them. Staff promoted equality and diversity in the home and were respectful of people's relationships with each other. Staff understood the importance of people's faith and spiritual needs and promoted people's dignity by supporting them to be independent.

The provider and registered manager had introduced a more robust system to monitor the quality of care provided, including medicines administration procedures, and were committed to improving service provision for the benefit of the people who lived in the home.

There was a continuing breach of one of the regulations and you can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe.

Improvements were required in the provider's understanding of safeguarding procedures. Some risk management plans lacked sufficient detail to manage all the risks to people's health and wellbeing, and to ensure staff had a consistent approach to supporting people. There were enough staff to provide safe and effective care. The provider checked the suitability of staff to work at the home. Medicines management had been improved at the home, to ensure people always received their prescribed medicine safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Assessments had been completed to establish whether people lacked capacity to make specific decisions regarding their care and support. However, there was a lack of clarity around the records that supported the decision making process. People's health and dietary needs were assessed and monitored and people were involved in managing their health needs. People could make their own choice of what they had to eat and drink.

Is the service caring?

Good

The service was caring.

The atmosphere was homely and calm, and the relationship between people and staff was friendly. Staff enjoyed helping people to do what they wanted to as far as possible. People were supported to maintain relationships which were important to them.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's individual physical, emotional and social needs. People were supported to maintain hobbies or activities they enjoyed and were meaningful to them. The

complaints procedure was in a user friendly format to meet the different communication needs of people living at the home.

Is the service well-led?

Requires Improvement

The service was mostly well-led.

Systems and processes had been introduced to monitor the quality of the service and people were more involved in making decisions about the service they received. However, these improvements needed to become embedded in every day practice to be consistently effective. Staff felt valued in their roles and enjoyed working in the home.

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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 was planned to check 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 was a comprehensive inspection and there were two inspection visits. The first visit was unannounced and took place on 8 November 2017. This visit was conducted by two inspectors and a specialist advisor. A specialist advisor is a qualified health professional. The specialist advisor who supported this visit was a learning disability nurse. We told the registered manager we would return on 21 November 2017. That visit was carried out by two inspectors.

Before our inspection visit we looked at information received from the local authority commissioners and the statutory notifications that the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who contract services, and monitor the care and support the service provides, when services are paid for by the local authority. Following concerns raised about the service, the commissioners had asked the provider to complete an action plan for planned improvements in the home. The commissioners shared that some actions within the plan had been completed, but further progress was still required.

During our inspection visit we spoke with six of the people who lived at the home. Two people told us what it was like to live there. Other people were unable to tell us, in detail, about their experiences of their care, so we spent time observing how their care and support was delivered. We used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and whether they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the two team leaders and two care staff about what it was like to work at the home. We spoke with the registered manager and two members of the board of trustees about their management of the service. We also spoke with a professional visitor to the home.

We looked at a range of records about people's care including three care files and daily records to assess whether people's care delivery matched their records. We looked at two staff files to check they had been recruited safely and trained to deliver the care and support people required. We reviewed records of the checks the provider and management team made to assure themselves people received a quality service.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection people told us they felt safe and happy living at the home. However, the provider and registered manager did not fully understand their obligations under safeguarding procedures when concerns were reported to them. Where care plans indicated a risk of harm, there were not always risk management plans to guide staff on how to support people in a way that minimised those risks. We rated the safety of the service as 'Requires Improvement'. At this inspection we found that whilst some actions had been taken, further improvements were still required to ensure people were kept safe from abuse and avoidable harm.

We found the provider and the registered manager had a better understanding about their safeguarding responsibilities, but there were still some gaps in their knowledge. Prior to our inspection we had been informed by the local authority commissioners that at a recent monitoring visit they identified a potential safeguarding incident that had not been reported to the local authority in accordance with safeguarding procedures. The incident had occurred on 21 October 2017 when there was a physical altercation between two people who lived at the home. The registered manager told the commissioners the situation had been misunderstood by one of the staff members involved who recorded it incorrectly. However, there had been no investigation to substantiate what the registered manager told them. The concerns were shared with the local authority safeguarding team who requested the registered manager to carry out a full investigation. At the time of our inspection visit, the safeguarding authority was seeking further information as there were on-going concerns about the robustness of the internal investigation. This incident had not been notified to the CQC as required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other issues had been referred to the local authority safeguarding team, but there was no central safeguarding tracker so we could confirm the outcome of the referrals and any actions taken by the provider as a result of the referrals.

This was a continued breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding people from abuse and improper treatment.

Staff understood their responsibility to keep people safe and report any concerns about people's health and wellbeing. People we spoke with signed (using British Sign Language or BSL) that they felt safe at the home, and with the staff who supported them. People were relaxed and comfortable around staff and responded positively when staff approached them.

At our last inspection visit we found risks presented by people's behaviours had not always been identified and assessed and staff did not always have the information to manage those risks in a consistent and safe way. At this inspection we found some risk assessments and management plans had been reviewed, but new plans were now more generic and did not always link clearly to people's care plans to ensure they were person-centred. For example, we looked at the risk management plans for two people who could become anxious or agitated. One of the plans was detailed, but the other did not include information about the possible triggers to the person's behaviours and the actions staff should take to support the person to

regain their sense of wellbeing.

Previously, there had been no information in risk assessments and care records regarding people's sexual behaviours and how staff should support people to maintain and develop personal relationships in a way that promoted their independence, but kept them safe from physical or emotional harm. At this inspection we found some of the risks had been addressed, but risk management plans still lacked the clarity and detail to guide staff on how to manage all the risks and ensure they had a consistent approach to supporting people.

It was clear the registered manager had made efforts since our last inspection visit to support people to take some risks to maintain their independence. For example, one person had previously not been able to manage their own personal spending money. Staff had worked with the person to help them understand the value of money so they were able to budget and manage their day to day spending. A risk management plan showed how the person's ability to manage money had been assessed.

Staff recorded any accidents and incidents that occurred in the home. A staff member told us they were discussed in staff meetings so any actions taken as a result could be shared with the staff team.

The provider took action to minimise risks in the event of an emergency. Staff had attended training to give them the skills and confidence to respond to and deal with emergencies, such as health and safety, first aid and fire safety awareness. Staff practiced how they should respond in regular fire drills.

Staffing levels were planned around people's needs and their daily activities. We saw there were enough staff to care for people effectively and safely during our inspection visit. Staff were available at all times in the communal areas of the home. The registered manager and office manager were available to cover care duties if required. The registered manager told us they continued to recruit new staff to ensure people received consistent care. A staff member confirmed, "Agency usage is kept to a minimum, but we do need to recruit more staff to cover for weekends and sickness."

At night there was a 'sleep in' member of staff in each house, who people could call on in an emergency. At our last visit we raised concerns about what would happen if a person was unable to call for assistance, for example if they fell and could not reach the call bell. The registered manager told us they were looking at ways to manage this risk such as introducing a waking member of staff or introducing CCTV in communal areas at night.

Prior to staff starting work at the home, the provider checked their suitability to work with the people who lived there. Staff had background checks completed and references were sought before they were able to begin work.

We looked at how medicines were managed and administered. Staff who administered medicines had received specialised training in how to give people their medicines safely. This included checks on their competency to give medicine and regular refresher training. Each person had a medication administration record (MAR) that documented the medicines they were prescribed and when each dose should be given. MAR records contained a photograph of the person so that staff could ensure medicines were given to the right person. Daily checks were undertaken by staff to check people received their medicines as prescribed.

Some people received medicines that were prescribed on an 'as required' (PRN) basis, such as pain relief. This meant the medicines should only be given when people were in pain. There were protocols (plans) for the administration of these medicines to make sure they were given safely and consistently in people's care

records.

On the first day of our inspection visit we spoke to a team leader who had been given the responsibility of checking that medicines were being administered to people safely. They told us, "I've just taken on this role, we haven't completed any audits of medicines as yet, however we have identified that the times of when medicines are given, need to be recorded."

On the second day of our inspection visit we found medicines were stored safely and securely. The recording of times when medicines were given had been improved. Where medicines required refrigeration, there was a dedicated medicines fridge available at the home. We also found a pharmacy audit had been conducted by a local pharmacist. This demonstrated the provider had already taken steps to improve medicines management at the home.

The environment was clean and tidy and we did not identify any concerns around the cleanliness or hygiene within the home.

Requires Improvement

Is the service effective?

Our findings

At our last inspection we found the provider was not acting in accordance with the Mental Capacity Act 2005 (MCA) and we rated the effectiveness of the service as 'Requires Improvement'. At this inspection we found some improvements had been made and there was a better understanding of the legislation. However, this understanding needed to be developed further and the rating remains 'Requires Improvement'.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

When we last visited we found mental capacity assessments had not always been undertaken to see whether people could understand the decisions they were being asked to take. For example, nobody was able to manage their own finances, but they had signed forms to consent to managers supporting them with their finances. There were no records to show how the provider had decided people did not have the capacity to make any of their own financial decisions, but had the capacity to consent to another person managing their money.

At this inspection we found where people did not have the capacity to make a specific decision, for example, in respect of their finances or taking their medicines, assessments of capacity had been completed. This had improved outcomes for some people who had been assessed as having capacity to take some responsibility for managing their own money and had been assessed as able to take some medicines independently.

Whilst we found outcomes for people had improved, we found some of the information within capacity assessments to be contradictory and confusing. This was because there was no clear definition between the assessment itself and guidance for staff on how they were to support people in the person's 'best interests'.

The registered manager demonstrated a better understanding of their responsibility to support people in making their own decisions. For example, they had referred one person to an independent advocate to help them make a decision about changes to their accommodation at the home. Another person had been referred to the community learning disability nurse. The nurse had worked with the person to assist them to make responsible and informed decisions about their relationships with others.

Staff acted within the principles of the MCA in their interactions with people. Staff understood people and were able to interpret people's every day choices and decisions. Staff asked people for their consent and made sure people were happy before providing any support. Staff told us that following our previous inspection, people now opened their own mail.

At our last visit we identified care plans which contained restrictions on people's liberty that meant the provider should have considered whether a DoLS application needed to be submitted to the authorising authority. This had not been done. At this inspection we found the rights of people who lived at the home were protected because the provider had submitted applications when people had restrictions placed on their liberty to ensure their safety. At the time of our visit three DoLS applications had been approved. However, we found the provider needed to further develop their understanding of the DoLS legislation because one application had been refused as the person had capacity to make their own decisions regarding their care.

Previously we identified staff required further training specific to the needs of people living in the home. For example, staff had not received training in how to support people living with autism or who could display behaviours that could cause concern to others and themselves. During this inspection records confirmed staff had received further training to ensure they had the skills to meet people's specific needs. This included training in the MCA, DoLS and positive behaviour support. The effectiveness of the training was evidenced by one person who had been referred to a challenging behaviour specialist because of their risks of self-harm. The specialist's assessment was that staff were managing the behaviour well and responding appropriately to any signs of distress. Staff were happy with the level of training they received and the registered manager told us further training was planned in autism and assistive technology.

People confirmed they could make their own choices of meals and drinks. Most people were able to prepare their own breakfast, drinks and snacks and had assistance from staff to prepare their main meal of the day. People could choose what they wanted for their main meal from a pictorial menu that was displayed in the kitchen. Staff asked people for their food choices before the meal was prepared and people could choose an alternative if they did not like what was offered. One person told us they had attended cookery classes at a local college and were happy to cook for themselves if they did not like what everyone else was eating. Staff explained they encouraged people to do as much as they could for themselves, but were on hand to assist people if they required support. They were able to tell us how they helped people who had cultural needs in respect of their diet.

Records showed people's health and dietary needs were assessed and monitored. Where a need was identified, people had been referred to appropriate healthcare professionals such as their GP, learning disability nurse and psychologist. People were also supported to attend regular checks ups to maintain their health and wellbeing such as with the dentist and optician.

People's needs had been assessed and support was planned so people were involved in managing their health care needs. We were told about one person who could become quite anxious when they had blood tests. The night before they were due to have the tests completed, staff would help them prepare by showing pictures which explained step by step what was going to happen. Two other people had pictorial information about their diabetes so they had a better understanding of how to manage it.

Each person had a health passport which was used to share information should they need to go into some form of care environment such as a hospital. The information in the health passports was presented in a straightforward way so other healthcare professionals could immediately identify what they needed to know. This included information about a person's medical history, communication, personal needs, likes and dislikes. The passports ensured healthcare professionals had the information they needed to make reasonable adjustments to provide the care required.

The environment at the home was spacious and homely. Communal areas were comfortable and welcoming where people enjoyed spending time together talking and engaging in activities. Each person

had their own bedroom which provided them with a private space of their own. En-suite bathrooms in every bedroom gave people privacy for personal care. People had call bells in their rooms to call for support or assistance. As people and some staff had hearing impairments, assistive technology above doors flashed different coloured lights to alert people's attention. For example, they flashed red for an emergency, orange if someone was at the front door and white if people needed assistance.

Good

Is the service caring?

Our findings

At our previous inspection we found the service provided was caring, and at this inspection it continued to be. The rating continues to be Good.

The atmosphere in both houses was homely and calm, and the relationship between people and staff was friendly. People were very comfortable with staff and enjoyed spending time talking and engaging in activities with them. All the people we spoke with indicated they were happy with the staff who supported them.

Staff told us they enjoyed working at the home and took pleasure in their roles because they helped people do what they wanted to as far as possible. One staff member explained, "I do think it is very caring because all the staff want these guys to be looked after and cared for. There isn't anything the guys could say they wanted to do that none of the staff wouldn't try and achieve for them." Another staff member told us, "I love my job and I love the residents, I think it is a unique place."

Most of the people who lived at the home were not able to verbally express how they preferred to receive their care and support. Staff told us how they communicated with and supported people to explain their wishes and needs. For example, they used sign language and pictures to help people share their thoughts. A visiting professional explained the challenges of supporting people with a sensory impairment as well as a learning disability to communicate. They explained that because staff knew people so well, they understood the need to explore what people were saying and took time to ensure they understood them correctly.

Many staff had cared for people living at the home for a number of years, and told us this helped them to understand people's emotional needs. One person could become anxious around new people, but agreed to speak with us. The staff member who supported the conversation approached the person with empathy and humour which greatly reassured the person and enabled them to express their views about the care they received at the home.

During our inspection visit we saw lots of evidence of respect for people as equals. Staff supported people in ways that helped to maintain their dignity and privacy, and respected their individual needs and wishes. People moved around their home freely or choose to have quiet time by themselves. One person invited us into their bedroom. Their room was personalised with photographs and items that were important to them which made it their own special place. People could maintain their privacy by locking their bedroom door if they wished to.

People were supported to maintain relationships which were important to them. One person told us they were in a relationship with another person who lived in the home. They told us staff were supportive of their relationship and respected their right to have private time together. Staff supported people to visit family and friends and stay in touch with them.

Staff we spoke with told us they promoted equality and diversity within the home. Staff had taken the time

to consider people's sexuality, and supported people to maintain relationships. For example, staff supported people from the LGBT community.

Good

Is the service responsive?

Our findings

At our last inspection we found some processes in the home did not support staff in delivering person centred care and improvements were required. At this inspection we found staff were responsive to people's individual physical, emotional and social needs. A visiting professional told us, "It is a good place for deaf people with additional needs to be. I have no concerns, the staff are always good." The rating is now Good.

Previously we were concerned that people did not always receive person centred care because they could not stay up at night after the 'sleep in' member of staff went to bed. At this visit staff assured us people were not told when they had to go to bed. Records showed how staff had worked with one person so they understood their responsibility to maintain a safe environment if they chose to stay up later. Another person confirmed they could go to bed whenever they wished to.

People were supported to maintain hobbies or activities they enjoyed and were meaningful to them, for example, riding, swimming and bowling. Some people enjoyed attending classes outside the home such as sewing, pottery and print making and other people joined clubs to socialise and engage with friends. A volunteer attended the home regularly to assist people with their reading and writing, and a tutor visited to support people with arts and crafts. One visiting professional told us staff were good at sourcing things for people to do outside the home.

People were also kept busy within the home helping staff with daily tasks and chores such as cooking and laundry. This helped to develop people's life skills so they could be more independent and live their lives as they wished. One person told us they valued their independence and used a bicycle for local trips, but was happy to catch a bus for outings to neighbouring towns or to visit friends.

Staff understood the importance of people's faith and spiritual needs. One person attended their religious centre once a month and others regularly went to a church service conducted for the deaf.

The registered manager told us the service provides each person with their home for life. They told us that while everybody was currently fit and well, they would work with the person, their family and other healthcare professionals to support them to stay at the home if they became poorly.

Care plans were tailored to meet the needs of each person according to their support requirements, skills and wishes. Staff had a good knowledge and understanding of each person's diverse support needs and personal preferences. Staff responded to people's requests for assistance and support immediately and in a way that focussed on the person rather than the task itself.

People had recently been requested to complete a questionnaire about the care they received at the home. The registered manager explained they were going to use people's responses to develop their care plans to ensure they accurately reflected people's choices and preferences.

Staff responded to changes in people's needs because they shared information about people's health and

wellbeing in handovers between shifts and in written daily diaries for each person.

At our last inspection we found the complaints procedure was not in an easy read format. At this inspection we saw each person had an easy read complaints procedure on the back of their bedroom door. The procedure included photographs of the staff members people could go to if they had any concerns or complaints. This meant it was in an accessible format for people who had limited reading skills. People who were able to, told us they had no concerns and one person named a specific member of staff they would go to if they were at all unhappy. There had been no formal complaints received since our last visit.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in May 2017 we found the provider did not have effective systems in place to assess, monitor and improve the quality of care and manage risks to people's health and wellbeing. We judged this was a breach of Regulation 17 and rated the leadership of the service as 'Inadequate'. At this inspection we found improvements had been made. Systems and processes had been introduced by the provider and registered manager to monitor the quality of the service. However, the leadership of the service continues to be rated 'Requires Improvement', because although some action had been taken, the improvements needed to become embedded in every day practice to be consistently effective. We will schedule a follow up inspection to check that the improvements have been consistently sustained throughout the home.

Since our previous inspection visit, the manager had completed their registration with the CQC so they now had the legal responsibilities of a registered manager. The chairman of the Board of Trustees explained that one of the registered manager's initial priorities had been to complete a review of the finances of the service. They told us that following the review, the registered manager had made several changes which had given assurance to the Board about the future of the home.

At our last inspection visit we found where risks had been identified, measures had not been introduced to reduce or remove the risks. At this visit we found improvements had been made in the management of risks within the home. The process for recording and reviewing accidents and incidents had improved and risk management plans had been amended. However, we found that some risk management plans lacked sufficient detail to manage all the risks to people's health and well-being, and were not always sufficiently person centred.

Previously we found that safeguarding issues had not always been appropriately managed and referred to the local authority safeguarding team as required. People's capacity to make decisions had not been assessed to ensure staff were acting in the least restrictive way possible and always acting in people's best interests. At this inspection we found the provider and registered manager had a better understanding of mandatory requirements around adult safeguarding and the Mental Capacity Act 2005. However, an incident that had not been referred to the safeguarding authority as required, and a lack of clarity in mental capacity assessments, demonstrated that more depth of knowledge was required to ensure the rights and wellbeing of people who lived in the home were consistently protected.

Previously we found care plans did not always accurately reflect people's needs. Records we looked at during this visit demonstrated some actions had been taken to ensure people's needs were met consistently in a way they preferred. For example, care plans had been developed for short term changes in people's health, such as a stay in hospital or a course of antibiotics. However, we found that where risks assessments or care plans had been reviewed and updated, the original paperwork remained in the file. These were often contradictory and it was not always clear which document staff should be working from, which could lead to inconsistency in care delivery.

At our last inspection we found people were not asked for their opinion or involved in how the service

performed. At this inspection we found improvements had been made. People and their relatives had been asked to complete questionnaires about their views of the service at the home. The registered manager explained the responses were to be used to develop care plans to ensure they reflected people's individual needs and ensured positive outcomes for them. Overall the responses to the questionnaires had been favourable with one relative commenting, "Fantastic service as always. Goes beyond my expectations."

The registered manager told us they planned to increase people's involvement by asking them to participate in the recruitment of staff so they could have an active role in deciding who worked in their home.

We found some improvements were needed in communication within the home. Staff told us our last inspection report had been referred to in a staff meeting, but there had been no detailed discussion about the issues we identified. Staff spoke positively about recent changes in the management of the home, for example a more robust system for safeguarding people's money. However, some staff felt the reason for some changes were not always explained to them which led to inconsistency in their implementation. Despite this, staff felt valued in their roles and enjoyed working in the home.

Previously we identified that although the trustees visited the home regularly and spoke with people, they did not provide any written feedback. Since that visit, the trustees had started to record their visits and any areas where improvements were required. The registered manager then recorded what action had been taken to address the issues and to ensure the quality of service was maintained.

Since our last visit, the provider had taken some action to improve the safety of the environment. Window restrictors had been fixed to windows on the first floor and warning strips had been placed on stairs.

The registered manager was keen to develop their knowledge and understanding for the benefit of the people who lived at the home. They told us they had visited other services within the local area and attended a manager's workshop and seminar to see what they could learn and to share good practice. They had also established a 'project team' of senior staff to drive improvement within the home. They told us they recognised the issues that had to be addressed following our inspection in May 2017 and were determined to improve the quality of service provision for both people and the staff who supported them.

It is a regulation, which came into force on 1 April 2015, that says providers must 'conspicuously' and 'legibly' display their CQC rating at their premises and on their website. When we arrived for our inspection, we saw the provider was displaying their CQC rating from our previous inspection visit. An easy read copy of the report was also available which ensured it was accessible to every person in the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not always taken appropriate action without delay to safeguard people from the risk of harm.