Sequence Care Limited

Totteridge House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 23 and 24 April 2018. It was an unannounced visit to the service.

Totteridge house 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.

Totteridge house accommodates people in one adapted building. The home is registered for seven people with a learning disability and other associated conditions. At the time of this inspection six people lived there. The provider confirmed they did not intend to accommodate seven people due to the lack of sufficient communal space available to people.

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." Registering the Right Support CQC policy.

The service had a registered manager. 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 previous inspection the provider was in breach of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question safe, effective and well-led to at least good.

At this inspection of the service we found improvements were made and the service was providing safe, effective, caring and responsive care. Improvements were required to records and auditing of the service to ensure it was well-led.

The majority of relatives spoken with were happy with the care provided. Relatives felt staff were better skilled to provide safe care. They described individual staff as "caring, brilliant, welcoming and friendly". One relative was unhappy with many aspects of care and felt Totteridge house was not the right place for their family member. Relevant people involved in the person's care were aware and it was being looked into.

People were safeguarded from abuse and risks to people were identified and managed. People had positive behaviour plans in place to support staff to manage behaviours that challenged. Accident and incidents were responded to. Debriefing meetings took place following an incident to reflect on actions and improve practices.

The required staffing levels were maintained with the rota managed flexibly to meet people's needs. Staff were inducted, trained and supported. Person specific training had taken place to improve staff skills and their confidence in supporting people. As a result staff were kind, caring, engaging and more responsive to people. They distracted people and prevented escalation of challenging behaviours.

People's choices, independence and involvement in their care were being developed. Staff worked to the principles of the Mental Capacity Act (MCA) 2005 but needed to be mindful that other professionals made decisions around medical interventions in line with the MCA 2005.

People's communication needs were identified and person centred tools e.g. pictures, signing and talking mats were used to promote their understanding and communication. Information such as menus, complaints and fire procedure was provided in an accessible format to inform people. People had access to activities and the service was looking at ways to improve community access for people.

Systems were in place to promote safe medicine administration. People had care plans in place which outlined their needs and the support required. Their nutritional and health needs were identified and met. People had access to in house health professionals such as an occupational therapist, speech and language therapist and a positive behaviour support therapist. They were responsive to changes in individuals and worked alongside staff to promote their learning.

People were provided with equipment to promote their safety and independence. The equipment provided was serviced and safe. Areas of the home needed redecorating and a deep clean of some areas of the home was required to ensure the environment was kept clean and prevent cross infection.

The provider had systems in place to audit the service and get feedback to improve practice. However auditing and feedback systems were not fully established to satisfy themselves that the service was being effectively managed and that feedback was sought and acted on.

Improvements had been made to records but further improvements were required which the registered manager had identified to make records more accessible.

The registered manager was new to the service. They had identified areas for improvement and recognised further improvements were still required to develop a more person centred service. Staff and relatives were complimentary of the registered manager. Staff felt empowered and motivated. They felt team working and joint working with other professionals had improved to benefit everyone.

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 were provided with sufficient staff to meet their needs and promote their safety.

People were protected from potential abuse and risks to people were identified and managed.

People's medicines were managed appropriately.

Is the service effective?

Good

The service was effective.

People were supported by staff who were inducted, trained and supported in their roles although records in relation to the Care Certificate Inductions were not maintained.

People were supported and enabled to make decisions about their day to day care. The principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were complied with, however records of best interest decisions around medical and dental interventions were not maintained.

People's health needs were met and they had access to a range of health professionals to promote their health and well- being.

Is the service caring?

Good

The service was caring

People were supported by staff who were kind and caring.

People's privacy, dignity, independence and respect was promoted.

People were provided with support and aids to promote communication and involvement in their care.

Is the service responsive?

Good

The service was responsive

People had care plans in place which outlined the care required to promote consistent care.

People were supported to pursue their interests and person centred activities were provided.

People were provided with the information on how to raise a concern or complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager was new to the service. They had brought about positive improvements and was clear of their vision for the service.

Improvements were made to people's records but further improvements were needed to records to ensure they were accessible, up to date and accurate.

Systems were in place to get feedback and audit the service. However these were not yet established to ensure the service was effectively monitored and that formal feedback was sought and acted on.

Totteridge House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 and 24 April 2018 and was unannounced. It was carried out by one inspector.

Prior to the inspection we requested and received a Provider Information Record (PIR) on the service. We used information the provider sent us in the 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 reviewed other information we held about the service such as notifications and safeguarding alerts. We contacted health care professionals involved with the service to obtain their views about the care provided. None was provided. We received feedback from the Local Authority which has been included within the report.

During the inspection we walked around the home to review the environment people lived in. We spoke with the registered manager, deputy manager, team leader, in house speech and language therapist, three support workers and two people who used the service. We observed how people were supported and staff's engagement with them. We spoke with two staff and five relatives by telephone after the inspection. We looked at a number of records relating to individual's care and the running of the home. These included four care plans and medicine records, shift planners, handover records, four staff recruitment files, staff training and six staff supervision records.

We asked the provider to send further documents after the inspection. The provider sent us documents which we used as additional evidence

Good

Is the service safe?

Our findings

At the previous inspection the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014.This was because systems and processes were not established and operated effectively to safeguard people. The provider sent us an action plan telling us they had put measures in place to safeguard people. At this inspection we found information on the interagency safeguarding protocol was displayed in the office and accessible to staff. Staff were trained and aware of their responsibilities for reporting poor practice. A log was maintained of safeguarding incidents and action taken.

The people we spoke with told us they felt safe. Relatives generally felt more confident their family member was safe. A relative commented that "One to one observations are better managed and the home seems calmer". "Staff seem more alert and know what is going on so they can respond to it." One relative did not feel their family member was safe and gave an example of an incident between their family member and another person who used the service. We were aware of that incident and saw appropriate action was taken.

At the previous inspection we had made a recommendation that the provider reviews the arrangements for people's one to one care. This was to ensure one staff member was not providing one to one care to the same person for the duration of the 12 hour shift, breaks were adequately covered and to ensure that staff retain responsibility for the person they are observing and continuously provide this. The registered manager had reviewed and changed the rota. This was to give more flexibility and to ensure more staff were available at peak times of the day. This allowed staff breaks to be covered and people to be supported with community access. Staff were clear who were they were supporting, observing and this was maintained. The registered manager and deputy manager were not included in the numbers. They worked 9 – 5 but supported on shift when required. An on call rota was in place and staff were clear how to access out of hours support when required.

The home had seven staff vacancies. Four staff had been recruited into those vacancies and were going through the required pre-employment checks prior to commencing work at the home. Bank and regular agency staff were used to cover gaps in the rota.

A person told us staff were available to support them when they required support. Staff felt the staffing levels were sufficient. Relatives told us they felt staffing levels were appropriate. A relative commented "The home has had a high turnover of staff but more recently there has been regular faces and all of that seems reassuring".

At the previous inspection it was not evidenced that staff were suitably trained, assessed and deemed competent to administer medicines and staff were secondary dispensing people's medicines for home leave. At this inspection we found staff were trained in medicine management and had an awareness of the medicine they were administering. They were assessed and signed off as competent to administer medicines. If staff were involved in a medicine error they were prevented from doing medicine

administration until they had been reassessed. Systems were in place to promote safe medicine administration. Medicines for home leave were managed appropriately. Medicines were stored appropriately and temperatures were checked of the cupboards in which medicines were kept to ensure a safe temperature was maintained. Documents recorded the medicines received into the home and disposed of. No controlled drugs were in use. Protocols were in place for the use of as required medicines. We looked at a sample of medicine administration records. We found no gaps in administration in the records viewed.

At the previous inspection it was reported that staff were wearing lanyards around their necks with keys attached and this placed them at risk of injury. We made a recommendation that the provider promotes a safe working environment for staff. The registered manager confirmed they had stopped the use of lanyards in the home to promote safety as well as creating a more homely environment.

Risks to people were identified and management plans were in place to manage risks. People had positive behaviour plans in place. This was to promote positive behaviour and provide staff with an outline of de-escalation techniques of behaviours that challenged as well as managing a challenging situation. Records were maintained of accidents, incidents and separate records were maintained of challenging behaviour incidences to report on triggers, actions and results. Debriefing meetings took place following incidents and risk assessments and positive behaviour plans were reviewed and updated as necessary in response to the incident. Staff were aware of individual risks to people and told us they felt suitably trained and competent to manage situations. During the inspection we saw staff support people appropriately. They managed challenging behaviour confidently, calmly, redirected the person and prevented the challenging behaviour escalating. We noted there had been a decrease in the number of challenging behaviour incidents reported to the Care Quality Commission compared to the previous year.

Staff were trained in equality and diversity. The provider had a policy in place to promote staff to work in line with the Equality Act 2010. During the inspection we observed staff treated people equally and people with disabilities and behaviours that challenged were given the opportunity to have involvement in the home, follow their interests and have community access and involvement.

Environmental risk assessments were in place. They outlined risks to people, staff and visitors such as risks associated with challenging behaviours, slips, trips and falls, lone working and staffing levels. A fire risk assessment was in place which was completed by an external contractor and dated December 2017. People's files included a Personal Emergency Evacuation Plan (PEEP) which provided guidance on how people were to be evacuated in the event of a fire. These had recently been updated in response to a fire in another service managed by the provider. The fire alarm system was serviced and maintained. Daily, weekly and monthly checks of fire doors, fire equipment and emergency lighting were carried out. Fire drills took place. The frequency of the fire drills had recently increased to monthly with a six monthly night time drill. To date no night fire drill had taken place. The registered manager confirmed after the inspection that a night time fire drill evacuation had taken place. .

Health and safety checks took place which promoted a safe environment for people. Food, fridges and water temperature checks took place and records were maintained. The gas safety, water supply, electrical appliances and fixed lighting were regularly serviced. The home had access to maintenance support. Records were maintained of items reported to be repaired and replaced. Areas of the home were in need of redecoration and replacement. The carpet in communal areas was stained, the walls were badly marked, kitchen cupboards did not line up, the dining table had lost its finish and radiators covers were damaged. The registered manager had identified improvements they wanted to make to the environment to make it more accessible and appropriate to the needs of the people who lived there. These improvements were to be reviewed and agreed by the provider. The home had a draft programme of proposed decoration of areas

of the home. It indicated some areas of the home were to be redecorated in 2018 and others in 2019. However this was awaiting sign off and approval by the provider.

Staff were trained in fire safety, first aid and health and safety. They were aware of their responsibilities in the event of a fire. A first aid box was provided and accessible. An emergency grab bag was available to staff. It included copies of individuals PEEPS, a floor plan and contact numbers of relevant people involved with the service. This ensured staff had the required information available to them to respond appropriately in an emergency.

Staff were trained in infection control. They were provided with gloves to prevent cross infection.
Staff were responsible for cleaning. Cleaning schedules were in place which outlined tasks to be done and when. These were dated and signed off when completed. Areas of the home were in need of a deep clean. There was a build-up of dirt on the floor around the cookers, fridges and washing machine. The floors and skirting's were stained and kitchen cupboards and drawers were dirty. The provider confirmed after the inspection that a deep clean of the service was planned.

Systems were in place to promote safe recruitment practices. Staff completed an application form and attended an interview. Their files included a recent photograph, application form, health declaration, record of interview and references. Records showed that a check had been made with the Disclosure and Barring Service (criminal records check) to make sure the staff members were suitable to work with vulnerable adults. In one staff member's file a reference was not on file from their previous employer. The provider confirmed after the inspection this had been requested but not received. They confirmed three references had been obtained covering the staff members last three years of employment. Three new staff had commenced employment in March 2018. None of their recruitment files were at the home at the time of the inspection. After the inspection the provider confirmed this had been addressed. They advised the required documents were emailed to the registered manager after the inspection with the paper files being brought to the home later in the week. The registered manager confirmed they had put a staff recruitment tracker record in place to satisfy themselves that the required pre-employment checks had been completed prior to staff commencing employment at the service.

The provider had processes in place for managing disciplinary issues and for enabling staff to raise any grievances they had. We saw in a staff member's file they had raised a grievance. Their grievance was acknowledged and noted but there was no evidence it had been addressed. The nominated individual confirmed the action that had been taken. We were advised the staff member who raised the grievance was informed and the provider agreed for a record to be maintained on the staff members file to conclude the grievance.

Good

Is the service effective?

Our findings

At the previous inspection in April 2017 the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because staff were not suitably inducted and did not have the required skills and specialist training to meet people's needs. The provider sent us an action plan telling us they would be compliant with this regulation by October 2017.

New staff told us they had received induction training and induction into the home. An in house induction checklist was completed, signed off and included in their staff file. New staff were required to complete the Care Certificate induction. The Care Certificate induction is a recognised set of standards that health and social care workers adhere to in their daily work. This involves observations of staff performance and tests of their knowledge and skills. At the previous inspection the provider had no record of which staff had completed the Care Certificate induction and who was required to do it. They had indicated in their action plan this had been addressed. The provider's policy on training outlined that "New staff with no previous experience in the health care sector are required to complete their care certificate workbook which is issued to all staff at their induction training. The workbook is to be completed within 3 months of starting with Sequence Care Group and is a requirement of completing their probation period. Staff who have already completed the work book previously and hold equivalent qualifications will not be required to complete the care certificate." We saw a completed Care Certificate Induction workbook for one staff member only. This was completed by them but no competency assessments had been carried out and it was not signed off. Another staff member told us they were working through their Care Certificate Induction workbook. There was no record available or certificates in staff files to show who was working through the Care Certificate induction and who had completed it. The registered manager confirmed a record was maintained by head office of which staff were required to complete the care certificate induction. They confirmed the Care Certificate induction would be included on their training matrix to ensure the completeness of it is monitored.

Relatives felt staff were better trained, skilled and supported and they presented as more confident in their role. A relative commented "Staff take more responsibility and ownership for things on duty and are able to assist me." One relative did not feel staff were properly trained. They commented "Training undertaken was soon forgotten."

At this inspection staff seemed more confident and skilled. They were aware of their roles and responsibilities and confirmed they had access to training to support them in their roles.Staff were trained in topics the provider considered mandatory such as safeguarding of vulnerable adults, emergency first aid, communication and Positive Range of Options to Avoid Crisis and use Therapy, Strategies for Crisis Intervention and Prevention (PROACT-SCIP) to enable staff to safely manage behaviours that challenged. Staff were provided with specialist training in topics such as mental health, learning disabilities, valuing people, documenting challenging behaviour and communication. Staff were provided with bespoke training relevant to the support individuals required such as training in communication techniques Makaton Micro teaching and intensive interaction, Asperger's and Autism Awareness and safe eating and drinking. The registered manager told us they were liaising with the in house health professionals to work with staff

regularly to further develop the staff member's skills. A training matrix was in place which showed which training was relevant to the service. It outlined the training that had taken place and highlighted when updates were due. The training matrix showed the majority of staff had completed the required training.

Staff told us they felt supported in their roles and received one to one supervision from their manager. We reviewed a sample of supervision records. We saw formal supervisions were taking place, some more frequently and in line with the organisations policy than others. New staff had probationary reviews and existing staff had annual appraisals.

The home had systems in place to promote communication within the team. Handover meetings took place and a shift planner was in use. This outlined the staff on duty, the shift leader, tasks to be completed and who was delegated for tasks and supporting individuals with their care, appointments and activities. The home had a communication book in use where staff were informed of key changes within the service. This prompted them to refer to individuals care plans, risk assessments or positive behaviour support plans. Monthly team meeting and clinical review meeting took place to keep staff updated on key issues within the service and changes in the management of individuals. Staff were expected to sign to say they had read and understood revised documentation. There was some missing signatures which the registered manager was continuously addressing with individual staff.

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. Staff were trained in the Mental Capacity Act 2005 (MCA) and demonstrated they had a good understanding of the act. Mental capacity assessments were carried out in relation to specific decisions. People were provided with the information in a user friendly format and social stories were used to promote their involvement in the decision making process. Best interest meetings took place in relation to those decisions. However there was no record to say that decisions around health interventions such as blood tests, flu jab, dental treatment and routine screening were made in the person's best interest and in line with the principles of the Mental Capacity Act 2005. The registered manager confirmed they are not the decision makers for health interventions and other relevant health professionals are. However they confirmed after the inspection they had amended the health appointment record form to include if applicable a best interest decision has been made by the health professional who is the decision maker.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been made to the Local Authority for people who required it. A log was maintained of the date of the DoLS application, date of approval, date the Care Quality Commission were informed and date of renewal. Staff had been trained in DoLS. They had a good understanding of DoLS and how it related to the people they supported.

The service had no new admissions since the previous inspection and none were planned. The organisation had a process in place for assessing potential new referrals to ensure their needs could be met. The registered manager confirmed that people's cultural and diverse needs would be taken in to account when carrying out an assessment and these would be incorporated into care plans.

People's care plans outlined their health needs and the support required. Each person had a hospital

passport in place which outlined individual's needs and key people involved with individuals. Two of the hospital passports viewed were last updated in January 2017.The registered manager advised they should be reviewed annually and agreed to review the others to ensure they were current. People had access to a GP, dentists and opticians and were supported to hospital appointments when required. A record was maintained of the outcome of appointment and any subsequent follow up.

The organisation employed a team of health professionals such as a behavioural analyst and positive support specialist, an occupational therapist and speech and language therapist. They worked as part of a multi -disciplinary team in developing behaviour support plans, communication passports, social stories and in providing training and support to staff in how best to manage
situations and behaviours within the home and in the community.

A person we spoke said they were happy with the meals and was actively involved in preparing and cooking their own meals. Staff were responsible for cooking the meals. People were allocated to be involved in meal preparation and their involvement varied depending on their abilities. Risk assessments were in place to address risks to individuals whilst being involved in life skills such as meal preparation and cooking. A four week rolling menu was in place. The menu was varied and included healthy options. Staff were aware of people's likes and dislikes and these were incorporated into the menu. People were given the option of what was the on the menu or an alternative option was available. People's care plans outlined the support people required with their meals and risks around choking were identified and managed. Staff were aware of who was a choking risk and how the risk was managed. People's weight was monitored and people were supported and encouraged to address weight gain and losses.

A local authority representative who had recently provided training told us they had delivered three training sessions on Healthy Eating to all staff in the last month. They commented "On each occasion, I have been really impressed by the level of commitment and engagement from all the staff who have participated in these sessions. There was a real commitment to support people as best as possible in the area of nutrition and hydration, working well as a team, and taking in the learning to generate discussion on improvement that could be implemented, keeping the best interest of people at heart."

The service is registered for seven people but accommodated six people due to the lack of communal space. The provider confirmed they did not intend to market the vacancy or fill it. The statement of purpose for the home referred to accommodating six people. People were provided with aids and adaptations to promote their safety, privacy, well- being and independence. One person had a finger print door entry lock to their bedroom. This was to enable them to access their bedroom but prevent others from doing so. Another person has a weighted blanket to help them deal with anxieties and calm down a situation before it escalated.

Good

Is the service caring?

Our findings

The people we spoke with told us staff were caring. A person commented "Yes they are ok, they are nice and do help me." Relatives felt staff were caring. Staff made them feel welcome. A relative commented "[Staff member's name] is brilliant. He is the top man".

At the previous inspection a recommendation was made that the provider monitors staff practice to promote a caring and inclusive environment for people which promotes people's dignity, respect and privacy. We saw records were maintained for some staff of their engagement with people. These were positive and no concerns were raised. The registered manager was keen for the in house Multi-Disciplinary Team (MDT) to act as role models to staff to further promote and develop staff skills and confidence to promote positive relationships.

Staff were friendly and welcoming. They were gentle, kind, caring and encouraging in their engagement with people. They provided people with appropriate touch, good eye contact and reassurance whilst supporting them. They gave people explanations as to what was expected from them and gave them time to respond to their requests.

Staff had a good knowledge of the people they were supporting. They were aware when people needed support or intervention and this was provided. They treated people equally and responded appropriately to their needs and wishes. Some people had limited verbal communication. Staff were aware of individuals communication needs and they used pictures and signs to communicate with people and promote their involvement.

The registered manager was keen to promote people's independence and involvement in the home. One person was enabled to access the kitchen and laundry room independently to enable them to develop their life skills. The person was shadowed on some community activities as opposed to being supervised to further develop their skills and independence.

People's privacy and dignity was protected. People had their own bedrooms with an en-suite shower. Bedrooms were personalised. During the inspection staff were observed to knock on people's doors prior to entering their bedrooms.

People's care plans outlined relatives and friends that were important to individuals. Relatives told us they could visit at any time and were always made to feel welcome.

The home had no advocacy involvement at the time of the inspection. The registered manager was aware how to access advocates for individuals and advocates were been sought for two individuals by the community teams involved in their care.

The provider had policies, guidance and systems in place to promote people's confidentiality in line with the data protection act. The provider was aware of the General Data Protection Regulation (GDPR) that was

coming into force in May 2018. The registered manager confirmed the Quality Assurance Manager had attended a four day training on it and relevant information and guidance would be sent out to the service to ensure they are working to the GDPR regulation.

Good

Is the service responsive?

Our findings

During the inspection staff were observed to be responsive to people. They intervened in a timely manner to prevent escalation of distress. When a person became distressed staff supported them to calm down and later the person accessed the community.

People had care plans in place. Care plans were detailed and specific as to the care to be given. Care plans included guidance from in house professionals to support staff in their management of situations. An accessible care plan had recently been introduced. This was developed in a user friendly pictorial format to promote people's involvement in their care. The registered manager was keen for family members to have more input into care plans and this was being developed. Care plans were reviewed and kept up to date. Two people had recent changes in their needs and care plans and or behaviour plans were updated to reflect that change and interventions required. The registered manager told us they were planning to introduce individual ideal home plans. These would identify what was important to individual as well as identifying their cultural and diverse needs. They confirmed these will feed into the support and care people received. The registered manager was keen for relatives to have more input into care plans. A relative told us they had been invited to be involved and contribute to their family members care plan. Amendments to their family members care plans were still in progress but the relative valued the opportunity to be involved.

People were reviewed regularly by the in house MDT and the MDT members were responsive to changes to individuals. Monthly in house MDT meetings were scheduled and took place to discuss individual's progress or setbacks. Alongside this people had a Care Plan Approach (CPA) review which family members were invited too. Relatives told us they were invited to their family members review and they were positive that recent reviews were productive.

A keyworker is a named member of staff who supported the person to coordinate their care. People had a named keyworker. Staff were trained in the keyworker role and were aware of the role and responsibilities of the role. The deputy manager confirmed staff were still being supported in developing this role. Keyworkers completed a monthly report on individuals which outlined changes and progress over the month. Keyworkers were involved in MDT reviews of individuals and invited to people's CPA reviews. Some relatives were aware a keyworker system was in place. Some relatives knew who their family member's keyworker was whilst other relatives did not. This was fed back to the registered manager to address.

Personal histories and preferences were included in care plans. People were supported to make choices in relation to their day to day life at the home such as activities, meals and drinks. Pictures and objects were used to promote people's involvement in making choices. Social Stories were a social learning tool that supported the safe and meaningful exchange of information with a person with a learning disability. These were developed by the in house speech and language therapist for individuals to ensure they had the information made available to them so they were enabled to make choices and decisions.

People had individual programmes of activities. People who required it were provided with two staff for

community access. Risks around community access had been identified and management plans put in place to mitigate potential risks. Members of the in house MDT initially worked with staff in supporting them to support people in the community and to role model how potential situations should be managed.

The registered manager confirmed people's cultural and religious needs were met. One person was supported to go to church and the home celebrated relevant festivals. Some people went to college and day centres on specific days. People had access to recreational activities such as trampoling, swimming, cinema, pool, gym, bowling and football. Some in house craft activities took place which the deputy manager was keen to develop on. They were looking to have the wooden workshop in the garden insulated so it could be used all year around and had ideas for developing the garden to encourage people to use it. A person told us they went to college and regularly went out with staff. A PAT dog service was funded by the organisation for one person to encourage them to participate in the local community. Another person got involved in walking the dog and as a result a second PAT dog service was sourced. During the inspection the PAT dog visited the home to the delight and excitement of staff and people who used the service. Throughout the inspection we saw community access was encouraged and some people got involved in cooking. Relatives told us activities took place but they wanted community access to improve and this was being addressed at people's reviews.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager was aware of the Accessible Information standard. Staff were trained in communication. People's care plans included detailed communication passports and methods such as social stories, talking mats, pictorial guidance, signage and Makaton (is a language programme using signs and symbols to help people to communicate) was used to promote people's involvement in their care and treatment. Staff had a good awareness of people's communication needs. They treated people equally and understood their verbal communication, gestures, behaviours and responded appropriately to them. People were provided with written information in an easy read format and pictures to promote their understanding of procedures such as fire safety and hazards in the kitchen. The registered manager had recently nominated a staff member as a communication champion and this role was being developed.

The people we spoke with told us they would talk to staff or their relative if they had any worries or concerns. Relatives told us they felt able to raise issues and that any issues they had raised were addressed. Information on how to make a complaint was displayed on notice boards in the home. This was in a user friendly format and accessible to people. The registered manager had a system in place to log complaints. Previous complaints were recorded but the information relating to the investigation and outcome of the complaint was not included in the complaints file. The registered manager believed they had been archived but was aware of their responsibility to make that information available. The Provider information record told us the service had received seven complaints in the previous 12 months. It indicated that all seven complaints were resolved.

Requires Improvement

Is the service well-led?

Our findings

At the previous inspection the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because records were not suitably maintained, the service was not effectively audited to safeguard people and systems were not in place to seek and act on feedback from relevant people.

At this inspection improvements were made to the way the rota was recorded. It was reflective of the staff on duty. However there was some gaps in the recording of fridge, freezer and cooked food temperatures which were continuously being addressed with staff. People's care plan files were cumbersome in that there was a duplication of information across all the files and a number of multi-disciplinary progress sheets were in use which made it difficult to establish which was the most up to date. The registered manager confirmed they had already identified people's care plan needed to be streamlined and the information made more accessible. They advised they were looking at ways to improve people's care plan files and records.

Aspects of the service were being audited. A health and safety audit was completed monthly.
An infection control and environmental audit was carried out quarterly. The last one on file was dated February 2018. The audit included an action plan which was signed off to indicate the required actions were completed. A medication audit was meant to be carried out monthly. There was none on file for January and February 2018 but one had been completed in March 2018. A weekly medication audit had been introduced and stock checks of as required medicines were completed twice a day. The provider had an external consultant audit the service in September 2017 and the operations manager carried out monitoring visits.

The registered manager told us a new quality assessment framework was being implemented. We were provided with the guidance around it. The guidance outlined that the quality audit was based on CQC's five key lines of enquiry Safe, Caring, Responsive, Effective and Well Led and was intended to gather evidence to meet each of them. It outlined that the registered manager was required to input the number of accident, incident and safeguarding alerts weekly. They also complete a monthly audit of various aspects of practice such as care plans, risk assessments, people's files, staff recruitment files, supervisions, appraisals and staff training, which when completed it generated the continuous improvement plan for the service. The operations manager was required to carry out a quarterly audit with actions from those transferred to the continuous improvement plan. Whilst we recognise a new quality assessment framework was being implemented this was not yet established to provide an effective monitoring tool. The progress with its implementation and effectiveness will be reviewed at the next inspection.

At the previous inspection there was a lack of communication with relatives and external professionals. A recommendation was made that the provider ensures all staff read and understand key information on people as well as liaising with family and professionals involved in people's care to improve communication. The registered manager actively encouraged and reminded staff to read and sign key information on people, policies and procedures. They were in regular contact by telephone and email with external health professionals and families. The majority of families we spoke to felt communication between them and the

home had improved. They felt more involved and informed.

The registered manager commenced employment with the service in January 2018. They had a service development and action plan in place which they had shared with staff. This identified areas and practices they wanted to improve and implement. The registered manager was clear of their vision and values for the service. This was to improve people's access to activities, increase people's independence, make the service more person centred, support, train, empower and upskill the staff team to enable them to better support people to have more control over their life's.

Staff described the registered manager as honest, open and transparent with people who used the service, staff, relatives and other professionals. They told us the registered manager was very service user focused and had brought about positive changes to the service in the short time he had been in post. The registered manager and deputy manager worked well together and their skills and management style complimented each other. Staff spoke positively about the registered manager and deputy manager. They described them as accessible, available, supportive, open-minded, experienced and knowledgeable. They felt the registered manager and deputy manager listened, acted on their concerns and always had an open door. A staff member commented "Staff have confidence in [the registered manager's name]." Staff felt the change in management had resulted in better team working. One staff member commented "Teamwork has definitely improved and we all have the same purpose. " Staff told us they felt empowered. A staff member commented "The manager likes to delegate and delegation empowers staff to do their best." Staff told us the management team supported them on the floor and provided guidance and support with an incident and following an incident. A staff member commented "If you feel you need support you can call on the manager or deputy manager and they will always assist."

Relatives were complimentary of the registered manager. They felt they had made a positive impression so far. A relative commented "It feels like the home is finally going in the right direction". Relatives described the registered manager as "Really good, supportive, honest and straight to the point, no nonsense kind of guy."

The registered manager was aware of their responsibilities under the Health and Social Care Act 2008 to notify CQC about significant events. We used this information to monitor the service and ensure they responded appropriately.

Systems were in place to get feedback on the service. Monthly resident meeting were being re-established and minutes of the meetings were provided in pictures to enable people to understand them. Monthly staff meetings took place to enable staff to raise any issues or concerns they had about the service and the care people received.

Systems were in place to get feedback on the service but this was not fully established and effective. Pictorial service user surveys were in place. We saw these had been completed with people who used the service and were not dated. Staff surveys were not dated either and no relative or stakeholder's surveys had been sent out. Feedback from the surveys that were completed were not analysed and there was no evidence action was taken to address the feedback received. The registered manager had identified in their development plan that this was an area that needed improvement. Actions were in place to improve the resident's survey and for surveys to be sent to relatives and other stakeholders by July 2018.