Beech Care Limited

Beechcare

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

This inspection was carried out on 24 and 28 September 2018. The inspection was unannounced.

Beechcare provides accommodation and support for up to six people who may have a learning disability, autistic spectrum disorder or physical disabilities. The service is set in a bungalow in a quiet residential area. There were five people living at the home when we inspected.

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

The service had a registered manager in post who was available and supported us during the 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 our last inspection, the service was rated 'Requires Improvement' overall with caring and responsive being rated as Good.

At our previous inspection on 29 June 2017, we found three breaches of Regulations and issued warning notices. The provider had failed to do all that was reasonably practicable to mitigate risks. Risks had not been assessed and mitigated, and medicines had not been managed safely. People did not benefit from an environment which was suitable for the purpose for which it was being used. The provider had not designed care and treatment with a view to achieving people's preferences and ensuring their needs were met. Accurate, complete and contemporaneous records had not been maintained. We asked the provider to take action and they sent us an action plan. The provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. Improvements had been made, and the previous breaches found at our last inspection had been met.

At our previous inspection we found risks relating to people and the environment had not always been assessed and minimised. Medicines had not been managed safely. At this inspection we found both areas had improved.

At our last inspection we found systems to monitor the service did not identify issues highlighted during the inspection. At this inspection we found improvements in this area; a new auditing system was in place alongside a schedule for audits which had been effective.

At our previous inspection the service had not been adapted to ensure all areas had wheelchair access, which meant some people were unable to access to kitchen. At this inspection we found improvements in this area, including access to and within the kitchen.

People were protected from the risk of abuse. Staff had received safeguarding training and knew how to recognise and report any concerns. There were enough staff to keep people safe and meet their needs. Staff had received training in infection control and utilised personal protective equipment appropriately. Accidents and incidents were recorded by staff and used as a tool to improve the service.

The service followed safe recruitment practice which included checking staff's full employment history and obtaining criminal record checks.

The registered manager completed an assessment on people's needs to ensure the service could meet the needs of the person prior to them receiving a service. Staff had received training and support to enable them to complete their roles. People were supported to eat and drink sufficient amounts to maintain a balanced diet. People were offered choices around meals and drinks, and preferences were recorded so staff could support people in a more consistent way. Staff worked well together and ensured that clear communication between themselves and external health professionals took place; for example, with care managers, commissioner GP's and district nurses.

People were supported by a staff team that showed kindness, compassion and respect towards them. People's dignity and independence was promoted and people were supported to express their views.

People's care plans had been reviewed and updated to ensure that their care and support needs were clear and their preferences were known in the form of care plan summaries. Relatives were aware of how to raise concerns, and staff were able to identify if a person was unhappy about an aspect of their care.

Staff told us the service was well led and that they felt supported by the manager to make sure they could support and care for people safely and effectively. Staff said they could go to the manager at any time and they would be listened to. Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve. Action was taken to implement improvements.

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.

There were sufficient staff on duty to meet people's needs. Staff were recruited safely.

Potential risks had been assessed and guidance in place to mitigate the risk.

Environmental checks were completed to ensure people were safe.

Medicines were always managed safely.

People were protected from the risk of infection.

Incidents were analysed and action taken to reduce the risk of them reoccurring.

Safeguarding concerns were reported and appropriate action taken to protect people from abuse.

Is the service effective?

Good

The service was effective.

People were supported to make decisions. Staff worked within the principles of the Mental Capacity Act 2005.

Staff had received training and support to fulfil their roles.

People were supported to eat and drink enough and lead a healthier lifestyle.

People had access to healthcare professionals.

People's needs were assessed prior to them receiving a service.

Is the service caring?

Good

The service caring.

People were treated with dignity and respect.

People were supported to be as independent as possible.

People received emotional support when required.

Is the service responsive?

Good

The service was responsive.

People received personalised support and care plans gave information about their choices and preferences.

People took part in activities of their choosing.

Complaints had been recorded and actioned appropriately.

Is the service well-led?

Good

The service was well-led.

Audits and checks had improved and identified shortfalls.

People's opinions were sought to develop the service.

The service worked well with other agencies.

The manager understood their responsibility to continue to learn and improve the service.

There was an open and transparent culture within the service and there was a clear vision to improve people's lives.

Beechcare

Detailed findings

Background to this inspection

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

This inspection took place on 24 and 28 September 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. We spoke with six staff including support workers, senior support workers and the registered manager.

People were not able to verbally express their experiences of living in the home. We observed staff interactions with people and observed care and support in communal areas. We spoke with three relatives. We looked at records held by the provider and care records held in the home. These included three people's care records, medicines records, risk assessments, staff rotas, three staff recruitment records, meeting minutes, quality audits, policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including training records, policies and some contact telephone numbers. The information we requested was sent to us in a timely manner.

Good

Is the service safe?

Our findings

At our last inspection, we found a continued breach of Regulation 12 (1)(2)(a)(b)(d)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks to people had not been assessed and managed effectively. At this inspection we found people received care in a safe way, and the breach had been met.

At our last inspection, we found not all risks to people had been assessed and guidance was not in place to support people, for example one person who had known behaviours that could challenge. This person also required the use of a harness whilst in the car to ensure they travelled safely. There was no risk assessment or guidance in place for staff to follow which placed the person at risk of receiving unsafe care. At this inspection we found positive behaviour support plans (PBS) and risk assessments in place along with guidance for the harness the person used in the car, for staff to follow when the person displayed behaviour that could challenge. PBS plans detailed the kind of behaviour the person could display, and de-escalation tactics for staff to follow. The plan gave detail about what could be causing the person to become agitated, and what to do if the behaviour escalated. The plan had been updated and reviewed regularly. Staff had implemented the PBS plan with the support of an occupational therapist and were familiar with the guidance within it. A relative we spoke with had been included in the PBS plan and told us "If I don't follow it staff tell me and quite rightly so. [Person's name] calmness has come on tenfold."

Other risks to people had been assessed and minimised. People had risk assessments in place for all aspects of life, including personal care, bathing, being in the community, and the risk of falls. Documentation we reviewed showed the risk assessments identified the potential risk, how that person may present and how to minimise the risk. Staff had a good understanding of these and were able to talk us through different people's individual risk assessments.

At our last inspection, we found the risk of fire had not always been minimised. The Fire service had recommended fire doors be installed in the hallway to prevent a fire from easily spreading in the home, however these had not been installed. At this inspection we found the provider had acted and installed fire doors. We reviewed the most recent report from the fire service which confirmed all required action had been completed. We reviewed fire drills and observed they were taking place regularly. As a result of a fire drill completed during the night, the registered manager implemented improvements. For example, people's wheelchairs were kept in their rooms by the door to enable staff to support them to leave the building quicker in the event of an emergency.

Regular checks had been carried out to ensure the environment was safe for people. Equipment had been maintained and serviced as required, such as hoists and wheelchairs. The provider had completed safety checks on the supply of gas and electric. Other checks completed included ensuring that Control of Substances Hazardous to Health (COSHH) items were safely locked away.

At our last inspection we found action has not always been taken to prevent people being at risk of scalding. Water temperatures had been recorded, however action had not been taken to address high temperatures,

and staff had not recorded the temperatures of people's baths and showers on a daily basis. At this inspection we found water temperatures had been recorded regularly, and had not exceeded the recommended limit. We asked staff, and they were able to identify what action they would take should this happen. Since our last inspection, the registered manager had implemented new daily records for staff to complete about people. These now included the recording of the water temperatures in the person's bath or shower, and records showed these were being completed regularly. The registered manager told us these provided a prompt for staff to ensure care provided was documented and evidenced and reduced the likelihood of these checks not being completed.

At our last inspection we found items that could cause potential harm to people had not been locked away. For example, prescribed thickening powder was left in a kitchen cupboard without being locked away. This presented a risk as people could ingest it. Accurate records of when the thickener was given to people had not been recorded on medicines administration records (MAR). At this inspection we found people's prescribed thickening powers were kept in a locked kitchen cabinet. There were clear records for each time the person received a drink with thickening powder. This information was recorded within the new daily logs, and staff were responsible for updating these throughout their shifts. We observed staff updating these records regularly.

At our last inspection, other medicines were not always being managed safely. For example, medicines stock records did not always detail accurate amounts of medicines in stock. Another person was being given their medicines within food, however the service did not have any documentation to confirm there had been a multidisciplinary agreement for medicines to be given this way. Some people had been prescribed medicines on an 'as and when required' (PRN) basis. However, one person was missing PRN guidance for staff for four prescribed medicines. This put the person at risk of staff not understanding what the medicine was for, when the person may need it and how often. At this inspection we found improvements in this area. We completed a visual count of medicines, and found in all cases the actual numbers correlated with documentation. One person received their medicines within food, and had supporting documentation to confirm the agreement that medicines could be given this way. People who received PRN medicines had supporting PRN protocols in place to ensure staff were aware what the medicine was, and how often and in what time frame the person could receive the medicine. People with prescribed creams were receiving these as directed and the application of each cream had been recorded on body maps. Medicines administration records (MAR) had been completed by staff and were clear and easy to follow.

People had their medicines reviewed yearly. We reviewed records that documented people were supported to safely reduce their medicines over time. Staff received training in administering medicines, and were competency checked by the registered manager.

At our last inspection, we made a recommendation that staffing should be reviewed to ensure that people's needs were adequately met. This was due to there being one member of staff on duty during the night, with a sleep staff member supporting, that frequently had to be called on to provide care and assistance to people. At this inspection, this had been rectified. The registered manager had implemented two wake staff on each night, and during the day there were sufficient staff. Staffing was based on people's assessed needs. At the time of our inspection there was not any staff vacancies at the service. We reviewed staff rotas that showed there were consistently the required number of staff on duty. Where there were shifts that needed covering for annual leave or sickness, the registered manager would offer these to staff, and if cover could not be found the provider's internal staffing solution would book agency staff if necessary. A relative told us the staff were consistent and knew people very well. Another relative told us "I've never been here, and there wasn't enough staff."

Staff recruitment processes had been followed, and recruitment systems were robust. The recruitment files we reviewed evidenced thorough recruitment procedures had been followed to ensure people were of the right character to work with vulnerable adults. Criminal records checks had been completed through the Disclosure and Barring Service (DBS) and staff had not started working at the service until it had been established that they were suitable. The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. The registered manager had explored any gaps in staff work history, and had sought references from the most recent employers.

People were protected from abuse by staff who had received training in safeguarding. Staff we spoke with were aware of their role in protecting people from potential harm and abuse. Staff were able to identify signs or triggers they look out for and had a good understanding of the different types of abuse. Staff were able to identity who they could raise concerns to, and felt confident to do so. One staff member told us "I would tell [registered manager], if I didn't feel comfortable I could tell their manager, or the Care Quality Commission (CQC) or Kent County Council (KCC) even the police." Safeguarding alerts had been submitted to the local authority safeguarding team. The registered manager told us they would have no concerns calling their contact within safeguarding for advice.

People were protected by the prevention and control of infection. On both days of our inspection we observed the service to be clean and hygienic, without odour. We observed staff using personal protective equipment (PPE); and stocks of PPE were readily available throughout the service. The registered manager told us staff took pride in working at the service, and creating a clean environment for people to live. A relative we spoke with told us they always found the service to be clean.

When things went wrong in the service, the registered manager ensured that improvements were made, and lessons were learnt and shared with the staff. There was a process which staff understood to document and report accidents and incidents. The incidents would then be logged on the provider's internal computer system to ensure the provider had oversight of any issues and trends. One person displayed behaviours that could challenge towards a staff in an unfamiliar setting. We saw this incident had been documented, and their care plan, risk assessment and positive behaviour support plan updated. Incidents were discussed monthly at the staff team meeting, to ensure staff were aware of any potential triggers and how to deescalate the situation to ensure the person received the appropriate support in that setting.

Good

Is the service effective?

Our findings

At our previous inspection, we found a breach of Regulation 15 (1)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not benefit from an environment that was suitable for the purpose it was being used, with wheelchair users being unable to access the kitchen. At this inspection we found this breach had been met.

At our last inspection, we found people's needs were not always met by the design of the premises. The provider had purchased a kitchen in 2017, which had not been installed, and wheelchair users could not access the kitchen. At this inspection we found improvements. The kitchen had been installed, and included an adjustable work surface so those in a wheelchair could access the kitchen and support in meal preparation. Other areas, including bathrooms, bedrooms and corridors were accessible for wheelchair users, and there was ramped access to the garden. People's bedrooms were personalised and decorated with personal items such as photographs and some people had sensory lights which staff told us they enjoyed.

People's needs were assessed in line with good practice, prior to them receiving a service. Pre-admission assessments were completed by the registered manager, which considered all aspects of people's care and needs. This included reviewing the person's mobility, reason for referral, medical history as well as reviewing the level of support the person needed, and considering what the person could do independently. People's protected characteristics were considered, and people's preferred names were documented. The registered manager talked us through the pre-assessment process for the person who had most recently moved into the service. The registered manager visited the person within their previous setting at different times of day to gather as much information as possible. When the person moved into Beechcare, they continued to be supported by their known staff for the first few days, and the registered manager of their previous home continued to visit them to help them settle. The person's bedroom had been designed and decorated to best mirror the person's previous bedroom.

Staff had the knowledge, skills and experience to deliver effective care to people. We reviewed the training matrix, which identified staff had received training in a range of subjects specific to their roles. These included epilepsy awareness, first aid, manual handling and conflict resolution. One staff member told us the best training they had received was delivered by the incontinence nurse. The staff member told us it really helped them to realise there was not just one way to support someone and different methods helped to ensure people stayed dry for longer, and were more comfortable. The staff said they felt the training was effective because they were able to use the information gained to improve people's quality of life. Another staff member told us they thought the manual handling training was the most effective training course they did. They told us "Everyone was involved, it wasn't just them telling you what to do. They showed you different ways to do it that would suit you. They make sure you know [how to do it safely] before you leave."

Staff received regular supervisions with the registered manager, where they discussed any incidents or accidents within the service, any training needs the staff member had, as well as discussing any competency issues. The registered manager worked regularly with staff to assess their competency and make

observations on the quality of care delivered.

Staff we spoke with told us they felt well supported in their roles. One staff member told us "[Registered manager] is probably my best manager. They care about you. [Registered manager] is very supportive and understanding." When new staff started at the service, they completed the providers induction programme. This included meeting people, shadowing staff and reading people's care files and the providers policies. All staff that did not have a qualification in healthcare, completed the care certificate. The care certificate is an identified set of standards that social care workers work through based on their competency.

People were supported to eat and drink sufficient amounts to maintain a balanced diet. Staff had good knowledge of people's specialist diets, and ensured they received these. Some people required their drinks to have prescribed thickening power added to them, and we noted staff were aware of the consistency each person needed. When people and staff went out for the day, we observed staff took people's thickening powder to ensure they were able to safely enjoy drinks in the community. People were unable to verbally tell staff their food preferences, and therefore staff planned the food menus based on their knowledge of people's preferences. For example, if someone did not eat their food, it was noted the person did not enjoy that meal, and they were offered an alternative. Staff had noted that following an improvement in someone's vision, this person was now making more choices in relation to the food they enjoyed. Staff told us this person now pushed away food they did not wish to eat, and the person was able to identify the food, which they previously struggled with. On the first day of our inspection, people went out for lunch. Staff told us they were going somewhere locally that knew people well, and could cater to their dietary needs. Staff told us meals were made from scratch and they tried to ensure there was always plenty of vegetables to support people to maintain a balanced diet.

Staff worked across organisations to deliver effective care and support. People had information in their care files that could be shared with other healthcare professionals, for example paramedics or to take into hospital with them. This information included any information that would be beneficial to be shared, including medical history, medicines the person was taking and how they communicate. Staff knew people well, and were responsive if their conditions changed. Any changes were documented in the person's daily notes, and handed over verbally between staff at handovers. A relative told us "I can walk through the door here at any time, and they will be able to update me on her. They call me and tell me if she is unsteady, and if they are encouraging her to sleep in. They are very caring."

People were supported to have access to healthcare services to support them to live healthier lives. People were registered with the dentist, GP, optician and a reflexologist visited the service regularly. Some people required support from other healthcare professionals, such as a neurologist or psychological support. Staff told us of one person who was supported to have an operation to remove their cataracts. Staff accompanied the person to the hospital, and stayed with them to provide consistent regular support. Although the person was unable to communicate verbally, a result of the operation, the person indicated their vision had improved. For example, the person usually held a toy staff believed to be their favourite. However, following the operation, the person was observed to notice another toy on the floor, and reach for this toy instead. Staff told us the difference was 'amazing' and spoke with admiration for the person, who was able to regain some independence following the operation.

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

Staff we spoke with had a good understanding of the principles of the MCA. Mental capacity assessments had been completed along with best interest meetings when people were unable to make a decision. People were supported by advocates to ensure decisions were made in their best interests, for example regarding moving into the service or to decide if it was in a person's best interest to have an operation. People at the service had little verbal communication, but staff told us they were supported to make decisions. One person pushed their plate away if they did not like their dinner, which indicated to staff they needed to offer the person an alternative meal. Another person was known to routinely say 'no' when given a choice. When supporting this person with decision making, staff would ask the person, then gauged by their tone and reaction if the person meant yes or no. The registered manager had submitted appropriate DoLS applications for people. We checked that conditions on people's DoLS were being met, and confirmed they were.

Good

Is the service caring?

Our findings

People were unable to verbally communicate to us that they were happy living at the service. We observed staff interact with people. Staff knew people well, and had a good rapport with them with both parties laughing. People appeared happy in staff company, smiling and relaxed. Relatives told us staff were kind and caring towards their loved ones. A relative told us "The staff they really care about the service users."

People were treated with kindness, respect and compassion. Staff told us one person enjoyed being involved in conversations with staff, making high pitched vocal sounds and laughing along with jokes, but would also indicate when they wanted to spend time alone. Staff were able to describe how people would present if they wanted to spend time alone, or do an alternative activity. During the inspection we observed staff bending to speak to people on the same level, in simple language, and giving them time to process the information.

Staff knew people well, and could identify when people may require additional emotional support. During the inspection staff hosted a coffee morning, and people enjoyed a range of cakes. One person was known to become anxious around food, therefore staff sat with them, offering them reassurance. Relatives told us they were assured staff knew their loved ones well, and were able to attend to their emotional wellbeing. A relative told us "Staff understand if [person] is unhappy more than I do. It's amazing. [Keyworker] has done amazing things with [person]."

A staff member told us the best thing about their role was "To make life changing differences to people's lives" They went on to tell us they did this by working with healthcare professionals to implement a positive behaviour support plan. As a result of the plan, the person was supported to access a community group, which they were previously unable to. Another staff member told us they enjoyed working at the service because it was 'personal' with more 'quality one to one time'.

Staff understood people well, and supported people to express their views and make choices. Staff told us one person would indicate if they wanted to go out by standing up. That person expressed not wanting to do an activity by refusing to stand up, or sitting back down so staff were able to support them to spend time doing what they wanted to do. A health care professional told us that staff knew people well, and understood how to identify when people were unwell or uncomfortable. People were supported to attend their care reviews alongside relatives, advocates staff and health care professionals.

People's independence was encouraged by staff. One person had improved vision following an operation. Staff observed this person's mobility improve as a result of the improved vision, and supported the person from a gradually increased distance to encourage their independence. Staff were able to tell us with pride how the person was now able to access the bathroom independently, and get themselves out of bed independently. People's care plans and daily notes included prompts for staff to support the person to be as independent as possible. There were also person specific prompts regarding people's personal preferences, for example one person liked to wear different jewellery whilst another liked to be offered to wear a perfume of their choice.

People's privacy was respected. People spent time where they chose to, and were given space if they indicated they wanted it. People could have visitors whenever they wanted, and relationships with friends and family were supported by staff.

People's dignity was promoted by staff. A relative told us that staff would support their loved one if they needed assistance protecting their dignity. Another relative told us if their relative was wearing an item of clothing that they appeared uncomfortable in, they would be supported to change immediately.

Good

Is the service responsive?

Our findings

People received personalised care responsive to their needs. People had personalised care plans tailored to their needs. Staff told us they had worked hard on reviewing and improving care plans. Each care plan detailed information known about the person, including their likes and dislikes and preferred names. Care plans were reviewed at multi-disciplinary meetings, which people, their relatives and health care professionals attended.

People were supported to take part in a range of activities. One person attend a day centre twice a week, whilst another attended a group within the community. People's individuals interests had been identified and staff supported them to develop these. For example one person had been re-introduced to horse riding. Staff told us "Her horse riding is amazing. She absolutely loves it. She smiles, she laughs, she is visibly happy. She listens and follows instructions, and pushes the instructor's hands away when she's confident of what she's doing." Other people had been encouraged to take part in horse riding, and whilst no one else chose to, one person liked to watch and stroke the horses. Activities had been re-visited for people, for example one person who was unable to swim do it due to a health condition, which had since improved was being supported to source swimming lessons. Activity planners and daily notes detailed people's daily routines which included going out for lunch, going for walks or for drives.

Staff organised seasonal events, such as the summer strawberry cream team, which included a local choir visiting the home to sing. On the second day of our inspection staff organised a coffee morning to support a charity. Relatives had been invited to share the experience with their loved ones.

Since our last inspection staff had created a sensory room. The sensory room contained lights and sensory equipment for people to utilise for stimulation or for relaxing. The registered manager told us "We have worked really hard to put this in place. It's a great space for people if they are feeling agitated." Some people had been supported to have sessions using electronic tablets with an occupational therapist.

People were unable to verbally voice their concerns or complaints. Staff told us they knew people well, and could identify when someone was unhappy. Relatives told us they knew how to raise complaints, but had not had cause to do so. There was complaints and compliments forms available in communal areas. The provider had a complaints policy displayed in the service which signposted people on how to escalate a complaint should the need arise. There had been two complaints raised since the last inspection, both of which had been responded to and resolved in line with the provider policy.

At the time of our inspection no one was in receipt of end of life care. Some people had pre-arranged funeral plans in place, organised by their relatives. As some people within the service were unable to verbally tell staff their end of life wishes, staff were in the process of working with relatives to implement end of life care plans. The registered manager recognised this was an area which could be difficult for relatives and staff to discuss, and had scheduled for discussions to take place during care reviews.

Good

Is the service well-led?

Our findings

At our last two inspections, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities). Effective systems and processes to monitor the quality of the service had not been maintained. The provider sent us an action plan following the inspection which showed the changes they had made to meet the regulations.

At this inspection we found improvements in the quality assurance and auditing processes. A new auditing system had been effectively embedded into practice. Following the previous inspection, an action plan had been created by the registered manager to address and resolve the issues identified. This focused on the outcome required, and assigned a responsible person to ensure the action was completed. At the last inspection we found prescribed thickening powders had not been documented when given to people. At this inspection the manager was able to evidence improved monitoring and recording of prescribed thickeners, which were recorded on a new pre-populated daily log. This included clear guidance for staff on how the thickeners should be administered to those who required them. At the previous inspection, the office had large piles of paperwork requiring filling or action. This made it challenging to locate information when needed. At this inspection there was an improvement in this area, with the implementation of improved documentation and filing.

The manager had a clear schedule of auditioning visible in the office. Checks and audits had been completed on the quality of the service including support plans and medicines. Systems had been put in place when issues were identified to try to minimise the risk of reoccurrence. Improvements for the service were documented and reviewed in the end of the month reports that were shared with the provider. Care manager reviews were completed for each person ahead of multidisciplinary meetings to enable healthcare professionals to have the best understanding of the quality of care being provided.

There was an open and transparent culture at the service, promoting positive outcomes for people. The registered manager told us they aimed to raise the profile of the service locally to further integrate people in the community. Staff told us the registered manager encouraged an empowering culture. Two seniors had been employed to support the registered manager, and ensured the service continued to run smoothly in the absence of the registered manager for example through annual leave. One staff member told us "[Registered manager] is probably the best manager I've had. They care about you. They're very supportive and understanding." A relative told us "If they say they are going to do something they do it."

The registered manager told us they received good support from the provider. The registered manager attended manager meetings held by the provider to share good practice and learning. The provider shared alerts and any changes in legislation or good practice with the registered manager, who then cascaded it to the staff team.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of certain important events that happen in the service. These are referred to as Statutory Notifications. This enables us to check that appropriate action had been taken. The manager was aware

that they had to inform CQC of significant events and any allegations of abuse in a timely way and had done so. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the registered manager had conspicuously displayed their rating in the service and the provider had displayed the service's rating on their website.

People were unable to verbally give feedback on the service. Relatives, health care professionals and staff had been asked to complete quality assurance survey, however responses had been limited. The feedback received was wholly positive with comments including 'exceedingly hard to find fault anywhere' and 'staff attitude excellent, to include all staff.' Staff feedback had also been positive with comments including 'You are valued as a person by the home manager' and 'The registered manager is very supportive, and always encourages us to do what is best for the people we look after.' A relative told us "My opinion is always sought I'm not left out on the fringe."

A relative told us they were invited to give a speech to home managers about the care history their loved one received, and of the changes in healthcare. They told us they were 'proud' to be involved and it was 'super' to be involved.

Regular team meetings were held, giving staff the opportunity to share information and discuss any concerns. During the team meeting, feedback on audits and reviews were shared with staff to give them an opportunity to suggest ideas for improving the service. The registered manager had implemented a senior team meeting where they met with senior staff to discuss any improvements to be implemented at the service, staff development needed and any training requirements. The registered manager and seniors also selected the 'carer of the month' during the meetings to recognise the carer that had gone over and above during that period.

The registered manager and staff worked in partnership and liaised with a range of professionals and other organisations when people's needs changed. The registered manager told us this included a good working relationship with the local authority safeguarding team, who they would phone for advice or guidance as and when needed.