Autism.West Midlands

Gorse Farm

Inspection report

Coleshill Road
Solihull
West Midlands
B37 7HP

Tel: 01217709085
Website: www.autismwestmidlands.org.uk

Date of inspection visit:
09 June 2016

Date of publication:
11 July 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out this inspection on 9 June 2016 and it was unannounced.

The service was last inspected on 1 April 2015 when we found some improvements were required in relation to how risks were managed. We asked the provider to take the necessary steps to ensure the required improvements were made. At this visit we found improvement had been made in this area, however some further improvements were still required in other areas.

Gorse Farm is a purpose built residential home which provides care for up to 14 adults with learning disabilities in Solihull. Accommodation is provided in two separate bungalows for up to seven people in each. At the time of our inspection there were 13 people living at the home including one person who was living in an adjoining self-contained flat. Three people were away on holiday.

The service did not have 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. The registered manager had left in February 2016 and a new manager was in the process of being appointed. Two of the provider's operations managers were currently managing the service and one intended to apply for registration with us.

Relatives told us at times communication at the service had been poor and they had not always been informed about their relatives' care or given the opportunity to be involved in this.

Relatives were not positive about the management of the home as they felt this had been inconsistent. They told us this had not given them the opportunity to get to know managers and this had impacted on the care people received.

Relatives and staff told us people who used the service were safe. Staff had a good understanding of what constituted abuse and knew what actions to take if they had any concerns. Staff were effective in identifying risks to people's safety and how to manage these risks.

There were enough staff to care for the people they supported and new staff were also being recruited. Checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service. Staff received an induction into the organisation, and a programme of training to support them in meeting people's needs effectively.

People and relatives told us staff were caring and had the right skills and experience to provide the care required. People were supported with dignity and respect and people were given a choice in relation to how they spent their time. Staff encouraged people to be independent, and people had gained increasing skills and confidence in their daily lives. Care plans contained information for staff to help them provide

personalised care.

People received medicines from trained staff and medicines were administered safely.

Staff understood the principles of the Mental Capacity Act (2005) and how to support people with decision making, which included arranging further support when this was required.

People had enough to eat and drink during the day, were offered choices, and enjoyed the meals provided. People were assisted to manage their health needs, with referrals to other health professionals where this was required.

People had enough to do to keep them occupied and staff tailored activities to people's individual interests. The management team had identified that having more staff that drove vehicles would improve activities further, and action was being taken to facilitate this.

People knew how to complain and could share their views and opinions about the service they received. There were no formal opportunities for relatives to feedback any concerns they had at meetings.

Staff told us they could raise any concerns or issues with the managers, who were approachable. There were formal opportunities for staff to do this at group and one to one meetings.

There were processes to monitor the quality of service provided. There were other checks which ensured staff worked in line with the provider's policies and procedures. Checks of the environment were undertaken and staff knew the correct procedures to take in an emergency.

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 received their medicines from trained and competent staff. Staff had a good understanding of what constituted abuse and knew what to do if they had any concerns. There was a thorough staff recruitment process and enough experienced staff to provide the support people required. People received support from staff who understood the risks related to their care and how to minimise these.

Is the service effective?

Good

The service was effective.

Staff were trained to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act (2005) and how to support people with decision making. People were supported with their nutritional needs. Staff referred people to other professionals if additional support was required to support their health or social care needs.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and compassionate. Relatives told us staff were caring. People were encouraged by staff to be as independent as possible and given choices about how they spent their time. Staff ensured they respected people's privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Relatives felt communication about people's care could be improved and told us they were not always given formal opportunities to share their views and feedback about the service. People received a service that was based on their personal preferences and their keyworkers knew them well. Care

records contained detailed information about people's likes, dislikes and routines.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Most relatives we spoke with were unhappy about the changes in the management of the home over the last few years and felt this had impacted on the care people received. Staff felt supported to carry out their roles, and considered the new management team to be approachable and responsive. There were effective systems to review the quality and safety of service provided. □

Gorse Farm

Detailed findings

Background to this inspection

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

The inspection took place on 9 June 2016 and was unannounced. The inspection was conducted by one inspector.

Before our visit we reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We looked at information received from relatives and visitors.

We spoke with the local authority commissioning team. Commissioners are people who contract services, and monitor the care and support when services are paid for by the local authority. They made us aware of a recent medicine audit at the service and some recommendations from this.

Before the inspection, 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. We received this prior to our visit and it reflected the service we saw and future plans for the service.

Most of the people living at the home were unable to share their experiences of the care and support provided. We spent time observing care in the two bungalows and the communal areas.

During our visit we spoke with six staff including two support staff, one team leader, the cook and two operations managers. We also spoke with one person and seven relatives, some over the telephone.

We reviewed three people's care records to see how their care and support was planned and delivered. We checked two staff files to see whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service

operated, including the service's quality assurance audits.

Good

Is the service safe?

Our findings

Relatives told us people were safe at the home. One relative told us, "I think [Person] is safe there, no worries there at all." Another relative told us, "I've got no concerns about safety."

Staff undertook assessments of people's care needs to identify any potential risks when providing their support. At our last visit in April 2015 we found that risks in relation to people's needs had not been documented, so staff were not aware of these risks and how to reduce them to keep people safe. At this visit we found risks were being documented, information was up to date and staff were aware of how to mitigate risks to ensure people's safety.

One staff member told us, "The risk assessments are much better." Risk assessments were updated by the operations manager when people's needs changed and had been reviewed. We saw risk assessments were in place for areas such as behaviours in the home, for when taking medicine and when travelling. For example, one person needed specific support when travelling in the mini bus and staff were aware of how to support them with this.

Prior to staff starting work at the home, the provider checked their suitability to work with people who lived there. Background checks were obtained by the provider and references were sought. We checked two staff files and saw these had been completed.

There were enough staff available to meet people's needs. Relatives told us they thought there were enough staff now, however there had been a problem with using too many agency staff before. One relative told us, "There is enough staff to take [Person] out." One staff member told us, "From before, a lot has improved with staffing."

The operations manager told us staffing had been one of their priorities when they started at the home. They explained, "We know we can't have a large turnover of irregular agency staff and staffing is much better now. We still have vacancies, however this is also because we have increased the hours to service users." There remained six staff vacancies at the service which were being covered by permanent staff and temporary staff. One staff member told us, "It is better than in February, staff know people, it is more consistent." Any agency staff used, all worked regularly at the home. Some staff were now successfully employed, from being 'temporary to permanent' staff.

Interviews for new staff were taking place at the time of our visit. The operations manager told us, "It is difficult with recruitment. We have interviewed some people and said 'No'." Part of the interview process was based around a values assessment, to ensure the right staff were employed. Potential new staff were given the opportunity to meet people at the home before starting employment, to ensure they were suitable. It had also been recognised that more staff who were car drivers were required to support people to go out, so this further limited candidates.

We looked at how medicines were managed and found they were administered and stored safely. One

relative told us, "All the medication is strictly taken, they take it very seriously there."

Although no one at the home took their medicines independently, some people were only prompted by staff with this. At times, one person refused to take their medicines, however staff found that they would take this later with encouragement. Some people received some medicines 'as required', for example if they were in pain. Individual guidelines were documented for staff to follow, to tell them when people might require this medicine, if people could not say. This medicine was only given after consultation with a team leader. Medicine was reviewed annually to ensure people's prescribed medicines continued to meet their healthcare needs.

All staff were trained to administer medicines. This training was completed during induction and then checks to ensure they remained competent were every six months. Where any errors had been identified, we saw action had been taken by the management team in meeting with the staff member concerned. Medicine audit checks were completed by managers monthly, and team leaders weekly. For example, checks were undertaken to see if medicine was being stored correctly. A recent medicine audit by the clinical commissioning group was positive, and had also identified some areas which required improvement. The operations manager showed us how they had addressed this.

Staff understood the importance of safeguarding people and their responsibilities to report any concerns. One staff member told us, "Safeguarding could be any member of staff being abusive to a service user. This could be shouting at them, hurting them or taking money. I would report it to my line managers; I would go to CQC or report it to our head office." We were aware a staff member had reported a safeguarding concern previously and this had been investigated. The provider had made us aware of any safeguarding concerns and we saw these were documented.

Staff were aware of the procedures to take in an emergency and if the home required evacuation. One staff member told us, "The fire alarms would go off and we meet in the car park, we have had fire training." Personal emergency evacuation plans were documented for people so they could be assisted safely and effectively in an emergency situation, such as a fire. Fire training had been completed in March 2016 and fire drills took place so staff were familiar with procedures.

Accidents and incidents were recorded for each person. Incidents were analysed to identify any patterns or trends, and used to prevent them reoccurring. A new 'ABC' (Antecedent, behaviour consequence) form had been developed to record incidents in more detail and helped staff understand triggers to certain behaviours. One person's incidents had been analysed and the action from this was to arrange a medicine review.

A maintenance service was available if any repairs were required. A staff member told us that if they identified any repairs and reported them, the maintenance team were quick to address this. Window restrictors were fitted and checks were carried out, including water temperature checks, gas and electrical safety and legionella testing to ensure people remained safe from potential risks in the environment. During our visit we saw a window restrictor had broken and raised this with the operations manager. This was repaired whilst we were at the home.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge to meet people's needs. One relative told us, "I think the care is pretty good, it's excellent." Another relative told us, "There is some good staff there."

Staff received an induction when they first started working at the home. One staff member told us, "My induction was over two weeks. It was mostly training and I had to complete a booklet. I found it useful." Induction consisted of a two week period, working alongside a more experienced staff member and completion of an induction training programme. A workbook was then completed by staff, and questions and scenarios were given in areas such as understanding autism, and safeguarding people, to assess and increase staff knowledge. Feedback about the workbooks was given by the training department to managers, so that this was discussed with staff in one to one meetings.

Staff received training suitable to support people with their health and social care needs. A staff training schedule showed training was completed in areas such as mental capacity. The management team kept a record of training so they could monitor this and ensure staff kept their knowledge and skills up to date. A specialist trainer had been employed to help staff support people around managing behaviours, and this had increased staff confidence further. One staff member told us, "At the challenging behaviour training I learned how you can manage the behaviours, handle the situation better and they gave me some techniques to show me how to do this."

All new staff completed the Care Certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment.

A 'handover' meeting was held each day as the shift changed, where information was shared by staff about people's health or well-being, so people could be supported consistently. Staff also communicated using a 'summary' book and a whiteboard to pass on important information each day.

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.

Most of the people at the service had capacity to make day to day decisions. The provider had trained their staff in understanding the requirements of the Mental Capacity Act. One staff member told us, "When a person has limited capacity, you need to assess their responses." They gave an example of some people at the home who were able to tell you if they felt in pain. However, one person lacked capacity around their diet in relation to their health, so staff helped them with making healthy eating choices. Another staff member told us, "Mental capacity is if someone has capacity to make a decision for themselves, perhaps they may not do about their money, but can around eating."

One person was having a mental capacity assessment undertaken to assess their understanding of their actions in relation to other people at the service. For another person, a 'best interest' meeting was being arranged to make a decision about some medical treatment. Best interest decisions were recorded on care records for areas such as medication and finances.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 (DoLS) were being met. We found all of the people living at Gorse Farm were having their liberty restricted. Decisions had been correctly taken to submit applications to a 'Supervisory Body'. At the time of our visit all of the applications had been submitted or authorised.

People's nutritional needs were met with support from staff. One staff member told us, "People have enough to eat and drink." People had two choices of meals and if they preferred could have something else. On the day of our visit one person had refused the choices offered, so they prepared something in the kitchen to eat themselves. One person chose to eat separately from other people as this was their preference, and staff supported them to do this.

People were encouraged to eat healthily, but able to have the food of their choice. Some people liked to have a certain foods at each meal, one person particularly liked beetroot so this was provided for them.

A cook had been employed temporarily to support staff on weekdays with meals. The operations manager explained that this was to relieve staff so they could have time to focus on other areas of care and support. The cook was able to tell us about the people at the home and their dietary preferences. For example, one person liked to eat 'finger food' and so this was prepared for them. People with specialist dietary needs, such as allergies or diabetes were supported with their diet. One relative told us how their family member now had a special diet and staff had found some suitable alternatives they liked, that they could eat.

People were supported to manage their health conditions and had access to health professionals when required. One person told us, "I've been to the dentist." One relative told us, "They have that (visit to professionals) down to a 'T', the dentist comes in here." They went on to say staff called them if their family member was unwell or needed to see the GP. Another relative told us, "They do a very good job, they got [Person] back on (medicine), they have been ill recently and they managed to get blood taken." Some people attended appointments with the GP or the GP visited the service where this was not possible.

One relative told us they were concerned about one person's weight. Although a referral had been made to a dietician about this, the relative told us they had not been made aware. We asked the operations manager about this and they told us, "We are waiting for the appointment to come through, they will not let us weigh them, however the doctor can do this sometimes. In the meantime we are looking at portion control and trying to maintain healthy options."

Staff worked closely with other healthcare professionals. One person was having some tests around a change in their behaviours, to identify whether this could be related to a physical condition. Another person had a behaviour which staff were trying to discourage and some work was being done with other professionals to identify possible reasons why this was occurring and ways to manage this. An occupational therapist was involved in supporting another person. Occupational therapists are trained to support people to carry out everyday activities which are essential for health and wellbeing.

Good

Is the service caring?

Our findings

People told us they were happy at Gorse Farm. One person told us, "Yes I like it." One relative told us, "When I come to visit, the staff are always welcoming and polite." Another relative told us, "I think the staff are caring, staff have told me they absolutely love [Person] and they would not do the job if they did not like the people there." Another relative told us how their family member loved living at the home.

Typical comments from other relatives were, "The most important thing is that [person] is happy and they are," and, "When [Person] comes home, they are always ready to go back." This showed that the person was happy at Gorse Farm.

People were allocated a named worker they were familiar with, called a keyworker. One relative told us how their family member liked to go out, and how the person's keyworker had come in on their day off once to encourage them to do this. A staff member told us about one person who they were the keyworker for, describing them in very positive terms as, "Affectionate, approachable, a lovely person," and explained that they really enjoyed working with them.

One staff member was a keyworker for a person at the service and during our visit other staff requested they offer some reassurance to this person, as they had become anxious about a planned visit to a health professional. The interactions between this staff member and the person demonstrated there was a good trusting relationship between them.

Staff told us their colleagues were caring. One staff member told us about another staff member, "They are brilliant, so good with [Person], they have a 'calmness', and as a team we motivate each other." They went on to say, "The service users are the best thing, seeing them smiling, seeing them independent," and they gave an example of watching a person who enjoyed their hobby of rock climbing.

People were encouraged to keep in touch with their families and there were no restrictions on visiting times. Many people went to stay with their families at weekends. One staff member told us, "The guys here have really good relationships with their families." Another staff member told us, "One person goes home, another person's Mum phones, another person's Mum visits, families are involved." Two hand held computer devices were being purchased to encourage people to use these to talk with relatives more, especially for one person whose relative lived a distance away.

Staff recorded family birthdays so they could ensure cards and gifts were purchased by people for them. A relative told us it had been their birthday recently and their family member was going to go out for a meal with them, but wanted to talk with their keyworker about it first. They told us, "[Person] thinks the world of [keyworker]," so the relative invited them to the meal too.

People were supported with their cultural and religious needs. One person attended a church service each week. Another person had displayed some behaviours which staff felt may be linked to their culture, so were exploring this further to see if they could support them with this.

Staff supported people with privacy and dignity. One staff member told us staff knocked doors before entering rooms and closed curtains before assisting people with personal care. At times, one person could come out of the bathroom naked, and staff were aware of this so would ensure they were ready to cover the person up. Another staff member explained one person liked to knock on the door themselves when they had finished in the bathroom, to tell staff they were ready. Staff knew to wait outside until the person knocked. They told us, "We make sure we give [Person] space."

People were encouraged to be independent. One relative told us, "When the kitchen hatch stopped being used (for serving meals), [Person] became more independent, they love the kitchen and cooking under supervision." One staff member told us how they encouraged people, "Independence is about basic things, like [Person] cleaning their room, doing their own personal care, they do their own laundry, they do the dishes." Another staff member told us how when they first started at the home they had been told one person was not able to travel with other people. The staff member had worked with the person and now successfully supported them to do this. They told us, "They allowed me to go out with them, and since then we have been going out without a problem."

Some people were supported with an advocacy service in relation to their communication needs and finances. An advocate is a person who supports people to express their wishes and weigh up the options available to them, to enable them to make a decision.

People's rooms were individualised, contained their own personal items and people were encouraged to make these comfortable to suit their needs and preferences. One relative told us, "[Person] is having their room decorated and they have already chosen the colours for this."

Requires Improvement

Is the service responsive?

Our findings

Some relatives were positive about the support people received. Comments included, "A couple of the old team are back, we were glad to see [staff name] come back," "Generally the staff are getting better, things are improving gradually," and "There are some very committed staff who have been there a long time."

However, other relatives were not happy about the care their family members received. One relative told us, "There is no continuity at all. Things we have asked for have not materialised because of the changes." One relative told us there had been a problem one day with their family member and staff had telephoned them so they could talk to the person over the phone. The relative told us that staff did not know the person well, because if they did, they would know the person never spoke on the phone.

People were assessed when first coming to the home to ensure staff could meet their needs. People were allocated a keyworker. One relative told us, "[Person] has related really well to the keyworker, they have really come on with them." Another relative told us, "The new keyworker is very pro-active; they have got to know [Person]." The operations manager told us they were ensuring as far as possible the right staff supported people, as previously this had not always been the case. One relative told us that they felt their family member was coping 'really well' now with the new staff.

Care records contained information about personal care needs, routines and preferences. Some records were written in an 'easy read' pictorial format, so people were able to understand them more easily. It was documented that one person liked to eat inedible items and staff had devised a way for them to satisfy this need safely with a food. Another person found a noisy environment difficult, so care was provided to them in ways to support this. Information documented was 'person centred' and people were supported with their preferred routines. For example it was documented when one person became anxious they liked to watch a 'Makaton' DVD and used a piece of equipment to calm them and staff knew this.

'Health action plans' within care records detailed relevant medical information to support people. Positive behaviour plans guided staff on how best to support people, signs of anxiety and triggers. One person had a very specific routine and expected certain responses which if staff did not give, could upset the person. Staff were aware of these responses.

People at the service had a variety of communication needs which staff were aware of, and they used communication 'tools' to assist with these. Some people used Makaton, which is a form of sign language, as well as pictures to communicate. We saw a 'sign of the week' was displayed. One staff member told us, "A lot of the guys like signing and if you do it with [Person] they will do it with you, it can prompt a whole conversation."

Most relatives told us communication at the home could be improved. A communication book was used when people went on a home visit. This was completed by staff, however relatives told us these were usually not completed, so they did not know what the person had been doing or about their care. Comments included, "I'd like to know some feedback, if it is positive or negative. I'm not really happy." "The

communication is not good, the phone rings out sometimes." Another relative told us, "I take it person does activities, they go to day service, very occasionally the diary is filled in by them. We rely on the diary so don't know what they have or have not done." We discussed this with the operations manager who told us that they would speak with staff about this to make sure diaries were completed. One relative felt communication had improved recently.

The operations manager told us annual review meetings with families had been held in the past but were not currently taking place. This was because they were reviewing each person's care plan as they wanted a more 'person centred' format. Most of the care plan reviews had now been completed and plans were for the review meetings to be arranged. One staff member told us, "Yes relatives are invited to the reviews."

There were some social activities to keep people occupied, however some people felt these could be improved further. One relative told us, "I think the activities could be better." One staff member felt the activities could be a bit better, however they were aware that additional drivers were being recruited to take people out more. Another staff member told us, "They have built up the activities, it is better since I've come. We do need more drivers." The operations manager told us for them to develop activities further, they had to 'balance' out the staffing first. Staff recorded in the care plan whether the person enjoyed an activity or not, so staff could decide whether these were suitable and the person benefited from them.

One relative told us, "We wanted [Person] to go swimming. This was discussed about three managers ago. When I go there the staff are always changing." We discussed this with the operations manager who told us they would contact the relative about this immediately.

A 'day centre' service was used by people on site and this contained a 'sensory' room for people to relax in, a massage room, and TV lounge. A kitchen was available for people to cook in and an area for activities such as crafts.

A large garden area was available for people to use. One person particularly enjoyed being outside, and they showed us a house they were building in the garden, using card. Occasionally people camped out in the garden overnight with staff and enjoyed this. An allotment area was planned, and the operation manager told us they hoped a relative would be involved in developing this.

One person enjoyed rock climbing and staff supported them to do this. Some people had gone on day trips to the Safari park and on a canal boat. One relative told us how their family member liked railways, so when they went on holiday staff had incorporated this.

We looked at how complaints were managed by the provider. One relative told us, "No, I have not complained, we will see how it goes, I could complain if I wanted to." Another relative told us, "I have no complaints, no and I do ask questions on a daily basis." One staff member told us, "People know how to make a complaint, relatives and staff, they could raise it. Some relatives will phone up and have a chat about things."

We found complaints had been recorded. Two complaints had been received in 2016. The operations manager showed us a copy of one complaint from a relative, which had been in relation to communication and told us a response had been given to this. Three compliments were recorded in 2016, one in relation to decoration and the other with positive comments about staff and the care provided.

Requires Improvement

Is the service well-led?

Our findings

Most relatives we spoke with were unhappy about the changes in the management of the home over the last few years and told us they felt this had impacted on the care people received. Relatives told us, "The managers are only here for a short time, then they are gone," "If we could get a manager to stay, we would be half way there," and "I used to say the service was 150%, now I would say 50 to 75%." Other relatives told us, "The managers are good when they are here, at least two have left," and, "The best thing would be to get the management sorted."

Relatives told us they remained concerned that when they got to know managers, they left, and they did not feel they could build a relationship with them. One relative told us, "The past four or five years it has been very 'topsy turvey' with managers and I feel this affected [Person's] behaviour. I don't think it will get to the standard it was 5 years ago." One relative felt that the changes were unsettling for the staff, each new manager came in and made changes and until a manager stayed, this would not be good for staff. Another relative told us, "You are never sure what the next manager will say."

Relatives told us they felt communication was poor. Comments included, "Communication is not good, it has dropped with nobody there to oversee." Some relatives told us they had not received any communication from the head office about the new management team. One relative told us, "Lots have promised things but nothing has materialised, it is disappointing. It is time to build up trust." They gave an example that their family member was going to try a different diet and they had discussed this with a previous manager. However, due to changes in management this had never started. We raised this with the operations manager with the relative's permission, and they told us they would discuss this with them.

Some comments from relatives were more positive and described the new management team as 'welcoming'. Another relative told us, "It felt nice with the new staff last time I was there, but it has a long way to go." Other comments included, "Generally I am happy, I don't have any worries." And, "Overall the last three times I have visited, [Person] has settled down, they look well and happy and I was pleased."

The management team consisted of two operations managers who had been at the service since February 2016, when the previous registered manager left. One was in the process of registering with us and told us they would continue to be involved with the service, when the new manager was in post. They told us that they had been actively recruiting for the manager's position, however wanted to make sure as far as possible that they employed the 'right' person, so this process was very thorough.

The management team were aware that this was 'early days' for them at the service and that people had had a lot of changes of managers. They told us they had concentrated on staff recruitment and updating care records and had identified further areas where they were planning to make changes. The operations manager told us, "We have taken on the responsibility for a lot at the moment, we want to get things up and running." Some of the tasks, once established would then be delegated to team leaders.

An action plan dated March 2016, had been produced by the operations manager and this documented

what changes were required. The operations manager told us, "We have the foundations and structure for everything," and they were working through this plan to improve the service. They explained the focus for them had been paperwork, staffing and health and safety. The manager told us about other plans for the service. A family fun day was being arranged in August to raise funds for equipment for activities, and also encourage better communication with families.

The management team had not sought feedback from relatives or people who used the service, to help them identify where they could make improvements. One relative told us, "There are no relatives meetings, but years ago we did." One staff member told us, "There used to be relatives meetings, but these drifted off slowly." We asked the management team about this and they told us they had not arranged these yet, but this was something they would explore doing now. Annual surveys were sent out by the provider, however the operations manager was unable to provide us with a copy of these on the day of our visit.

Staff told us the new management team were approachable and they were positive about the support they received. One staff member told us, "At the start, staff were not looked after by managers, now it's better, it is very good now. I am much more confident." Another staff member told us, "It is a lot better, much better, I feel a lot more motivated and appreciated. It is getting there, things are on the up." Another staff member explained, "With [Managers] I think they have started to get things back in place. There is a good support network and they are very approachable."

Staff had formal opportunities to meet at team meetings and in one to one meetings with their manager. These meetings had just started again after the previous registered manager left in February 2016. Team leader meetings were held the day before staff meetings, so that managers were aware of any issues senior staff had.

One to one meetings were being held every month to support staff. These had started again in May 2016 and a schedule of dates had been arranged. One staff member told us about the meetings, "We are slowly getting there." The operations manager told us, "These have fallen by the way a bit, we are now catching up, but staff do come up and talk with us."

Formal observations were completed for staff administering medicine, during induction and for staff completing the Care Certificate. Staff were given feedback on their practice by managers. The operations manager told us they had recently met with a staff member to discuss their approach when supporting one person, as they felt this could be improved.

Appraisals for staff were completed annually and were due in July 2016. These gave staff an opportunity to review their roles, and look at their training needs and goals. The team leaders were being trained to carry out appraisals for staff. Staff feedback was sought using an on line survey by the provider. A provider newsletter was published every three months to keep staff up to date with any changes within the organisation.

Audits and checks of the service were carried out by the management team. These included medicines audits, checks of care records and safety checks. Senior managers completed quality monitoring visits of the service and we saw these had been completed in February 2016 and April 2016.

A recent visit from the clinical commissioning group had made some recommendations around improving the environment and decoration at the home, and this was now being addressed.

The operations manager understood their responsibilities and the requirements of the provider's

registration. They were able to tell us what notifications they were required to send us, such as changes in management, safeguarding and authorisations of DoLS. It is a legal requirement for the provider to display their ratings so that people are able to see these, and we saw these were displayed correctly.