Eastbourne & District Mencap Limited

Sedgemoor & Framley

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

Sedgemoor and Framley provides support and accommodation for up to 23 young adults with learning disabilities, autism and mental health issues. There were 19 people living in the home during the inspection and all required some assistance with looking after themselves, including personal care and support in the community. People had a range of care needs, including living with dementia; some could show behaviour which may challenge and some were verbally unable to share their experience of life in the home because of their learning disability.

The home is one of three homes that are owned by the Eastbourne and District Mencap charity. It is comprised of two houses enjoined by a link building and there is a separate bungalow to the rear that is used by two people.

A registered manager had not been in place since August 2015. A manager had been appointed and an application had been made to register. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection took place on the 10 and 13 February 2017 and was unannounced.

At our inspection on 18, 19 and 26 November 2015 we found the provider was not meeting the regulations with regard safe care and treatment for people; assessing and monitoring the services provided and notifying the commission of events that might affect people living in the home. At this inspection we found improvements had been made and the provider had met the regulations.

However, we found that additional work was needed to ensure the improvements were embedded into practice. For example, the quality assurance and monitoring system had been reviewed and a number of audits had been completed. However, the system had not identified areas of concern that we found during the inspection. Such as gaps in the care plans.

The staffing levels had increased and although the provider continued to use agency staff they had an understanding of people's support needs and how these were met. However, the allocation of staff within the home did not ensure people's safety at all times.

There were systems in place for the management of medicines and staff completed records as they gave the medicines out. The specific protocols for giving medicines to people who were unable to verbally express how they felt were not clear, they were reviewed during the inspection and copied to CQC following the inspection.

Relevant training was provided and staff were supported to understand people's needs and provide the

support people wanted. Staff had an understanding of the Mental Capacity Act 2005 and how to support people who did not have capacity to make some decisions.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The management and staff had attended training and had an understanding of DoLS. Staff had followed current guidance by making appropriate referrals to the local authority for DoLS assessments.

Staff had attended safeguarding training and demonstrated an understanding of abuse and how to protect people.

People had access to health professionals as and when they required it. The visits were recorded in the support plans with details of any changes to support provided.

A range of activities were available for people to participate in if they wished. People were able to choose what they ate and where and, relatives said the food was very good.

A complaints procedure was in place. This was displayed on the notice board near the entrance to the building, and had been given in pictorial form for them to use.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There were enough staff working in the home. However, they had not been appropriately allocated when working in the home to ensure people were supported to be safe.

Risk to people had been reviewed and updated as people's needs had changed.

The management of medicines was appropriate and areas for improvements were addressed during the inspection.

Recruitment procedures were robust to ensure only suitable people worked at the home.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people

Is the service effective?

Good

The service was effective.

Staff had completed relevant training and demonstrated knowledge of people's support needs.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and mental capacity assessments had been completed.

People were provided with food and drink which enabled them to maintain a healthy diet.

Staff ensured people had access to healthcare professionals when they needed it.

Is the service caring?

Good

The service was caring.

The staff promoted people's independence and encouraged them to make decisions about the care they received.

Staff treated them with respect and ensured that people's equality and diversity needs were respected.

People were encouraged to maintain relationships with relatives and friends, and they were able to visit at any time.

Is the service responsive?

Good

The service was responsive.

People's need had been assessed and the support provided was based on their individual preferences.

People decided how they spent their time, and a range of activities were provided depending on people's preferences.

People and visitors were given information about how to raise concerns or to make a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The quality assurance and monitoring system had been reviewed and some audits had been completed, but further improvement was needed.

There were clear lines of accountability and staff were aware of their roles and responsibilities.

People, staff and relatives were encouraged to be involved in developing the support provided.

Sedgemoor & Framley

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 was unannounced and took place on the 10 and 13 February 2017. The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who used this type of service.

Before the inspection we looked at information provided by the local authority, contracts and purchasing (quality monitoring) team and Healthwatch; an independent consumer body that gathers the views of the public on health and social care issues. We also looked at information we hold about the service including previous reports, notifications, complaints and any safeguarding concerns. A notification is information about important events which the provider and/or registered manager are required to send us by law. The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and any improvements they plan to make.

As part of the inspection we spoke with all of the people living in the home, nine staff including care staff, housekeeping staff, the deputy manager, the manager and the Chief Operating Officer for the charity. We contacted seven relatives during and after the inspection. We observed staff supporting people and reviewed documents; we looked at three care plans, medication records, three staff files, training information and some policies and procedures in relation to the running of the home.

Some people who lived in the home were unable to verbally share with us their experience of life at the home due to their disabilities. Therefore we spent a lot of time observing the interaction between people and staff; we watched how people were cared for by staff in communal areas and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

At our inspection on 18, 19 and 26 November 2015 the provider was not meeting the legal requirements in relation to safe care and treatment for people. There were not enough staff with a clear understanding of people's needs; the system to record and reduce the risk of falls was not used correctly and the provider had not ensured the proper and safe management of medicines. The provider sent us an action plan stating improvements would be completed by 1 March 2016. At this inspection we found the provider was meeting this regulation.

People told us they were happy living at Sedgemoor and Framley and could talk to the staff. One person said, "The staff are really nice, it's a lovely place. You can talk to them about anything. The best thing about being here is you can just relax and enjoy the moment. Yes, I feel safe." Relatives were positive about the changes in staffing that had occurred since the last inspection and told us, "I had reservations about the loss of so many key people in one go but it all seems okay and (Name) is happy and well cared for" and, "The care at the home is tip top, we are more than happy with it. He likes the company at the home."

However, despite the positive comments we found there were some areas where improvements were needed.

The staffing numbers had increased since the last inspection and people were supported to attend local day centres, go shopping or out for coffee or lunch. The routines in the home were linked to the number of staff working in the home, in particular those that could drive the transport available. This meant people returned to the home early afternoon, so staff were free to collect people who had attended the day centres. People said there was always, "Someone around" and staff felt there was enough staff to support people. However, we found staff had not been allocated in the home appropriately to support people and keep them safe. For example, two staff had collected people from one day centre and had gone out again to collect people from another, which meant there were only three staff in the home at that time. One person in the dining room was agitated; part of their behaviour was to pick up other people's drinks and they were known to step over the gate, or try to climb between the counter and cupboards, to access the kitchen to pick up drinks. They stepped over the gate and get into the kitchen; there were no staff in the dining room to provide support and other people living in the home called out to the person to come out of the kitchen and one person tried to encourage them to leave the kitchen. This put the person and other people at risk of harm. We discussed this with the manager and provider as an area that needed to be improved.

The provider and manager said they continued to actively advertise for staff and when necessary used agency care staff who had worked at the home and knew how to support people. Two agency care staff said they had worked at the home several times before the inspection and they discussed people's specific needs and they provided appropriate support. For example, one assisted a person with their meal, they had a soft diet and were unable to use cutlery. They spoke quietly, using eye to eye contact when they asked if the person wanted something to eat; they touched their arm softly to attract their attention when they were distracted by other people and slowly encouraged the person to eat the meal. Staff had a good understanding of people's support needs.

Improvements had been made to the management of medicines, but these were not consistently safe and people may not have been given the medicines they needed. For example, the protocols for 'as required' medicines (PRN) were not clear. There was no guidance for staff to follow to assess if people were uncomfortable or in pain, such as changes in body posture or facial expressions. Staff agreed this information was needed so that staff unfamiliar with people's needs, such as new or agency staff, had appropriate guidance to follow. The deputy manager said they would address this immediately and forward copies to the commission, which were received after the inspection.

Medicines were securely stored in a locked room, that could only be accessed by the senior member of staff holding the keys. Records showed there was an effective system in place to order, store, administer, record and dispose of medicines safely. The temperature of the room was monitored to ensure medicines were correctly stored and safe to use. The MAR contained photographs of people for identification purposes, their GP and contact details as well as any allergies they had. Staff gave out medicines to people individually. There were no gaps in the MAR and staff were knowledgeable about the medicines they were giving.

Risk assessments had been completed depending on people's individual needs. These included risk of falling, nutritional risk and risk of choking, skin integrity and pressure area care, mobility and moving and handling, such as which aid was needed to assist people to transfer around the home safely. Staff demonstrated an understanding of the risks to people and how people could be supported to remain independent and make choices. One said, "We know each resident's specific needs and how they can be at risk. (Name) is supported by two staff, using a slide sheet when they are in bed and a hoist when they get up." Another told us, "We support (Name) to walk around the home safely as their eyesight is not very good, they are at risk of falling, so staff are always with them when they use stairs on the corridor between the buildings."

Accidents and incidents were recorded and there were systems in place to audit these, by the manager and the provider. Staff said if an accident or incident occurred they would inform the manager or senior care staff and an accident form would be completed. Information about what happened was recorded, staff discussed what had happened and action was taken to reduce the risk of a re-occurrence.

As far as possible people were protected from the risk of abuse or harm. Staff told us they had undertaken adult safeguarding training within the last year and were able to identify the correct safeguarding procedures should they suspect abuse. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, in line with the provider's policy. A whistleblowing policy was in place and staff said they had read this. They told us they would let the manager or senior staff know if they had any worries. One said, "If I saw something I wasn't happy with I would stop it and then report to the manager or provider. If they didn't do anything I would let safeguarding know, but I haven't seen anything like that here."

Recruitment procedures were in place to ensure that only suitable staff were employed. We looked at the personnel files for three staff. These contained relevant checks on prospective staff's suitability, including completed application forms, two references, interview records, evidence of their residence in the UK. A Disclosure and Barring System (Police) check, which identify if prospective staff had a criminal record or were barred from working with children or adults, had been completed for all staff.

The home was a large building originally two detached properties that was linked on the ground floor, with a two bedroom bungalow to the rear. Staff said there had been on going repair and internal improvements, including replacement of the glass shower door identified at the last inspection as a risk. Records showed relevant checks had been completed, including lighting, hot water, call bells and electrical equipment. Fire

system checks were carried out during the inspection including the door guards, to ensure they closed when the fire alarm went off.

The provider had plans in place to deal with an emergency. Each person had been risk assessed for their ability to remove from the home in an emergency and had their own Personal Emergency Evacuation Plan (PEEP); with guidance for staff regarding the action they should take to move people safely if they had to leave the home at short notice.

Good

Is the service effective?

Our findings

People told us the staff were very nice and knew how to look after them. One person said, "I like to go shopping and staff know I can't go on my own, so they come with me." Staff said people chose what they wanted to eat. People were positive about the meals provided and told us, "We can have what we like." On going training was provided for staff and they said they had to attend the training so that they had the skills and knowledge to provide the right support for people. Relatives said their family members were well looked after. They told us, "They seem to know what she needs so I think they are well trained." "She's treated very kindly by the staff, they're doing the best they can" and, "The care at the home is tip top, we are more than happy with it."

Staff said they enjoyed working at Sedgemoor and Framley. They told us they had the training and support from management to understand people's needs, "So that we can support resident's to do the things they want to do." Staff told us they were required to attend all the training provided which included moving and handling, infection control, health and safety, fire awareness, food hygiene and training specific to people's needs; such as supporting people with autism and epilepsy. Records showed that staff had attended the training when required or were booked to do so in 2017. Staff said they could work towards national vocational qualifications if they wanted to. Two staff had completed level 2 and two were working towards it, one was working towards level 3 and the manager and deputy manager were working towards level 5.

Staff had attended training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They demonstrated an understanding of capacity and explained the implications of DoLS for the people they supported. The purpose of DoLS, which is part of the MCA, is to ensure that someone, in this case living in a care home, is only deprived of their liberty in a safe and appropriate way and is least restrictive. Staff said this is done when it is in the best interests of the person, has been agreed by families and professionals and there is no other way to safely care for them. Staff told us, "All of our residents can make decisions about some of the things they do. They don't go shopping, or to the centres if they don't want to." "They always decide what they want to eat or drink and when to get up or go to bed." "For some decisions, like hospital appointments we speak to their relatives." "If resident's needed more support we would talk to their relatives and also contact the local authority, to set up a meeting for everyone to discuss how best to support them" and, "We act in the residents best interest all the time and they are not restricted unless it is the only way to keep them safe. Like when they go shopping, staff have to be with them to ensure they are safe." Relatives said, "I've no problems with the running of the home and couldn't wish for her to be in a better place" and, "I trust their judgement and care." DoLS applications had been made to the local authority with regard to the locked front doors and these had been agreed. Applications had also been made for the use of gates to limit access to both kitchens and advice was being sought for the use of wheelchair belts and bed barriers. The provider told us they were waiting for a response to these requests.

New staff were required to complete an induction programme when they started work at the home. One said they had been given time to read the care plans and the provider's policies and procedures; they had shadowed more experienced staff for four days and had gone out with people to the centres or into town shopping. They felt they had a good understanding of some people's needs and they had done a lot of

training including moving and handling, safeguarding and supporting people with epilepsy. Another said, "I spent a lot of time with residents so that I could understand their needs and they could get used to me and everyone was very helpful I could ask questions any time, they were very good." The deputy manager told us, "New staff work with experienced staff until they have a good understanding of how to support people. They wouldn't take residents out until they could show us that they have the skills and even then they would be with senior staff." An induction programme was in place and the provider reviewed this when they carried out their visits to the home as part of their external audit process. The provider said the charity planned to introduce the care certificate for new staff in the all of their services in 2017. This is a training programme based on a set of standards that social care and health workers stick to in their daily working life and is the new minimum standards that should be covered as part of induction training of new care workers.

Staff said supervision was provided on a regular basis and they found the sessions were very useful. They had been able to talk about their own professional development and put forward suggestions for improvements or discuss people's needs. The deputy manager said they were planning to introduce structured observational supervision for all staff, to identify any additional training needs and to ensure all the staff worked towards providing a high quality service.

People clearly enjoyed the meals provided. Lunch consisted of sandwiches or a light meal for people who remained in the home; a packed lunch was provided for those who went to the community centres and three people had gone into town for lunch. The main meal was in the evening. With support from staff people cooked the meal if they wanted to and choices were offered, a pictorial menu was available for people who were unable to verbally say what they wanted to eat. People took an active part in getting the dining room ready for meals, they took turns to lay the tables and clear up afterwards. Specific diets were catered for, such as soft or moist diet, and gluten free and appropriate food was available. Mealtimes were a social and relaxing time for people, they supported each other and staff were available to prompt or assist people as required. The manager said a cook would be working at the home when their checks had been completed, which meant people would be supported to be more involved in cooking the meals and staff would be available to support people.

People had access to health care professionals as and when they were required. These included the community learning disability team, speech and language team, dentists and chiropodist. District nurses visited the home as required and staff supported people to attend appointments at the hospital or with their GP. Staff said they contacted the health professionals as soon as they noted people's behaviour had changed. One person's behaviour had become more challenging on the first day of the inspection and staff organised an appointment with their GP for the next day.

Good

Is the service caring?

Our findings

Communication between people and staff was friendly; they spoke to each other on first name terms and staff treated people with respect, while supporting them to make choices about how they spent their time. Relatives said people were well cared for and their family members were happy living at Sedgemoor and Framley. They told us, "(Name) came home for 3 days but wanted to go back, what more can you ask for, it's (Name) home. "I'm very happy with the care (Name) feels it's home. It's a really homely home." People spent their time as they wished if they remained in the home or went the day centres or shopping.

Staff were respectful when they spoke with people. They used their preferred name and responded quickly when people needed support; they clearly knew people very well. There was a lot of laughter as people and staff joked and chatted with each other. The atmosphere in the home was relaxed and comfortable. Staff asked people what they had done at the community centre, if they had bought anything when shopping and what they had had for lunch. People talked about how they had spent their time; they showed their purchases and were happy to show us around the home and their rooms. People were aware that one person's health had deteriorated; they were clearly pleased to see the person sitting at the dining table and chatted to them as they ate their evening meal. Staff told us, "Some residents are aware of what is going on. With (Name) being unwell they are concerned, they always say hello and ask how they are and even prompt them to eat and drink."

Staff protected people's privacy and dignity. Doors were kept closed when they assisted people to get washed and dressed and, people were asked discreetly if they wanted to use the bathroom or if they needed assistance with personal care. Staff said they knocked on people's door before they entered and we saw them doing this when putting clean laundry back in the bedrooms. Staff told us, "This is their home and we are here to support them to live the best lives they can" and, "I think that we treat residents with respect, as I would like to be treated or any member of my family."

A keyworker system was in place and each person was supported by a member of staff to ensure their individual equality and diversity needs were respected. Staff said as keyworkers they got to know people and their relatives very well and they understood people's likes and dislikes and how they liked to spend their time. They supported people to ensure they never ran out of anything including toiletries, drinks and snacks that they liked. If people needed or wanted anything else they would contact their relatives and let them know. People clearly enjoyed going out shopping and if they were unable to go out staff bought it for them. For example, one person wanted a particular CD but was unable to go shopping, staff offered to buy it when they finished work and assured them they would bring it back before they went home. At first the person was doubtful that this would happen and staff explained that they had made a promise and they gave the CD to the person that evening.

Staff said they had been given the provider's confidentiality policy when they started work at the home and there were signed forms in their personnel files to show that they had received and read this. They demonstrated a clear understanding of keeping information about people confidential and told us they never discussed people's needs with other people or visitors, and if they had to discuss a person's needs

they would do this in private. One said, "We don't talk about residents needs with anyone other than the resident and their family, and if necessary their GP or social worker. But we would always talk to the resident first and explain what we were doing."

Relatives said they could visit at any time; they were always made to feel very welcome and that the home provided the care people needed. Relatives said, "(Name) has improved a lot over the last year… never used to speak at all but now we get the odd word. It doesn't sound much but it's a big change." "(Name) used to suffer from outbursts but when we went to the last party at the home I asked if he was still having outbursts and they told me no there hadn't been any. That shows how good things are." "I trust their judgement and care, things have improved within the last year since the change in staff and it's more settled and relaxed now" and, "(Name) goes out and about, has a good social life. I've no problems with the running of the home and couldn't wish for her to be in a better place."

End of life care was included in the care plans and relatives had spoken with staff to ensure that people could remain at Sedgemoor and Framley if their health care needs changed.

Good

Is the service responsive?

Our findings

Relatives said they were involved in decisions about the support staff provided. One told us, "Yes I know about the care plan, they keep me up to date with changes to meds, dental care and up and coming events." People had been involved in decisions about the support they received. One said, "Yes they always ask what I want and if everything is ok." Relatives knew how to make a complaint, although they also said they had no complaints.

Staff said people's needs had been assessed before they were offered a place at Sedgemoor and Framley and this information had been used to develop their care plan. There had been one admission since the last inspection. The care plan identified the person's specific needs, there was guidance for staff and they demonstrated a clear understanding of how they provided appropriate support. For example, the person was at risk of choking because they ate too fast and kept food in their mouth as they continued to eat. They had been assessed by the speech and language team (SaLT), the guidance for staff stated that their food should be cut up into small pieces and they should be observed at all time, which staff did. Staff explained the person had difficulties with sandwiches so alternatives were offered, such as soup or pasta with bread. They were able to choose what they wanted to eat and staff offered at least three choices, they used a pictorial menu or placed the choices in front of them, so the person could point to what they wanted. Staff said this had worked very well and they enjoyed their meals. The person had become more relaxed since they moved into the home and their behaviour had improved to the extent the person was responding and using words rather than behaviour that could challenge due to frustration.

When people's needs changed staff contacted their relatives and local authority responsible for their placement, for advice or to set up a re-assessment of their needs. Staff had contacted the local authority when a person's behaviour had changed at a day centre and they had noticed small changes in their behaviour in the home. They had introduced behaviour charts for staff to complete when they noted a change in mood or behaviour and the local authority had arranged for an emergency assessment of the person's needs. The local authority for another person had assessed their needs during the inspection to ensure appropriate care had been provided and their needs were met.

There was a daily record for staff to record how people had spent their day; these included their mood and how they felt. They had been completed with clear information about where people had spent their time and the activities they had taken part in if they remained at the home. Staff said they were checked regularly to make sure they were filled in and if they noted any gaps they asked their colleagues to complete them before they were signed off by the senior at the end of each shift. All of the relatives spoken with said the support provided was good.

People were supported to do activities of their choice. They told us, "I like trains; I go and see the trains sometimes." "I go out to Aquafit and I've been to Thorpe Park and I go out with my mum for a pub lunch" and, "I like going out to Chalk Farm and Lindon Court and College. We do something different every day and then we have training days or home days." At weekends when the day centres were closed people relaxed, one told us, "I have a lie in and watch TV." Staff said they had provided activities at the weekends, depending

on what people wanted to do, although usually they, "Just want to chill." Staff told us they had taken people out shopping if they wanted to go and some people had made Valentine cards during the previous weekend, people were very pleased with them and were happy for us to see them.

People who were verbally unable to tell staff what they wanted or needed were encouraged to make their preferences known to staff. Staff told us they had a good understanding of what people wanted by their body language and their gestures. We saw people took staff by the hand and led them to what they wanted and it was clear they felt confident that the staff would know what they needed and would meet that need.

A complaints procedure was in place in pictorial format for people living in the home to use if they wished. A copy was displayed in the home and given to people and their relatives. Relatives told us they had had concerns about the staffing but these seem to have been addressed. One relative said, "I had reservations about the loss of so many key people in one go but it all seems ok and (Name) is happy and well cared for." We looked at the complaints folder and there was a system in place to address concerns and complaints. Another relative told us, "I trust their judgement and care; things have improved within the last year since the change in staff and it's more settled and relaxed now."

Requires Improvement

Is the service well-led?

Our findings

At our inspection on 18, 19 and 26 November 2015 the provider was not meeting the legal requirements in relation to assessing and monitoring the services provided and notifying the commission of events that might affect people living in the home. There were not enough staff with a clear understanding of people's needs; the system to record and reduce the risk of falls was not used correctly and the provided did not ensure the proper and safe management of medicines. The provider sent us an action plan stating improvements would be completed by 1 March 2016. At this inspection we found the provider was meeting these regulations, however there were areas where additional work was needed to ensure the improvements covered all aspects of the service.

People said they could talk to the manager if they needed to. One person told us, "I talk to the manager if I am worried about anything and she sorts it out for me." The manager spent time with people who wanted to talk to her and resolved the issues they raised at the time. Relatives were complementary about the manager and said, "The new manager's doing a great job with the resources she's got" and, "I think the home has improved a lot since the new manager came." Staff were also positive about the changes and felt, "Things had settled down in recent weeks."

A manager had been appointed to be responsible for the day to day management of the home. They had worked at the home for a year and told us the delay in their application to register with the commission was due to difficulties with the DBS disclosure required to register with the commission. They told us they were supported by the Chief Operating Officer from the charity and a deputy manager who had worked at the home for several years. The manager said there had been a considerable amount of work to be done following the last inspection and they had been working with the provider and staff to improve the services provided to meet the regulations.

Staff told us the care plans had been reviewed and a new care planning system was being introduced by the manager and each person's keyworker. We found that information in the new care plans was not up to date, they did not consistently reflect people's current needs and some of the information was contradictory. For example, one person's health needs had changed and they were no longer well enough to go to the day centres or into town. However, in their care plan under choice of activities it stated, 'I can go with staff and peers on my training day weekly' and in their pen portrait it stated, 'Shopping, pushing trolley and goes for walks, enjoys singing'. The inconsistent records had little impact on meeting people's needs as staff had a good understanding of each person's needs and how they wanted to be supported. The manager told us more work was needed to ensure the care plans accurately reflected people's specific needs.

The quality assurance and monitoring system had been reviewed and action had been taken to address the concerns identified at the last inspection. The manager said internal audits had been carried out on staffing levels, care plans and daily records, medication records and the provider's policies and procedures, which they were continuing to review and update. As part of the external monitoring system the Chief Operating Officer carried out health and safety checks, looked at records and identified areas that had to be addressed. In addition a senior staff member at the charity visited the home and assessed the environment,

talked to people and staff and observed the support provided. The reports were clear and identified areas that needed to improve and the managed informed the provider when the improvements had been had been made. The manager used spreadsheets to keep an on going record of complaints and compliments, safeguarding referrals and medication incidents. They said it means I can see what has occurred on one sheet rather than looking through a different one each month, which means as can identify if there are any links to staff or people living in the home.

The provider and manager had sent in notifications if there were any events that affected people living in the home. However, they had not informed CQC about their referrals to the local authority with regard to medication errors under safeguarding, as they had been regarded as incidents and had not affected the people concerned. The provider said this was his error and he had concentrated on informing the local authority rather than CQC as well, which would be addressed immediately.

Staff said there had been a lot of changes since the last inspection. They told us there were clear lines of accountability, staff were aware of their roles and responsibilities and they explained who was responsible for each aspect of support provided. For example, only senior staff who had completed medication training and had been assessed as competent could give out medicines.

Staff said they had had three team meetings in the last few months. They thought they were quite effective and the minutes showed that they had discussed matters of importance to them and the people they cared for. They told us they were kept up to date and reminded to do things, such as sign the form at the front to show that they had read each person's care plan and they made suggestions for improvements. For example, staff asked for a cupboard to store gloves and toilet rolls to be put up in Framley, as a person had been hiding and disposing of them.

The manager said feedback was sought from people living in the home, their relatives or representatives and health professionals. Staff said they spoke to people daily to see if they had any concerns or if they wanted to change anything. One said, "We always ask people if we are providing the support they want and if they cannot tell us we know them really well and can see from their body language or response if they are not happy or want to do something else. The manager told us they would send out questionnaires to relatives and other stakeholders in the next few months.