

Cliffemount Community Care Limited

Cliffemount Community Care

Inspection report

411 Hale Road
Hale Barns
Altrincham
Cheshire
WA15 8XU






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02 August 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
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

This inspection took place on the 2 August 2017 and was unannounced.

Cliffemount Community Care is registered to provide accommodation for up to 5 people who require support with a range of complex care needs including personal care. The service states it specialises in supporting younger adults with a learning disability and autistic spectrum disorder to increase their independent living skills. The service is based in Hale Barns, within walking distance of local facilities including, shops, cafes, restaurants, parks and leisure facilities.

At the time of our inspection there were two people living at the home.

The previous inspection had been carried out in January 2017 where the service had been rated as inadequate and placed in special measures. During this inspection we found improvements had been made in all areas, with the service meeting the requirements of the Health and Social Care Act (2008) Regulations. This means the service is no longer in special measures.

The manager of the service was in the process as registering with the Care Quality Commission. 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. The manager was supported by a team leader.

People and their relatives said they felt safe and happy with the service and the support they received. Staff said they enjoyed working in the home and were positive about the changes the manager had made.

Staff had completed training in the use of distraction, breakaway and physical restraint techniques. A full training programme was now in place, including courses to meet people's specific needs, for example alcohol awareness.

Care plans and risk management plans were in place and regularly reviewed. These gave guidance for staff in how to meet people's needs. Potential triggers of challenging behaviour and signs for staff to recognise that the person was becoming anxious were identified. Ways to reduce people's anxiety and de-escalate potential incidents were recorded.

Incidents were fully recorded and were reviewed by the manager to identify any patterns. We saw the role and working hours of one staff member was being changed to provide additional support around meal times, as this had been identified as a time when one person became anxious.

There were sufficient staff on duty to meet the needs of the people currently living at the service.

A new admission process had been developed since our last inspection. This included a full assessment, with information from the person, their family and relevant health and social care professionals. Visits to meet the new person in their current care provision, as well as the person visiting the home to meet the existing people living at the service, would be arranged. We were told this process had been followed for one person referred to the service, although they had not moved to the service.

The service promoted people's independence. One person was supported to use an ipad to aid their communication. Their family said this had reduced the person's frustration as they were now able to communicate their needs more easily. Another person was being supported to self-medicate their own prescribed medicines.

A new quality auditing system had been introduced since our last inspection. This gave an overview of the service, including health and safety, medicines, staff supervisions, care plan and risk assessment reviews.

Medicines, including controlled drugs, were safely managed at the service. Staff were safely recruited and followed an induction process when first joining the service.

We found the service was working within the principles of the Mental Capacity Act (2005). Applications for Deprivation of Liberty Safeguards (DoLS) were appropriately made. Staff offered people day to day choices about their care and support. Staff supported people to plan their activities for the week. Each person had a full activity programme including activities in the local community and within the home.

People's health and nutritional needs were being met by the service. Referrals were made to health professionals when required.

The home had been re-decorated and was well maintained. Regular checks were made of the fire systems and equipment.

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.

There were sufficient staff on duty to meet people's assessed needs.

Risk assessments and detailed risk management plans were in place, giving guidance for staff to follow to mitigate the identified risks.

Medicines, including controlled drugs, were stored and administered safely. Guidance for the use of an 'as required' controlled drug was in place.

Incidents were analysed so any patterns could be identified. Changes in a staff member's role were being made as incidents often occurred around mealtimes.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Accredited training had been provided for a range of courses, including behaviour management and restrictive intervention. We will check the training is refreshed by existing staff and completed by new staff at our next inspection.

The service was working within the principles of the Mental Capacity Act.

People's health and nutritional needs were being met.

Is the service caring?

Good ●

The service was caring.

Staff interactions were kind and caring and they knew people's needs well.

The service had supported one person to increase their communication skills using an ipad.

People's care plans included details of their likes and dislikes.

Is the service responsive?

Good ●

The service was responsive.

A new admissions procedure was in place. This should ensure the service and staff have the information they require to support a new person moving to the service.

Care plans and goals were in place. These had been regularly reviewed.

People had a full programme of activities, both within the local community and within the home, in place.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

A new Nominated Individual had recently been registered. We will check that they are fulfilling their role of overseeing the service at our next inspection.

A new quality audit system had been introduced. We will check this has been fully embedded into the service to help drive improvements at our next inspection.

The service was notifying the CQC of any incidents as required by the terms of their registration.

Staff enjoyed working at the service and were positive about the changes the manager had made.

Cliffemount Community Care

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 inspection took place on 2 August 2017 and was unannounced. The inspection was completed by one inspector.

We did not ask the provider to complete a Provider Information Return (PIR) on this occasion. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. We contacted the local authority commissioning and learning disability teams. The feedback we received is included in the body of this report.

During the inspection we observed interactions between staff and people who used the service. We spoke with both people living at the service, one relative, the manager, the team leader, and two care staff. We observed the way people were supported in communal areas and looked at records relating to the service. This included two care records, two staff recruitment files, daily record notes, medication administration records (MAR), maintenance records, quality assurance systems, incidents and policies and procedures.

Due to the limited verbal communication of some of the people living at the service, and the nature of their learning disability, they responded to the questions asked with a "yes" or "no" answer, by gesture or via an ipad keyboard.

Is the service safe?

Our findings

Both people we spoke with told us they felt safe living at the service. The relative we spoke with said, "[Name] thinks it's his house; he's really happy there."

At the last inspection we found a breach of the Health and Social Care Act 2008 Regulations (Regulations) due to there being insufficient staff on duty at night to meet people's needs when a third person had moved to the service.

We looked at the rota for the service and found there were two members of staff on duty until 8pm and one member of staff completing the sleep in duty. In addition there was the manager or team leader working and some days both were on duty. This meant there were sufficient staff on duty to meet the needs of the people currently living at the service.

The manger told us they were in the process of recruiting for a waking night staff member for four nights per week. This would mean a staff member would be available throughout the night if people required support for four nights of the week. We were also told that staffing levels would be reviewed when new people moved to the home. This would include a waking night staff member throughout the week. We will check this at our next inspection.

At the last inspection we found there was a breach in Regulations as incidents were not analysed in order to establish any patterns or common triggers. We found at this inspection that improvements had been made.

Antecedent – behaviour – consequence (ABC) forms were completed following an incident. These detailed what had taken place before the behaviour occurred, what the behaviour was and what happened after the behaviour had finished. The aim of using an ABC form is to better understand what the behaviour is communicating to staff. The forms were detailed and in some cases included information from the whole day's events. Where appropriate, body maps were used to indicate the location of any cuts or bruising.

At this inspection we saw that all incidents were now logged onto a computer system which plotted the time they had occurred in graph form. From this the manager had identified that the majority of incidents had occurred around meal times. They were in the process of changing one member of staff's role so they worked five days a week covering lunch and tea. This would ensure that all meals were made on time, were what the person wanted and were presented in the correct way for the person. The staff member also planned to involve the person with the cooking of meals wherever possible. This meant that the manager had used the analysis of the incidents to change staff roles and working patterns in an effort to reduce one person's anxieties around mealtimes.

At the last inspection we found a breach in Regulations as controlled drugs were not recorded in a separate log as required by law. Legislation states controlled drugs, due to their nature, require special storage and recording. At this inspection we saw improvements had been made. A commercially available controlled drugs log book was in use. This recorded each occasion the controlled drug was taken from or returned to

the controlled drugs cabinet and had been signed by two members of staff as required by law.

We looked at the medicines administration records (MARs) for both people living at the service. We saw they had been accurately completed. One person's medicines had been changed by the GP in June 2017. We saw confirmation of the change had been received from the pharmacy and was kept in the medicines file for information. At the last inspection only the current MARs were kept at the home, completed MARs were stored at the company's head office. At this inspection we noted records were kept at the home. This meant they could be referred to by medical professionals if required.

Guidelines for when 'as required' medicines should be administered were in place. This included how the person would inform staff, either verbally or non-verbally, that they needed the as required medicine. One person was prescribed an as required controlled drug to reduce their anxiety. There was clear guidance in place for staff detailing the distraction techniques to be used before the 'as required' controlled drug was administered. In the evening when there was one staff on duty the on call manager had to be contacted before the control drug was used. This meant there were clear guidelines in place to ensure the controlled drug was only used after all other techniques to reduce the person's anxiety had been tried and people were kept safe from harm due to the correct administration of medicines.

Staff had completed training on the administration of medicines. We noted three staff had been observed administering medicines by the team leader, however the remaining four staff still required the observations to be completed. We were told this was ongoing and would be completed in the next month.

We looked at the risk assessments in place for the people living at the service. We saw a risk matrix was used to identify the risks and actions to take to reduce them. Where required a risk management plan was in place. This provided guidance for staff, outlining the support people needed if they became anxious or engaged in behaviours that may be seen as challenging. Examples of what staff should and should not do during common activities, such as when swimming or travelling in the car were given. Examples of previous incidents were also provided, along with guidance for staff on how to avoid a similar situation in future. This meant that the service had assessed and mitigated the identified risks. The staff we spoke with were knowledgeable about the risk management plans, the potential triggers to one person's behaviour and the distraction techniques to be used to reduce the person's anxiety.

We looked at the files for two staff who had recently been recruited. We saw they contained a completed application form, two references, photographic identification and a disclosure and barring service (DBS) check. A DBS check provides information on whether an applicant has any known convictions or is barred from working with vulnerable people. This helps employers make safer recruitment decisions. One file contained a record of the interview, which is good practice; however the other one did not. We were assured that the service had a system in place to recruit staff who were suitable to work with vulnerable people.

Staff had received training in safeguarding vulnerable adults and were able to explain how they would identify signs of possible abuse and that they would report their concerns to the manager or team leader.

We saw Personal Emergency Evacuation Plans (PEEPS) had been written for each person. The PEEPS gave guidelines on how a person would react in the event of an emergency and what support they would need to evacuate the building. We saw fire drills had been completed every six months. It was noted that one person may not respond to the fire alarm and would need to be prompted by staff to leave the building in the event of a fire.

Weekly checks of the fire alarm system and monthly checks of the firefighting equipment were completed.

Regular servicing of the fire alarm, fire extinguishers and emergency lighting had been carried out according to the manufacturer's instructions. A gas check and a portable appliance test (PAT) to ensure electrical items were safe to use had been completed.

Is the service effective?

Our findings

At the last inspection we found a breach in the Regulations because staff had not completed training in behaviour management and restrictive intervention used when people, for whatever reason, present with challenging behaviour. At that time the nominated individual had been facilitating the training in physical intervention for the staff team but did not have the required accreditation to do so.

At this inspection we found the staff had completed a full three day physical intervention training with a recognised external training organisation in February 2017. The nominated individual had not facilitated this training. Staff who had joined the service since February were being enrolled on physical intervention training when the course was available. We will check this has been completed and refresher physical intervention training provided for all staff at our next inspection.

At the last inspection we found a breach in the Regulations because staff had not completed relevant training courses to be able to meet people's needs. At this inspection we found a recognised on line training provider was used and staff had completed a range of training courses including fire awareness, health and safety, mental capacity act, person centred planning, risk assessments, food hygiene and moving and handling. Questionnaires were part of each course to check staffs' understanding of the information they had received, with a minimum score being required to pass the course. The manager also checked these questionnaires to identify if the staff member had made multiple attempts at the questionnaire, or if there were any areas where a staff member might need additional support with the course information.

An external course had been arranged for substance misuse. Staff had also completed an on line course on epilepsy as one person living at the service had occasional epileptic seizures. Three staff had attended an autism awareness day.

At the last inspection we found that one person was regularly abusing alcohol and the staff had not been able to support them with this issue. At this inspection we found that the person had been supported to attend a specialist alcohol recovery service. The person told us they had not had a drink for several months and the staff supported them when they went out to encourage them to choose non-alcoholic drinks. Staff were now providing more support for this person which meant the person was less likely to consume alcohol. A social worker we spoke with said, "The home are trying to put a programme in place for [name]; they are getting more 1:1 support and some of the staff have experience of supporting people with drug or alcohol issues."

This meant staff would have more insight in to the specific needs of the people living at the service. We will check that staff, including any new staff recruited to the service continue to complete all relevant training courses at our next inspection to ensure the training culture is embedded within the organisation.

We noted that new staff that had been recruited all had previous experience in supporting people with autism, substance misuse or complex needs. This meant the staff team now had the skills and experience to support people with more complex needs. The manager told us that they were currently only recruiting staff

who had previous experience with this client group. All the staff had completed or been enrolled on a nationally recognised qualification in health and social care.

We were told that any specific training required to meet the needs of new people who moved to the service would be completed as part of the admission process. We will check this has been implemented at our next inspection.

Staff told us they had completed an induction when they joined the service. This included completing the required on line training, reading people's care plans and shadowing existing staff so they got to know the people living at the service.

A handover was held at the start of each shift. This provided the incoming staff with any information about people's wellbeing. The handovers were also used to discuss and debrief on any incidents that had taken place, so staff were aware of the potential triggers and how the person was supported during the incident.

We saw, confirmed by staff, that the manager completed regular supervisions. These included discussions about the support each individual people living at the service needed and any support or training the staff member required.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We saw that a DoLS had been authorised for one person and had been re-applied for when it had lapsed after one year. The other person supported at the time of our inspection had capacity to make their own decisions about their care and support.

This meant the service was working within the principles of the MCA.

People were encouraged to make their own day to day choices about what they wore, what they ate and the activities they were involved in. A key worker system had been introduced. Two staff had been nominated to be the key worker for each person. The key workers spent time each week with the person planning the activities they wanted to do the next week. One person told us, "My keyworker asks me what I want to do for the following week on a Sunday. I have a diary upstairs so I know what I'm going to be doing."

This meant staff supported people to be involved in and make day to day decisions about their care.

People were registered with a local GP and were supported to attend appointments where required. At the last inspection we saw the care plan in place for the support one person need to attend appointments, either with their family or with staff, did not contain details of the 'as required' medicine that the family or staff took with them in case the person became anxious whilst attending the appointment. At this inspection we saw that this information had been included in the care plan. One person also had an epilepsy care plan in place. This provided details of how the person's epilepsy presented and what to do in the event they had

a seizure.

The community learning disability team (CLDT) had been involved in developing the support required by one person to reduce their anxiety and consequent behaviours. They had been discharged from the CLDT in February 2017.

We saw that one person's medicines had been reviewed with the GP in July 2017. The GP had changed the person's medicines and noted that the person's 'behaviours had improved with the help of the behavioural support plans.'

This meant people's physical and mental health needs were being met by the service.

People were involved in planning a weekly menu and were encouraged to be involved in the preparation of meals and snacks. As previously mentioned in this report one member of staff was changing their role to provide additional support with meal preparation. They were due to attend a nutrition course as part of this role in order to better support people with their meal choices. People were weighed monthly and there were no concerns about people's weight at the time of our inspection.

We saw that the property had been re-decorated since our last inspection. People had their own personal belongings in their rooms. The relative we spoke with said, "When the home was being done up they didn't change [Name's] routine so he didn't become anxious." We noted there were several small maintenance tasks outstanding, for example to replace a toilet roll holder in one of the bathrooms. We were told that the service grouped any non-urgent jobs together so that there were enough tasks to do for a handyman to be booked. The manager said there were plans to build a light sensory room in the garden. Sensory rooms are designed to have a calming effect for people with complex needs.

Is the service caring?

Our findings

At the time of our inspection there were two people living at the service. During the inspection people attended activities or spent time in their rooms, therefore our observations of the interactions between staff and the people who lived at Cliffemount were limited.

The interactions we did see were positive, kind and respectful. We saw staff encourage one person to use their ipad to facilitate communication. On another occasion we saw staff speak calmly to one person and suggest alternative activities to do. This was used as a distraction technique as the person was becoming anxious at the time. We noted that the person responded to the staff and became involved in the suggested activity.

The relative we spoke to said, "[Name] likes all the new staff; we make sure we ask him."

Both people we spoke with were positive about the staff team. One said, "The staff are all nice; they are helping me do things for myself" and "The staff know how to support me." Another person made their feelings known that they liked the staff team through gestures.

An ipad had been bought for one person, with an 'app' to aid their communication and enable them to be more involved in saying what they wanted to do each day, for example to go out or what they wanted to eat. We saw this person was able to type words on the ipad and these were 'spoken' by the ipad. Where required people had a communication passport which gave detailed information about what they were trying to communicate through their actions.

The relative we spoke with was very positive about the use of the ipad. They said the person was now able to communicate better with them and had started to try to use words as well as using gestures and the ipad. They thought that this had reduced the person's frustration as they were now able to communicate what they wanted more easily. This meant the service was encouraging and supporting people to communicate their needs and be involved in planning their care and support.

The staff we spoke with knew people and their needs well. They were able to describe what each person enjoyed and how they communicated what they wanted. People's care plans contained details of people's likes and dislikes, hobbies and interests. This meant staff had developed meaningful relationships with the people they supported.

People's care plans included details of what tasks people were able to complete for themselves. For example one person liked preparing a cooked breakfast, whereas the other person got their own cereal and toast. The plans showed that staff prompted people to attend to their personal hygiene and how they maintained people's privacy and dignity whilst undertaking personal care tasks.

We saw one person had started to self-medicate since our last inspection. A three month plan of the steps required for the person to be able to self-medicate had been agreed. This included ensuring the person

knew what their medicines were for, the person prompting staff that they needed to have their medicines at the correct time and then administering the medicines with staff. At the time of our inspection they were given a week's supply of their medicines which they kept in a locked safe in their bedroom and staff audited the medicines three times a week to check that the person had taken them as prescribed. The next step was for the auditing to be reduced to once a week. This meant the staff were promoting the person's independence in taking their own medicines.

People's personal information was stored securely either in the staff office or in a locked cupboard. This helped ensure people's confidentiality was maintained.

The people currently living at the service were young adults. We did not see any information about people's end of life wishes in their care files. We saw staff had completed a training course on end of life care. The manager showed us a new care plan document which included information about people's end of life wishes.

Is the service responsive?

Our findings

At the last inspection there was a breach in the Regulations as the procedure for ensuring staff were fully aware of a person's needs prior to them moving to the service was not robust. The nominated individual had agreed to support a person, however the staff team at the time were not experienced or suitably trained to meet the person's complex needs.

At this inspection we found that a new admissions procedure was in place. This included a referral form being used to gather an initial overview of a proposed person's needs from the appropriate social worker. If the manager thought the service may be able to meet the identified needs an initial visit to meet the person was arranged. The manager gave us an example where the referral form had been used which had established that the proposed person would not be suitable to live at the home.

If a person was identified as being suitable for the service the manager would then meet the person, their family where appropriate, the person's social worker and current care provider. This could be at one meeting or separate meetings. Care plans and risk assessments were requested from the local authority and current care provider if applicable.

If the manager thought the service was able to meet the person's needs they would then be invited to visit the home so they could see if they liked the home. Additional staff would be rota'd to work so they could also meet the person. Staff would also visit the person's current provider to observe the current support routines and discuss the person's support with the existing staff team. Additional visits to the home would be arranged if appropriate so people already living at the service were able to meet and get to know the proposed new resident.

Prior to our inspection we had been made aware by the manager of a person who had been referred to the service. We noted the above procedure had been followed, although the person had not moved to the service in the end. This was confirmed to us by the referring social worker and also the staff we spoke with during this inspection. One staff member said, "(new person) visited Cliffemount and two staff went to visit them at their current placement. [Manager] gave staff information about the person during handovers."

This meant a procedure was in place to ensure a full assessment of needs for any new people referred to the service before an agreement was reached for the person to move to the home. A planned transition programme was part of the process for people to move to the home, so they and people already living at the service, were able to meet each other and the staff team were able to get to know the person and their needs gradually over a number of visits.

We will check how this procedure has been implemented at our next inspection.

We looked at the care plans in place for both people living at the service. We saw they had been re-written since our last inspection. The care plans identified people's social and care needs and provided guidance for staff in how they should support people to meet these identified needs. We saw they were regularly

reviewed and updated if required.

The care plans included agreed objectives and how progress towards them would be measured. For example one person had an objective to cook a simple meal. Another person had wanted to visit the town where they had grown up and also where they had previously lived. These trips had been completed with staff support and they had been able to meet a relative they had not seen for a long time. The person told us they had enjoyed these trips and they had jogged his memory about his life. They said they hoped to repeat the trips in the future.

One person had a communication passport in place. This detailed what the person meant when they said or did certain known things. For example if the person was asking a repetitive question it meant they were seeking attention and staff were to respond once and then use a sign for 'friends forever'. We saw staff using this technique during our inspection. Guidelines were also in place for distracting the person if they were becoming anxious.

We saw daily notes were written by the care staff each shift detailing the support provided to each person. Any phone calls to or from other professionals were also noted, for example we saw contact had been made with the learning disability team with regard to an occupational therapy referral for one person.

We saw that both people living at the service had a full, agreed timetable in place. The manager said one person's timetable had been changed recently to ensure the activities completed had a purpose. Staff now ensured there weren't too many activities each day, as this could over stimulate the person and have a negative effect on their anxiety and behaviour. The people we spoke with were happy with their activities and said they were involved in planning them with their keyworker. Some activities were based within the home, for example one person told us the staff were supporting them to establish their family tree and to practice the guitar between lessons. Other activities were within the community, for example swimming and doing voluntary work with a local organisation. The relative we spoke with said, "We're very happy with all the activities [name] does."

This meant people had the support to engage in a range of activities of their choice.

We saw the service had a complaints procedure in place. We were told there had been no complaints made about the service since our last inspection. The relative we spoke with said they visited the home at least twice per week and so were able to discuss their loved one's support directly with staff and the manager each week.

Is the service well-led?

Our findings

At the time of our inspection the manager was in the process of applying register with the Care Quality Commission (CQC). The manager was supported by a new team leader.

At the last inspection there was a breach in Regulations as the provider had not notified the CQC of incidents or events as required by law. Prior to this inspection we saw that the manager was now making the required notifications to the CQC.

At the last inspection there was a breach in Regulations due to concerns about the nominated individuals skills and experience to carry out their role. A Nominated Individual is a person employed as a director, manager or secretary of an organisation with responsibility for supervising the management of the regulated activity. We had met the nominated individual prior to this inspection and had been told that they were seeking to recruit a new person to undertake the role of nominated individual. At this inspection we were told that a new nominated individual was in the process of being registered with the CQC. Following the inspection this process was completed. This meant a new person was overseeing the registered manager. We will check that the new Nominated Individual is fulfilling their role of monitoring the service and supporting the manager to meet the regulations of the Health and Social Care Act.

At the last inspection we found a breach in Regulations due to the lack of robust quality assurance systems at the service and the lack of training for staff. At this inspection we found that improvements in both these areas had been made.

As previously mentioned in this report staff training had been arranged and completed. We saw that the manager had a daily checklist to ensure that the daily tasks had all been completed by the staff on duty. The checklist also prompted the manager to review any incidents from the previous week. Staff checked the medicines as part of the handover at the start of the morning shift to ensure they had been administered as prescribed and no errors had been made.

A monthly audit file had been created on the computer. This collated information from the health and safety weekly audits, monthly medicines audits, managers meetings, supervisions, care plans and risk assessment checks and the number of safeguarding's reported. The audit file highlighted if the required number of checks had not been completed, for example if the care plans had not been evaluated the computer would highlight this in red. This meant the manager had an overview of the service and would be aware if any of the scheduled audits and checks had not been completed.

At the end of the month the monthly report was sent to the nominated individual for their information. The manager said they would now send this to the new nominated individual and arrange to discuss the report with them each month.

We will check that the quality audit system has been fully embedded in to the service and is used to drive improvements at the home at our next inspection.

The staff we spoke with were positive about working at the service and the changes made by the manager. One said, "The service has improved and the staff are aware of what's needed each day." Another told us, "The home is 'a million' times better than when I started. [Manager] has been very supportive."

We saw monthly staff meetings had been organised; however the last two had been postponed as staff had been unable to attend. The manager and team leader said they were able to speak directly to the staff during each shift as they were a small staff team, which meant that they were able to ensure any information or changes being introduced were communicated to the team. The staff we spoke with confirmed this occurred.

The manager was in the process of reviewing the service's policies and procedures and writing additional policies where required.

The manager showed us a new care plan document they had written and were planning to introduce to the service. This document combined all the information about a person's needs and support in one document, including pre-admission assessments, care plans and risk management plans. The new care plan included a section on end of life care and advanced care planning, which were not currently in place at the time of our inspection. A new quality audit for care plans and risk management plans had also been written and was in the process of being introduced to the service.

A new secure application for mobile phones had also been developed for the service. This would enable staff to access people's care plans and update records via their smart phones. This was in the process of being tested at the time of our inspection, although staff were aware that it was being introduced.

We found that improvements had been made in all the areas highlighted in our last report and the service was now meeting the regulations of the Health and Social Care Act 2008. We will continue to monitor the service and will check to ensure all the changes are embedded into the service and have been sustained at our next inspection.