

Potensial Limited

The Barn

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?

Good ●

Summary of findings

Overall summary

We inspected this service on 11 October 2018 and it was unannounced. This meant that the service did not know we were coming. We last inspected the service on 14 February 2017 where it was rated as requires improvement in safe, effective and well-led and good in caring and responsive. This meant it was requires improvement overall. There were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in regulations 12 Safe care and treatment and regulation 11 Need for consent. This was because the provider had failed to ensure infection control practices were not always promoted. They also failed to ensure Mental Capacity Assessments were always conducted and evidence was not always available to demonstrate that decisions had been made in the best interests of those who lived at the home.

Following our last inspection, we asked the provider to complete an action plan to show us what they would do and by when to improve the key questions of safe, effective, responsive and well led to at least good. During this inspection, we found improvements had been made and were meeting the requirements of the current regulation.

The Barn 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The Barn accommodates up to 12 people who require support with personal care in one adapted building. At the time of our inspection 11 people lived at the service. All of the bedrooms were of single occupancy over two floors, there were two communal lounges, kitchen facilities and outside accessible space. The home was located in a residential area of Leyland close to local shops, amenities and public transport links.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service was run.

People we spoke with to us they felt safe living in the home. Staff understood how to deal with any allegations of abuse and records we looked at confirmed investigations had been completed.

Systems were in place that ensured medicines were handled safely in the home. Medicines were stored safely in locked cupboards and records had been completed to confirm their administration safely.

Environmental checks and servicing had been completed as well as completed environmental risk

assessments that confirmed that the home was safe for people to live in.

Training records confirmed that the staff had undertaken the relevant training to support their role. Appropriate numbers of staff were in place to deliver good care to people and we saw the staff had been recruited appropriately.

People were asked permission from staff before undertaking any care or activity. Details about consent was recorded in people's care files. Deprivation of Liberty Safeguards applications had been submitted to the assessing authority. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The home was operating under the principle of registering the right support. People were involved in choice in respect of their care and were encouraged to be independent. Care files reflected people's individual health needs and confirmed relevant professionals had been involved. Care plans and risk assessments contained good information about how to support people's individualised needs.

A detailed programme of activities was available to people and we saw them taking part in a community activity on the day of our inspection.

We received positive feedback about the leadership and management of the home. All members of the staff team were open and transparent and supportive of the inspection. Audits and monitoring was being undertaken that demonstrated the home was safe for people to live in.

The procedure for raising complaints was available to people who used the service and visitors to home. We saw positive feedback from people about the home.

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 told us they were happy and felt safe in the home. Systems to act on and deal with allegations of abuse were in place.

Medicines were handled safely in the home. Individual and environmental risk assessments were seen that ensured measures were in place to protect people, visitors and staff.

Recruitment procedures demonstrated that the staff were recruited safely to the home. Appropriate staffing levels were in place to deliver good care to people.

Is the service effective?

Good ●

The service was effective.

A variety of training was provided to staff that ensured they had the knowledge and skills to deliver effective care to people.

It was clear people were included in menu choices in the home and we saw a positive mealtime experience.

We saw staff asking people permission before they undertook any care activity. Deprivation of Liberty Safeguards applications had been submitted to the assessing authority.

Care files reflected people's individual health needs. We saw evidence of reviews by professionals taking place.

Is the service caring?

Good ●

The service was caring.

It was clear people received good quality care in the home. People were treated with kindness, dignity and respect.

Choices, likes, needs and wishes were recorded in people's care files which demonstrated how to ensure people's individual wishes were met.

Information confirmed people were provided with access to advocacy services to make important decisions.

Is the service responsive?

The service was responsive.

A good selection of activities was available for people to access. We saw people taking part in activities during our inspection.

Care files were detailed and comprehensive and provided good information about how to support people's individual person-centred needs.

Systems were in place to record investigate and act on complaints. Positive feedback was received about the home.

Good ●

Is the service well-led?

The service was well led.

We received positive feedback about the leadership and management of the home.

Team meetings were undertaken and feedback was obtained about the quality of the service provided to people.

A variety of audits and monitoring was taking place that confirmed the home was safe for people to live in.

Good ●

The Barn

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.

The inspection was undertaken on 11 October 2018 and it was unannounced. The inspection was undertaken by two adult social care inspectors.

Prior to the inspection we looked at all of the information we held about the service. This included any allegations of abuse, any incidents, feedback and notifications that the provider is required to send to us by law. We also looked at the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the home and made the judgements in this report. We asked for feedback from professionals involved in the service. We used a planning tool to collate all this evidence and information prior to visiting the home.

As part of our inspection we spoke with five people who used the service and six staff members. These included care staff the deputy manager, the area manager and the registered manager who took overall responsibility for the home. We also looked at a variety of records to understand the experiences of people who used the service. This included three care files and associated records, three staff files, duty rotas, training, audits and records relating the management and oversight of the service.

Is the service safe?

Our findings

All people who used the service we spoke with told us they felt, 'Safe and well cared for' in the home. We saw during our inspection that people and staff engaged well and it was clear people were comfortable in the presence of the staff team. All staff we spoke with demonstrated their understanding of how deal with any allegations of abuse. One person told us, "Any abuse I would report straight away to the senior management, the on-call area manager. I can also ring the safeguarding number or the police."

Staff told us and training records we looked at confirmed staff had completed safeguarding training. This ensured staff were equipped with the knowledge and skills to ensure they dealt appropriately with any allegations. Policies and procedures were in place that provided staff with appropriate guidance on managing allegations of abuse. We saw and the registered manager told us that they had developed easy read safeguarding guidance. We also saw a copy of the easy read local authority safeguarding guidance that would support people with limited understanding of the written word about how abuse allegations were dealt with. The registered manager told us they had utilised the easy read guidance to good effect where an allegation of abuse was investigated involving one person who used the service.

There was a system in place to record, investigate and act on any allegations of abuse. Records included details of the findings and any actions to be taken as a result of the investigation. Records had been completed that demonstrated reviews had taken place on the investigation and any lessons learned were documented. This would ensure any future learning was shared and discussed which would support the reduction of future risks to people who used the service.

At our last inspection we identified some concerns in relation to infection control practices that were not always promoted. During this inspection we noted improvements had been made and were meeting the requirements of the regulation at the time of the inspection. During our walk around, we saw all areas were clean, tidy and free from clutter. Staff were seen making use of personal protective equipment such as gloves and aprons during personal care tasks and household duties. Cleaning schedules and daily walkaround records were seen that confirmed the cleaning was undertaken in the home. Staff understood the importance of using personal protective equipment in their everyday role and policies and procedures were in place to guide staff about how to protect people from the risks of infection.

Regular audits had been completed. The records included the results from these and any actions required and timelines for these to be done. This confirmed that the home was clean, tidy and safe for people to live in.

Systems had been developed that demonstrated the home was monitored and safe for people to live in. Records we looked at confirmed regular servicing and checks had been completed. These included, gas safety, portable appliance testing, electrical checks, legionella checks, water checks, hoists, wheelchairs and shower disinfecting. Records had been signed and dated that confirmed when these had been completed.

We saw evidence that a fire risk assessment had been completed that ensured the home had appropriate

measures and reviews in place to demonstrate it was safe for people to live in. The records included the control measures to reduce any risk which had been signed by the staff team. Regular checks were taking place which included the fire alarm testing, fire equipment, weekly fire escape routes, monthly fire extinguisher checks, emergency lighting, magnetic door checks, and checks on fire extinguishers. We also saw regular fire evacuation simulations were completed in the home that confirmed staff understood how to ensure people were safely evacuated from the home in the event of an emergency. Copies of Personal Emergency Evacuation Plans were seen that provided staff with relevant information about people's individual needs if there was an emergency in the home.

A comprehensive environmental risk assessment was in place that included the measures to take to reduce the risks to people, visitors and staff. Areas covered included access and security, accessible and open windows, cleaning solutions, bathing, showering, bodily fluids, electric heaters, first aid, hazardous waste and oxygen. Individual risk assessments had been completed that identified individual risks for people who used the service and how to protect people and reduce any future risks.

Systems we looked at confirmed incidents and accidents were dealt with appropriately in the home. We saw only one accident had occurred this year and the accident report included information about the details of the incident, any triggers, staff actions, and whether it had been reviewed, signed and dated. The registered manager told us they had planned training for the staff team that would improve the quality of the recording of incidents and accidents in the home. This would ensure records were detailed and comprehensive and would enable lessons to be learnt going forward.

Staff files we looked at confirmed staff were recruited to the home safely. Evidence of appropriate checks were seen, these included completed application forms, proof of identity, appropriate references and copies of job descriptions. Evidence of Disclosure and Barring Service (DBS) checks had been obtained which confirmed staff were safe working with vulnerable people. The DBS helps employers make safer recruitment decisions and helps to prevent unsuitable people from working with people who use care and support services. Staff told us they completed a comprehensive recruitment process and relevant information was requested about them. Staff told us and the staff files we looked at confirmed a detailed induction was completed that would provide staff with the knowledge and skills to undertake their role safely.

During our inspection we saw appropriate numbers of staff visible in the home providing care to people living with a learning disability when they needed it. Staff we spoke with told us there was enough staff to enable them to deliver people's care. One staff member said, "People's needs are met." Duty rotas were completed which identified the staffing for each shift. This would ensure staff were aware of their shifts and enabled care planning for the home.

No one raised any concerns about how their medicines were managed. The staff we spoke with told us they had received relevant training and competency checks that ensured they had the required knowledge and skills to deliver medicines safely. Staff records we looked at confirmed this. Up to date policies and procedures were available to guide staff on the correct procedure for storage, ordering and administration of medicines.

We saw that medicines were stored securely in people's individual bedrooms in locked cupboards. Medication administration records had been completed in full and had good information about the type of medicine prescribed and stock levels. We saw good information recorded in medicines care plans to guide staff on people's individual needs as well as body maps completed for the administration of creams. As required protocols were in place that provided good information about what the medicine was and what it being used for.

Checks on room and fridge temperatures were completed daily that confirmed medicines were stored safely. Staff we spoke with clearly understood the procedure for storage and checking in of medicines to the home.

We observed the administration of medicines and saw this was done safely. Records were checked against the medicines that confirmed the date and time they were due. People were asked prior to administration if they wanted 'as required' medicines. This confirmed people were involved and made decisions about their medicines.

Regular medicines audits were completed weekly and monthly which covered the recording, storage and administration of medicines. Records included the findings from the audits and any gaps in medicines administration records. This would enable monitoring of any actions going forward and support any lessons learnt that ensured people received good quality, safe care.

Is the service effective?

Our findings

People we spoke with were happy with the care they received from the staff team. All the staff we spoke with confirmed they had received relevant training to deliver effective care to people who used the service. They said, "We do mandatory training and also specific training is provided. We get enough training [to meet] people's needs" and "We get enough training both e-learning and face to face." Staff gave examples of the training provided. These included, first aid, moving and handling, safeguarding, food hygiene and infection control. We also saw some specific training around people's needs. These included diabetes, management of actual or potential aggression, positive behaviour support and autism. It was clear from our observations that staff understood people's needs well and delivered care to them according to these needs.

The training records we looked at confirmed staff received relevant and regular training that provided them with the knowledge and skills to support effective care delivery. These were via e-learning and face to face. Training included, first aid, the care certificate, control of hazardous substances, dementia and diabetes. The home had developed individual records for each staff member which contained information about the individual training they had completed.

Staff we spoke with and records we looked at confirmed they had access to regular supervisions. Discussions around the positives, strengths, performance, new ideas and training were discussed with the staff team. Staff also confirmed appraisals were conducted with the management team. This ensured staff were supervised, monitored and supported within their role.

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 make 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 MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection the provider failed to ensure Mental Capacity Assessments were always conducted and evidence was not always available to demonstrate that decisions had been made in the best interests of those who lived at the home. During this inspection, we checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw improvements had been made and were meeting the requirements of the regulation at the time of the inspection.

People we spoke with told us care was discussed with them prior to any intervention taking place. We observed staff asking permission before undertaking any activity or care delivery. Staff were seen knocking on people's doors and waiting to be invited in. The care files we looked at had detailed information that

confirmed agreements to care had been discussed, agreed and signed with people who used the service or their nominated person. Records demonstrated the good use of pictorial aids to ensure people understood what decisions were being made when the written word was difficult to understand. Evidence of detailed capacity assessments were seen along with best interest decisions that included the outcomes from these. Relevant DoLS applications had been submitted to the relevant assessing authority and we saw evidence that these were followed up to check their progress. This ensured people were not being deprived of their liberty unlawfully.

We saw that the home was working in line with registering the right support guidance. People told us they had been included in decisions about their care. It was clear from our observations and staff interactions that decisions were made by people and they were encouraged to be independent in their everyday life. People who used the service were enabled to access the outside garden space independently and the wider community with support if they choose.

The home's facilities were over two floors and had been adapted to meet people's needs. Bathrooms were large and accessible. Risk assessments and adaptations to the floor had been developed that supported people to have free access around the ground floor where their mobility was limited. Access to the upstairs rooms was via a staircase. Staff told us that all people living in this area of the home were able to access these rooms freely and that assessments were ongoing to ensure bedrooms remained suitable for people's needs. Staff told us they had recently installed a lower height worktop in the kitchen that supported people with limited mobility to make drinks and meals independently. We saw an ongoing refurbishment programme in place and some decoration and updates had been commenced in the home this enabled people to live in an environment of their choosing.

We checked the kitchen and saw plenty of supplies of food was available for people's meals. Food was stored appropriately and guidance on food storage, fridge guidance, preparation, hand washing guidance, and food allergies was on display for staff to follow. The home had been awarded a five-star food hygiene rating by the Food Standards Agency in 2017. This was the highest rating that can be achieved and demonstrated the standard was 'very good.'

Staff told us and records confirmed menu choices were discussed weekly with all people who used the service. This enabled food available to be tailored around people's likes and choices. Food choices were seen being offered to people during our inspection and people we spoke with told us they enjoyed the meals offered to them. Meal times were seen to be a positive experience for people. Staff were supported people with their meals in a timely manner where it was required and people were encouraged to be independent with their meals where they were able. Meals provided were cooked fresh by the staff and looked appetising. All people commented that a 'fry up' was a favourite choice of theirs. Care files had information about people's needs in relation to healthy eating. This would ensure all staff had access to information about people's likes and individual needs.

Care files we looked at contained good information about people's individual health needs and we saw evidence that relevant professionals were involved in assessments and reviews for people. Professionals included, chiropodist, optician, GP and dietician. Feedback received from the provider was that, 'service users [people who used the service] have access to good quality health care services and all appointments are recorded with outcomes. Service users have choice of these services. Health assessments (are) in place along with health action plans/hospital passports.' This would ensure all people who used the service were provided with good quality care, support and ongoing monitored of their individual health needs.

Is the service caring?

Our findings

All of the people we spoke with told us they were 'happy' with the care they received in the home and that they felt cared for. We saw good positive caring relationships between people who used the service and all of the staff team. A professional told us that staff were, "Very caring and responsive to the needs of the client [person who used the service]."

Staff we spoke with understood the importance of good care. They said, "People's needs are met. We have discussions around people's care."

We observed staff interacting positively with all people living in the home. Kind caring relationships were seen with light-hearted and well-meaning conversations taking place between staff and people. It was clear a mutual respect had been developed between all people in the home, staff understood people's needs well and people's choices were respected. Consideration had been taken to ensure people were supported to be nicely presented, clothes were clean and nails and hair care was considered.

People who used the service were treated with dignity, respect and their privacy was maintained. People told us staff treated them with kindness and always knocked on their bedroom doors and waiting to be invited in. We observed staff knocking on people's doors and waiting to be invited in. It was clear people's bedrooms were treated as their own personal space and staff respected this. We observed that care was delivered to people in the privacy of their bedrooms or bathrooms.

The provider told us that as a service they, 'Wanted people to feel fulfilled and not discriminated against (and) to recognise they have a valued place in their community'. Feedback received in surveys confirmed people felt that they were treated with dignity and respect and service user (people who used the service) meetings included discussions with people about the importance of maintaining people's dignity. Systems to ensure staff understood the importance of supporting people's privacy, dignity and respect were in place.

We saw detailed information in people's care files about how support their individual, diverse and communication needs. One-page profiles included, 'how best to support me', 'what people like and admire about me' and 'what I enjoy doing'. One person's care file included a booklet that had been completed by the person about how to communicate with them effectively. Communication passports had been developed that contained individualised information about how to support their needs. Detailed information was seen about people's likes, dislikes, needs and individual choice. Examples of records included 'what I would like to do in the future', 'what would not be a good day', 'what makes me happy' and 'what makes me sad'. The statement of purpose considered the importance of recognising people's cultural and religious needs. This would ensure detailed information was available to staff that ensured people's individual and diverse needs were met.

Confidential information was noted to be stored securely, maintaining the confidentiality of people's information. We looked at records from team meetings and saw evidence that the importance of The General Data Protection Regulation (GDPR) was shared with the staff team. GDPR is a legal framework that

sets guidelines for the collection and processing of personal information of individuals.

We asked about how the home ensured people had access to advocacy services with important decisions where it was required. Advocacy seeks to ensure that people are able to have their voice heard on issues that were important to them. We spoke with the registered manager who discussed how people had been supported to access advocates when it was required. We saw leaflets and guidance about how to access advocacy services when required was available.

Is the service responsive?

Our findings

All of the people who used the service commented about the opportunities to access a wide variety of activities provided both in the home and the community. They told us, "I am going on holiday to Tenerife. We go to a disco once a week", "I enjoy karaoke. We are going to a coffee morning today" and "We go out a lot. We are going to coffee morning today there is one planned for here next week, we are baking cakes for it." Staff we spoke with discussed the various activities provided and that these were discussed with people. They told us, "Staff suggest ideas, we are doing a coffee morning for breast cancer awareness." We discussed activities with the staff who told us people were going to a luncheon in the local community hall on the day of our inspection. We observed all people who wanted to were supported to access this activity during our inspection.

An activities programme was on display in the home that contained information about the weeks activities on offer to people. It was clear a wide variety of activities were available to people and people who used the service were out and about in the community on most days. We saw the home had introduced a new system of recording the activities provided to people. It included future plans and photographs of events people have been involved in in order to develop daily living skills. Examples of activities included, gardening, supporting Down Syndrome day by wearing odd socks, taking part in autism awareness day and painting. Records included the achievements of people taking part and detailed the positive praise and encouragement provided to people.

People we spoke with told us they were happy with their care and that plans for their care was discussed with them. Staff we spoke with confirmed that people's care was discussed with them. They said, "We have discussions around people's needs." This would ensure people received appropriate and timely support that met their individual and up to date needs.

Care files were organised and easy to navigate, this would enable staff to access information about people easily. One-page profiles had been completed that covered information about what was important to people. Care files contained good information about how to meet people's individualised care needs. Care plans included information about people's communication, personal care, diet and healthy eating, recreation, occupation and leisure, and daily living skills. Care plans outlined people's current situation, expected outcomes and actions. A variety of detailed risk assessments were seen that provided relevant information about people's individual risks and how to manage these safely. Evidence was seen that detailed reviews of people's care files was undertaken that ensured they were up to date and reflected their individual needs, choice and wishes. These included what was working well, what was working not so well, what needs to change, are all risks identified and risks assessed, who will help me with my support plan and amendments to be made.

Personal information was recorded in the care files as well as information about people's individual health needs. We saw evidence that relevant reviews were undertaken by professionals where it was required. These included, GP, chiropody, and optician. A professional we spoke with confirmed the home had been proactive in ensuring they had been involved where appropriate. They said, "I also noted they [the home]

were very good at reporting concerns and sharing information with the MDT [Multi-Disciplinary Team]." At the time of our inspection none of the people using the service required support in end of life care.

All of the people we spoke with told us they were happy and had no complaints about the home. Systems were in place to deal with any complaints received. Information about how to deal with complaints was in place that ensured staff dealt appropriately with any complaints or concerns received. Information about how to raise a concern was recorded in the service user guide. This ensured people had access about how to raise a concern with the home.

A complaints file had been developed which contained blank records to be completed in the event of a concern raised. These included the use of pictures to support people where the understanding of the written word was limited. The registered manager told us and we saw a second complaints file contained detailed information about complaints. These included the nature of the complaint, the investigation and any outcomes from these. The records included a log form that would aide any audits of any investigations and outcomes from these.

The home consistently received positive feedback about the services it provided to people. Examples of comments included, "The person [people who used the service] was treated with dignity and respect throughout both visits", "Interactions between staff and residents [people who used the service] is very good that I have witnessed", "People seem free to do what their choice is but not left alone" and "A pleasant friendly house with a quiet relaxed atmosphere."

We asked about how the home incorporated assistive technology into the day to day operation of the home and supporting care for people who used the service. Staff told us the care files for people were developed on the computer system as well programmes for auditing and monitoring of the home. This supported an effective system of monitoring people's progress and ensured the home was safe and monitored for people to live in. We observed people had access to electronic devices in the home such as light strobes and sensory boxes. This supported choice and individualised care and activities for them.

Is the service well-led?

Our findings

We received positive feedback from staff about working in the home and the leadership and management of the service. Staff told us, "I am very happy working here" and "I feel supported by [registered manager]."

The manager who was registered with the Care Quality Commission took overall responsibility for the home. It was very clear during our inspection that all of the people living in the home and the staff knew who the registered manager was and was comfortable in her company. It was clear from our discussion that the registered manager was knowledgeable about people's needs as well as the operation and oversight of the service. She was clearly passionate about her role and all members of the management team were committed to making improvements to the home and the positive experience for people who lived there.

All members of the team were supportive, open and transparent throughout the inspection process. Any information requested by the inspection team was provided promptly by all members of the staff supporting a smooth inspection.

Relevant certificates were on display in the public areas of the home. These included the ratings from the last inspection, employer's liability insurance, certificates of health and safety legislation, professionalism for care, and a disability confident employer certificate. We also saw the home had been a finalist in the Great British care awards. There were details on display in relation to the, 'stand up charter' for the home. This included, stand up and be brave, up hold values of Potens (Registered provider), I will succeed and believe in yourself. This demonstrated the home's protective approach in ensuring people and staff had access to the approach and values of the company. We saw staff had signed to confirm they were committed to understanding and promoting the vision, mission and values of Potens.

Staff we spoke with confirmed team meetings were taking place in the home. They said, "Team meetings are taking place. We are able to bring our views to the table." Records we looked at confirmed staff meetings were being conducted and included details of the dates as well as attendees to these. Topics discussed included, actions from the last meeting, managers meeting review, service development, infection control, safeguarding and lessons learnt, health and safety, service users (people who used the service), GDPR, dignity, communication champion, celebration folder, incident forms, activities and on call. The home had developed easy read pictorial information about meetings which covered areas such as house updates, complaints and compliments, safety and maintenance, activities, promoting independence and strength, dignity, awareness week, and provider updates. This ensured all staff members were provided with information and guidance about updates and guidance relating to the home.

The registered manager told us surveys about people's views were submitted annually. We saw evidence that the views of people who used the service, family, visitors, professionals had been obtained. The feedback received was positive and that people who used the service were 'happy and content' and 'felt safe.' Comments seen included, '[the home] all organised and available', 'able to support to complete initial assessment form and very attentive during this time', 'all staff appeared interested in [the] training and were knowledgeable' and 'all the staff give me all the information that I need. I would rate [the home] 20 out of 20

and all the staff are very supportive. Always very clean and tidy.' We saw the results of the feedback was recorded on an action log that included the actions to be taken as a result of the findings. This would ensure any lessons learned or improvements required could be acted upon and monitored by the management team.

There was a detailed and comprehensive audit programme in place that demonstrated the home was monitored, managed and safe for people to live in. Quality audits were completed along with health and safety and monthly audits. Areas covered included, staffing, training and development, medication, health and safety, infection control, equipment, the environment, servicing checks, service user guide, statement of purpose, review of support plans, staff records, staff meetings, visitors to the service, accident reporting analysis which included analysis for themes and trends and the actions taken to reduce any future risk. The findings from the audits were recorded and reviewed on each occasion. This would ensure appropriate actions were taken to reduce any future risks to people, visitors or staff. The regional manager told us regular senior audits were completed that ensured leadership oversight and monitoring was taking place

The home had good information about the future plans for the service. A service development file was seen that was reviewed regularly. Areas covered included the service action plan, data protection, DBS, management arrangements, incident and accident reporting, finances, health and safety, notifications and DoLS, infection control and refurbishment, recruitment supervisions and appraisals. This provided good information that the home was being effectively monitored by the senior team.

The service was keen to improve and develop in line with best practice. The registered manager discussed one example and we saw their next phase plans that were discussed in a national conference in 2018. This would ensure plans for the future were discussed and shared with the senior management team and shared with all of the staff members. We were told by the registered manager that an autism file had been developed by the provider to provide information and guidance about best practice to the staff team. They told us further training on autism was planned to improve staff knowledge and skills.