

Park Lodge Solutions Limited

Park Lodge Care Solutions

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

The inspection took place on 6 and 7 February 2018 and the registered manager was given one days' notice. This was because some of the people who use the service have autism and it was important that there was sufficient numbers of staff on duty to ensure our inspection did not disrupt the daily routine of the people who lived at the service.

Park Lodge provides care and accommodation for up to 10 people with learning disabilities. On the day of our visit eight people lived in the service. In relation to Registering the Right Support we found this service was doing all the right things, ensuring choice and maximum control. Registering the Right Support (RRS) sets out CQC's policy registration, variations to registration and inspecting services supporting people with a learning disability and/or autism.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a new registered manager in post since the last 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 is run.

At the last inspection on the 28 July 2016, the service was rated Requires Improvement overall and Requires Improvement in Safe, Effective and Well-Led.

At this inspection we found the service Good overall.

Why the service is rated good:

We met and spoke with all the people living in the service during our visit. People were not all able to fully verbalise their views and used other methods of communication, for example pictures. Due to people's needs we spent time observing people with the staff supporting them.

The service was now safe. At our inspection in July 2016 there was a breach of Regulation. The provider had not ensured care and treatment had been delivered in a safe way because medicines had not always been managed and administered safely. This is breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The report for July 2016 stated; "The providers processes had not ensured that people always received their medicines as prescribed and intended." At this inspection we found people received their medicines and they were managed safely. Medicines were stored, given to people as prescribed and disposed of safely. Staff received medicines training and understood the importance of safe administration and management of medicines.

The service was now effective. At our inspection in July 2016 it recorded that the service was not consistently effective. The report for July 2016 stated; "The provider had not ensured all staff had completed the training the provider considered to be mandatory." At this inspection we found that all staff had completed suitable training and had the right skills and knowledge to meet people's needs. New staff completed an induction programme when they started work and staff competency was assessed. Staff also completed the Care Certificate (A nationally recognised training course for staff new to care) if they did not have any formal care qualifications. Staff confirmed this training covered the Equality and Diversity policy of the company.

The service was now well-led. At our inspection in July 2016 it recorded that the service was not consistently well led. The report for July 2016 stated; "At this inspection we found that the provider had followed their action plan and that steps had been taken to ensure the breach was met, (This was for a breach of Regulation 17 in the inspection completed December 2014), however some of the improvements made needed to be embedded into day to day practice and sustained in order to ensure that the service is able to continuously improve." It went on to say; "At this inspection we found the registered manager had not consistently completed the monthly audits in line with the provider's policies and procedures." At this inspection we found those improvements had been embedded into the service. We also found the new registered manager and provider had monitoring systems in place which enabled them to identify good practices and areas of improvement.

People were kept safe as staff had completed safeguarding training and staff had a good knowledge of what constituted abuse and how to report any concerns. Staff knew what action to take to protect people against harm and were confident any incidents or allegations would be fully investigated.

People had support from sufficient levels of staff to meet their needs People were protected by safe recruitment procedures to help ensure staff were suitable to work with vulnerable people.

The company's website states; "We are committed to providing safe, effective and responsive care. This means care founded upon principles of respect, privacy, dignity and an on-going commitment to providing the best outcomes."

People's risks were assessed, monitored and managed by staff to help ensure they remained safe. People's safety was paramount. Information on all significant events and incidences had been document and analysed. Evaluation of any incidents had been used to help make improvements and keep people safe. Improvements helped to ensure positive progress was made in the delivery of care and support provided by the staff. Feedback from relatives, professionals and staff had been sought to assess the quality of the service provided.

People lived in a service which had been designed and adapted to meet their needs and was found to be clean and hygienic. The environment had been assessed to ensure it was safe and meet people's needs. The service was monitored by the registered manager and provider to help ensure its ongoing quality and safety.

The provider's governance framework, helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving.

People were supported to live full and active lives and were able to access a wide range of activities that reflected their personal interests and hobbies. People were offered a choice of meals, snacks and drinks while maintaining a healthy balanced diet. People had input as much as they were able to in preparing some meals and drinks. People who required assistance were supported in a respectful and dignified way.

People's care and support was based on legislation and best practice guidelines, helping to ensure the best outcomes for people. People's legal rights were upheld and consent to care was sought.

People were supported to maintain good health through regular access to external health and social care professionals, such as speech and language therapists. This helped to ensure people's health and wellbeing was monitored and appropriate actions taken.

People's care records were detailed and personalised to meet individual needs. Staff showed they understood people's needs and responded when needed. People were not all able to be fully involved with their support plans, therefore family members or advocates supported staff to complete and review their support plans. People's preferences were sought and respected.

People's emotional and behavioural needs were recognised and met. People were treated with kindness and compassion by the staff who valued them. People were engaged in different activities during our visit and enjoyed the company of the staff. People were busy and there was a happy and relaxed atmosphere within the service.

People's equality and diversity was respected and people were supported in the way they wanted to be. Care plans were person centred and held full details on how people's needs were to be met, taking into account people preferences and wishes. Information included people's previous history, including any cultural, religious and spiritual needs.

People who had complex communication needs had these individually assessed and met. Staff informed us how they changed their approach to help ensure each person received individualised personal support.

People's end of life wishes were not currently documented, however the registered manager was in discussions with family to complete this. This would help staff understand people and families wishes if required.

People lived in a service where the provider's values and vision were embedded into the service, staff and culture. Staff spoke positively about the registered manager and the company. The registered manager was committed and passionate about the service, including the people and staff, and the company they worked for. Staff also spoke passionately about the people they cared for and the respect they held for people.

People benefited from a registered manager who worked with external agencies in an open and transparent way and there were positive relationships fostered. The registered manager kept their ongoing practice and learning up to date to help develop the team and drive improvement. They notified the Commission of significant events which had occurred in line with their legal obligations. For example, regarding safeguarding concerns, and injuries.

The provider had an ethos of honesty and transparency. This reflected the requirements of the duty of

candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

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 ●

This service was now safe.

People now received their medicines as prescribed. People's medicines were administered and managed safely and staff were aware of best practice.

People, felt safe. People were protected from abuse and avoidable harm.

People were supported by sufficient numbers of suitable, experienced and skilled staff.

Risks had been identified, assessed and managed appropriately.

People were protected by the provider's infection control policies. People lived in a clean and hygienic environment that had been updated to meet people's needs.

People's safety was important. If things went wrong, the provider learnt from mistakes and took action to make improvements.

Is the service effective?

Good ●

The service was now effective.

People received individual support from staff who had the knowledge and training to carry out their role.

People's equality and diversity was respected.

People's care and support was based on legislation and best practice guidelines, helping to ensure the best outcomes for people. People's legal rights were upheld and consent to care was sought.

People could access health, social and medical support as needed and received a co-ordinated approach to these needs.

People were supported to maintain a healthy and balanced diet.

People lived in a service which had been designed and adapted to meet their needs.

Is the service caring?

Good ●

The service remained caring.

Staff were caring, kind and treated people with dignity, respect and compassion. Staff supported people to be as independent as possible.

People were involved as much as possible in decisions about the support they received and their independence was respected and promoted. Staff were aware of people's preferences. If people were unable to be involved advocacy service were involved.

Staff understood their role to help protect people's equality, diversity and human rights to support people individual needs.

Is the service responsive?

Good ●

The service remained responsive.

People received personalised care.

People's complex individual communication needs were effectively assessed and met.

People and families were supported to make comments or raise concerns to help improve the quality of the service.

People and families were being supported to record people's individual end of life wishes.

Is the service well-led?

Good ●

The service was now well led.

People lived in a service whereby the providers' caring values were embedded into the leadership, culture and staff practice. There were systems in place to monitor the safety and quality of the service.

Staff spoke highly of the registered manager and management team of the service and company.

The registered manager kept their ongoing practice and learning up to date to help develop the team and drive improvement.

People benefited from a registered manager who worked with external health and social care professionals in an open and transparent way.

Relatives and professionals views on the service were sought and quality assurance systems ensured improvements were identified and addressed.

Park Lodge Care Solutions

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 by one inspector on 6 and 7 February 2018 and was announced due to people's needs. This was followed up with contact to relatives of people who used the service and health care professionals involved with people.

Prior to the inspection we looked at other information we held about the service such as notifications and previous reports. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met and spent time with all eight people who lived at the service. Some people living at the service had complex needs which meant they had limited ability to communicate and tell us about their experience of being supported by the staff team. Therefore staff used other methods of communication, for example by providing visual prompts. Others were able to tell us about the care and support they received. As some people were not able to comment specifically about their care experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living in the service.

We spoke with the registered manager and six members of staff. We also received information from one healthcare professional and five relatives about the care their relatives received at the service.

We looked around the premises and observed how staff interacted with people. We looked at records which related to people's individual care needs, records which related to the administration of medicines, four

staff recruitment files and records associated with the management of the service including quality audits. This included feedback, audits and maintenance records.



Our findings

At our inspection in July 2016 there was a breach of Regulation. The provider had not ensured care and treatment had been delivered in a safe way because medicines had not always been managed and administered safely. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The report for July 2016 stated; "The providers processes had not ensured that people always received their medicines as prescribed and intended." At this inspection we found people received their medicines and they were managed safely. Medicines were stored, given to people as prescribed and disposed of safely. Staff received medicines training and understood the importance of safe administration and management of medicines.

The service was now safe.

People received their medicines safely from staff who had completed medicine training. Medicines audit were carried out and people were supported to help administer their own medicines. Medicine practices and clear records were kept to show when medicines had been administered. People were prescribed medicines on an 'as required' basis. There were clear protocols in place to instruct the staff when these medicines should be offered to them and when additional support, for example further advice from the doctor was needed. Records showed that these medicines were not routinely offered but were only administered in accordance with the instructions in place.

The company's website stated; "We place a genuine focus upon safe and effective personalised care." Staff said; "People are definitely safe. If not I would say."

People who lived in the service were not all able to fully verbalise their views and used other methods of communication, for example pictures and symbols. Some people had complex individual needs that could challenge others. We therefore spent time observing people as they were supported by staff to ascertain if they were safe and spoke to staff members.

People had sufficient numbers of staff to help keep them safe and make sure their needs were met. We observed staff meeting people's needs, supporting them and spending time socialising with them. Staff confirmed additional staff were made available when needed, for example for any appointments. However two relatives raised concerns about the service only having one staff member on duty at night. We discussed this with the registered manager. They informed us that they continually review the staffing levels at night, have a fire risk assessment in place and advised us that there is an on call system to assist staff in an

emergency.

People were provided with a safe and secure environment. Smoke alarms were tested and evacuation drills were carried out to help ensure staff and people knew what to do in the event of an emergency. Care plans included up to date personal evacuation plans and held risk assessments which detailed how staff needed to support individuals in the event of a fire to keep people safe. Staff checked the identity of visitors before letting them in.

People were protected from abuse and avoidable harm as staff understood the company's safeguarding process and policy. Staff completed training in how to report and recognise abuse to help ensure they kept people safe. Training covered what action to take if staff suspected people were being abused, mistreated or neglected. Staff said they would have no hesitation in reporting any concerns to the registered manager, provider or any external agencies, such as the local authority.

People's individual equality and diversity was respected because staff had received training and put their learning into practice. Staff completed the Care Certificate (a nationally recognised qualification for staff new to care) and confirmed they covered equality and diversity and human rights training as part of this ongoing training. People did not face discrimination or harassment. People had care records in place to ensure staff knew how they liked to be supported.

People were protected by the company's safe recruitment practices. Risks of abuse were reduced because the provider had a suitable recruitment processes for newly employed staff. Checks were carried out to make sure new staff were safe to work with vulnerable adults. Staff confirmed they were unable to start work until satisfactory checks and employment references had been obtained.

People, who had risks associated with their care, had them assessed, monitored and managed by staff to ensure their safety. Risk assessments were completed to make ensure people were able to receive the care and support needed to minimum any risk to themselves or others. People identified at being of risk when going outside had up to date risk assessments in place. For example, staffing ratios were set according to the individuals need. The registered manager confirmed they could increase during higher risk times. People had risk assessments in place regarding their behaviour. For example, where people may be at risk of harm when undertaking certain tasks they were supported by two staff if appropriate. Where people may place themselves and others at risk, there were clear guidelines in place for staff managing these risks. These provided staff information needed to help ensure behaviours that may challenge others were reduced and cause less distress or anxiety for people.

People's accidents and incidents were recorded. For example, people had been referred to the psychology team for advice and support when there had been changes in people's behaviour. Accidents and incidents were audited and analysed to identify what had happened and actions the staff could take in the future to reduce the risk of reoccurrences. This showed that learning from such incidents took place and appropriate changes were made. The registered manager informed other agencies, including safeguarding, of incidents and significant events as they occurred. Staff received training and information on how to ensure people were safe and protected.

People's finances were kept safe. People who needed it had appointees to manage their money. Money was kept secure and two staff signed money in and out. Receipts were kept whenever possible to enable a clear audit trail on incoming and outgoing expenditure and people's money was audited on a weekly basis.

People lived in an environment that was clean and hygienic. Protective clothing such as gloves and aprons

were made available to staff to help reduce the risk of cross infection. Staff had completed infection control training. This meant staff had the knowledge and skills in place to maintain safe infection control practices.

The provider worked hard to learn from mistakes and ensure people were safe. The provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.



Our findings

At our inspection in July 2016 it recorded that the service was not consistently effective. The report for July 2016 stated; "The provider had not ensured all staff had completed the training the provider considered to be mandatory." At this inspection we found that all staff had completed suitable training and had the right skills and knowledge to meet people's needs.

The service was now effective.

People received effective care and support from staff who were well supported and trained. The registered manager ensured the staff team completed mandatory training courses so people's needs could be met by a staff team that had the right skills and knowledge. Staff were satisfied with the training opportunities and informing us there was regular training and updated training offered. Training courses included epilepsy, which some people required support with. New staff completed an induction programme when they started work and staff competency was assessed. Staff also completed the Care Certificate (A nationally recognised training course for staff new to care) if they did not have any formal care qualifications. Staff received supervision and team meetings were held to provide staff the opportunity to highlight areas where support was needed and encourage ideas on how the service could improve. A relative said; "The staff are always welcoming and understand the resident's needs. I feel reassured by them." A staff member said of the staff team; "They have really looked after me since I started work here."

People had access to external healthcare professionals to ensure their ongoing health and wellbeing. People's care records detailed a variety of professionals were involved in their care, such as dentist and GPs. For example, if there were any changes in people's needs, referrals were made to the learning disability team for additional advice and support to help ensure the staff were supporting people effectively.

People's care files included communication guidance. This recorded each person's way of communicating and how staff could effectively support individuals. The service had communication boards around the building which people could access. For example displaying activities planned. People had a health action plan in place which provided information which could be taken to hospital in an emergency and detailed how each person communicated to assist hospital staff in understanding people. Staff demonstrated they knew how people communicated and encouraged choice whenever possible in their everyday lives. For some people this was offering visual choices.

People received support to eat a healthy and nutritious diet. Drinks were encouraged to help support

people's health needs. Staff understood what people's nutritional needs were. Care plans had clear information and guidance to meet each person's individual requirements. For example, people who required assistance were supported in a respectful and dignified manner. People received the special diets they had been assessed as requiring. People had care records that recorded what the staff could do to help each person maintain a healthy balanced diet. People had access to drinks and snacks 24 hours a day. This helped to ensure people received sufficient food and drinks, when they wanted them.

People were supported to remain fit, active and healthy. People were enabled to take part in a variety of activities to promote a healthier life, for example walking and swimming.

People identified at risk of future health problems due to long term health conditions had been referred to appropriate health care professionals. For example, hospital consultants. The advice gained was clearly recorded and staff supported people with appropriate diet and suitable food choices. People had their weight monitored and food and fluid charts were in place when needed.

People's legal rights were upheld. Consent to care was sought in line with guidance and legislation. The interim manager understood their responsibility in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). People's care plans recorded their mental capacity had been assessed when required, and that DoLS applications to the supervisory body had been made when necessary. Staff had received training in respect of the legislative frameworks and had a good understanding.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty 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).

People were not all able to give their verbal consent to care, however staff were heard to verbally ask people for their consent prior to supporting them, for example before assisting them with their personal care tasks. Staff waited until people had responded using body language, for example, either by smiling or going with the staff member to their rooms.

People lived in a service which had been designed and adapted to meet their needs. Specialist equipment in bathrooms meant people could access showers more easily. Each person had their own bedroom to enable them to have quiet time on their own or to see visitors.



Our findings

The service remained caring. One relative said; "Staff are extremely caring and look after my son positively." A relatives survey returned to the service recorded; "We remain very happy with the care." The registered manager worked alongside staff to ensure they provided a caring service to people.

People received support from staff that were both caring and very kind and we observed all staff treating people with patience and kindness. Staff said they enjoyed their jobs and spoke about how much they cared about the people they supported. We saw people being supported when needed and people's privacy was also respected. People and staff chatted and we saw staff making time to listen and interact with people. Conversations were positive and we heard and saw plenty of laughter and smiles. Staff were observed to be attentive to people's needs. Staff clearly understood when people needed reassurance, praise or guidance. If people became anxious staff spent time, listening and answering people even if they asked repetitive questions. Staff offered reassurance to people when needed.

Staff understood and knew how people communicated. They supported us when we met and talked with people. This showed us the staff knew people well. If people seemed unsure or unsettled about our visit then staff offered additional support. Staff showed they clearly understood people's nonverbal communication and communicated with them in a way they understood. Staff explained to us each person's communication need, for example by the noises and expressions they made to indicate whether they were happy, sad or upset. People had their own accessible communication tools in place. For example, there were communication boards with pictures of daily tasks while others used sign language. Staff, some who had worked at the home for a number of years, clearly understood each person's individual way of communicating.

People's needs in relation to their behaviour were clearly understood by all the staff and met in a positive way. For example, when people became upset or anxious staff involved them in discussions and distracted them with more popular subjects. This provided reassurance to people and reduced any anxiety.

People's privacy and dignity was promoted. Staff used their knowledge of equality, diversity and human rights to help support people with their privacy and dignity in a person centred way. People were not discriminated in respect of their sexuality. People's care plans were descriptive and followed by staff.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with staff. People mostly had their care needs met by the

same staff member or group of staff members. This consistency assisted staff in meeting people's behavioural needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.

People undertook a wide range of activities and their preferences and social interests were recorded. People enjoyed a variety of activities most days and staff monitored and recorded these activities and any behaviours people displayed during these planned activities. This enabled staff to understand when people did not enjoy an activity and this was discussed with other team members and an alternative found.

People's independence was promoted and respected by the staff. People assisted with housekeeping tasks as much as was possible. Staff did not rush people with support offered at each person's own pace. Staff were kind and gave each person time, while supporting their independence. Staff involved people and knew what people liked, disliked and what activities they enjoyed. People were allocated a key staff member to help develop positive relationships. This worker was responsible in ensuring the person had care records that were updated for staff to access to enable person centred care.

Some people liked to have specific routines and care was personalised around these and reflected people's wishes. For example, some people had set routines in place to help provide reassurance. This helped ensure people received the care they wished for. Staff knew people well and what was important to them such as how they like to spend their days.

People were not all able to express their views verbally. However, staff encouraged people to be as independent as possible. People had access to individual support and advocacy services. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People's relatives and friends were able to visit at any time. Staff recognised the importance of people's relationships with their friends and family and promoted and supported these contacts.



Our findings

The service remained responsive.

People were supported by staff who were responsive to their needs. The company's website records; "Everything we do is based upon aiming to achieve the highest possible principle of personalised care."

People's individual care records were person-centred and detailed how they wanted their needs to be met in line with their wishes and preferences. They took account of their social and medical history, as well as any cultural, religious and spiritual needs. People's care records were reviewed and updated regularly.

People's care records held a 'personal profile' with clear information on how to respond to people's care needs, behavioural needs and communication needs 'at a glance'. This information showed the service had liaised with other agencies to support people and enabled the staff to respond appropriately to people's needs. Staff understood people and had good knowledge about them. They were able to inform us how they responded to people and supported them in different situations. For example, if people became upset or showed behaviour that could be seen as challenging the staff responded quickly and appropriately to calm the situation.

People were not all able to be involved in the planning and reviewing of their own care. However, the service used advocates or family members to assist people in making decisions where possible. People were well known by the staff who provided care and support and took account of individual needs and wishes. Staff told us how they encouraged people to make choices. For example, they encouraged people to choose their own meals and drinks if possible. This helped ensure everyone's voice was heard.

People had guidelines in place about their daily lives. People had detailed information that told a story about the person's life, their interests and how they chose and preferred to be supported. This information helped staff in understanding and responding to people in the way they liked to be supported. Staff confirmed plans were updated by staff who worked with people and who knew them well. Guidelines on managing peoples' behaviour and emotional needs helped ensure staff had the most recent updated information to respond to peoples' needs.

People had information about the service and their care arrangements in a format they could understand. People had communication guidelines and communication passports in place to assist staff. There were charts available with pictures and symbols to help people organise their time. Another person had an

electronic tablet to assist with their communication while staff also used sign language to assist people. The provider information record (PIR) states; "Makaton (a sign language) is used to support service users who use this and staff in Park Lodge tend to use this all the time."

Complaints procedures were displayed and made available to people in an easy read format. However, not all people currently living in the service would be able to fully understand the procedure. The registered manager understood the actions they would need to take to resolve any issues raised. Staff informed us that due to people's limited communication they made sure they understood and knew people well and worked closely with them and would monitor any changes in behaviour. Staff confirmed any concerns they had would be communicated to the registered manager and felt action would be taken and issues dealt with.

Staff confirmed they had not needed to support people with end of life care, but were aware of issues relating to loss and bereavement. However staff had supported people with the loss of close relatives. This included people being referred for additional support from outside professionals for bereavement counselling. The registered manager is an end of life champion and had already started talking to relatives about end of life care. This would help ensure people's wishes on their deteriorating health were made known and documented.

The PIR records; "I (the registered manager) intend introducing the End Of Life Plans to parents at our next family meeting. I am going to ask them to complete these and give us an idea on what steps they would like taken when their loved one passes." Recordings of the last parents' meeting showed this was discussed.



Our findings

At our inspection in July 2016 it recorded that the service was not consistently well led. The report for July 2016 stated; "At this inspection we found that the provider had followed their action plan and that steps had been taken to ensure the breach was met, (This was for a breach of Regulation 17 in the inspection completed December 2014), however some of the improvements made needed to be embedded into day to day practice and sustained in order to ensure that the service is able to continuously improve." It went onto say; "At this inspection we found the registered manager had not consistently completed the monthly audits in line with the provider's policies and procedures." At this inspection we found those improvements had been embedded into the service. We also found the registered manager, who had been appointed since the last inspection, and provider had monitoring systems in place which enabled them to identify good practices and areas of improvement.

The service was now well-led.

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

A staff member said; "[I am] very supported. The registered manager is approachable- absolutely!" While another said; "The registered manager is good and willing to listen to new ideas."

Staff informed us that the culture at the service was positive. Staff had confidence in the management team. The provider and registered manager were open, transparent and person-centred. The registered manager was available throughout the inspection to assist us. We were told by the registered manager that they always put people living in the service first. The registered manager said they were well supported by the provider and the company had an on-call service to speak with a senior manager at any time.

The provider's vision, on their website stated; "Our well-trained, proficient and caring staff provide 24 hour personal and practical support." It goes onto say; "Everything we do is highly personalised and actively focused upon the individual needs and requirements of each and every resident." This vision was clearly embedded into the culture and practice within the service, stemming from the provider, to the registered manager, and to the staff. As a consequence of this, people looked happy, content and well cared for. These

visions were incorporated into staff training and staff received a copy of the core values of the service.

The registered manager had a committed and passionate attitude about the service, the staff and most of all the people. They said the recruitment of new staff was an essential part of maintaining the culture of the service. They said they looked for staff who could work alongside people living in the service. They went on to say how each person had individual needs and how important it was they recruited the correct staff to meet the needs of people currently living in the service. Staff spoke highly of the registered manager including one saying; "[Registered manager's name] is very, very helpful and always has their door open." While another said; "[Registered manager's name] is helpful and supportive" and "Very approachable." Staff were seen to be hardworking and motivated and showed they shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. Staff spoke of their fondness for the people they cared for.

Staff confirmed they were provided with opportunities to share feedback and ideas in staff meetings, in one to ones with the management team and informally. Staff felt supported by the management team, respected and listened to, with staff saying management were available on call at any time.

Records showed the registered manager worked in partnership with other agencies when required, for example, the learning disabilities service, GP and other health care professionals.

The provider had a range of organisational policies and procedures which were available to staff at all times. Staff had access to these and included the provider's whistleblowing policy which supported staff to question practice. It showed how staff that raised concerns would be protected. Staff said they felt comfortable in using the whistle-blowers policy if required.

People were not all able to provide feedback on the service they received. However, relatives' and professionals' views were obtained. Quality assurance questionnaires were sent and the results of which were audited in order to drive continuous improvement of the service.

The registered manager continued to improve and enhance the care and quality of the services provided. Regular audits carried out on all aspects of care delivered and helped to monitor service provision and ensured the service maintained a good quality standard. Regulations requirements were understood by the management team. The registered manager kept up to date with their own personal development and completed ongoing training. Any updates or changes were communicated to the staff through staff meetings and one to ones. Staff felt involved and engaged. They felt able to question practice and feedback areas of improvement, for example, the number of staff on duty at certain times. This was being actioned by the registered manager by an increase in night staff. The registered manager attended meetings with other registered managers within the company. This helped to share best practice, experiences and to learn from each other.

People lived in a service which was monitored by the registered manager and provider to help ensure its ongoing quality and safety. Systems and processes were in place to audit accidents and incidents, the environment, care planning and people's nutrition. These helped to promptly highlight when improvements were required. Annual audits and maintenance checks were completed that related to health and safety, the equipment and the home's maintenance such as the fire alarms and electrical tests.

People lived in a service which was continuously and positively adapting to changes in practice and legislation. For example, the registered manager was aware of, and had started to implement the Care Quality Commission's (CQC's) changes to the Key Lines of Enquiry (KLOEs), and was looking at how the

Accessible Information Standard would benefit the service and the people who lived in it. This was to ensure the service fully meet people's information and communication needs, in line with the Health and Social Care Act 2012.

The registered manager and provider knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence.