

The Lady Verdin Trust Limited

The Lady Verdin Trust - Claremont

Inspection report

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Date of inspection visit:
22 May 2018
23 May 2018
24 May 2018

Date of publication:
20 July 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection carried out on 22, 23 and 24 May 2018.

At our last inspection on 5 and 7 September 2017, the service was in breach of regulations relating to person centred care, consent, safe care and treatment, safeguarding service users from abuse and improper treatment, staffing and governance. The service provider was also in breach of the regulation requiring them to display their rating.

We rated the service as 'Inadequate' and placed it into Special Measures. We asked the provider to complete an action plan to show what they would do and by when to improve the key question(s) effective, responsive and well-led to at least good. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe.

During this inspection the service demonstrated to us that improvements have been made and is therefore no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. At this inspection the overall rating for the service is 'Requires Improvement'. The service had made some improvements and was no longer in breach of the regulations. However, we found that these improvements needed to be ongoing and sustained.

The lady Verdin Trust - Claremont is a 'care home'. 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 accommodates up to four people in one adapted building. At the time of our inspection there were four people living at the service. 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, however they were about the leave the service. An application to register a new manager was in progress. 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.

Since the last inspection each person's support plan had been reviewed and re-written. Risk assessments had also been reviewed. However, assessments were not always in place for all areas of identified risk. Work was ongoing on these. Despite gaps in the records, we found that appropriate actions had been taken to mitigate areas of identified risk.

Work had been undertaken to support staff to understand and apply The Mental Capacity Act 2005 (MCA).

Information about people's communication needs was included within their support plans. We saw that mental capacity assessments had been undertaken in a number of areas. Further work was needed to ensure that any best interest decisions were fully recorded. All Deprivation of Liberty Safeguards (DoLS) applications had been made since the last inspection and everyone living at the service had an appropriate authorisation in place.

People continued to receive their medication safely. Staff undertook training in the safe administration of medicines and records demonstrated that competency checks were completed. We identified some minor shortfalls in the recording around medicines and the management team took steps to address these.

Staff were trained in safeguarding procedures and understood their responsibilities to report any concerns of this nature. Since the last inspection the registered manager confirmed they had not needed to make any referrals to the local authority in relation to safeguarding concerns. However, there were procedures in place which staff understood should they need to do so.

We reviewed staffing levels during the inspection to ensure people were receiving a safe level of care to meet their identified needs. The management team told us that staffing remained under review and that whilst they were fully staffed they were considering the recruitment of staff for the weekends.

At this inspection we saw that action had been taken to ensure the provider could demonstrate how staff had completed appropriate training to meet people's needs. Records showed that staff had undertaken training in topics such as health and safety, manual handling, safeguarding adults and MCA/DoLS. Staff told us that they felt supported. Regular staff supervision and appraisals were taking place.

People were supported to eat and drink sufficiently and maintain a balanced diet. They continued to be supported to maintain good health.

People appeared comfortable with the staff who supported them and we saw that staff were kind and patient in their approach. Staff knew the people they were caring for well and could explain people's needs as well as their likes, dislikes and preferences. We found that people's privacy and dignity were respected.

Since the last inspection each person's support plan had been rewritten, with the input of support staff. Reviews had been held in consultation with people and discussion with relatives. Support plans reviewed contained a good level of personal detail that helped to guide staff to meet people's needs in a personalised way. We saw that people's care was considered in relation to a wide range of needs including information about the sort of things that helped people to feel happy.

Importance had been placed on promoting independence and maintaining people's skills. Goal plans were starting to be introduced and Improvements had been made in supporting people to take part in activities and follow their interests.

The registered provider had a policy and procedure in place for recording and responding to complaints. We saw that an easy read complaints policy was now available for people to access.

The service had been merging with another care provider and changes to the management structure were being implemented. The house manager was now based at the service and a new supervisor had been introduced. Staff felt well supported and said there had been an improvement in the organisation of the service. We saw that systems had been introduced to monitor whether staff received regular supervision, appraisal and that training was kept up to date. The management team had focused on better

communication with staff and we saw that several staff meetings had been held over the previous few months.

Quality audits were now being carried out and systems to monitor the quality of the care were more effective.

We saw that the latest rating was on display at the location and the registered manager was aware of their duty to display this rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Risk assessment were being undertaken, however further improvements were needed to ensure all risk assessments were undertaken.

There were sufficient staff to meet the needs of people living at the service.

Staff understood their responsibility to report any safeguarding concerns.

Overall medicines were managed safely.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

The provider had made improvements to ensure that staff worked in accordance with the MCA. Further improvements were required around the recording of best interest decisions.

Action had been taken to ensure that the provider could demonstrate how staff had completed appropriate training to meet people's needs.

A system to ensure that staff received appropriate supervisions and appraisal was being embedded.

People were supported to eat and drink and maintain a balanced diet

People continued to be supported to maintain good health

Requires Improvement ●

Is the service caring?

The service was caring.

Staff were promoting personal choice and independence more effectively by involving people and their relatives in day to day decisions regarding their care.

Good ●

Staff knew the people they were caring for well.

We found that people's privacy and dignity were respected.

Is the service responsive?

The service was not consistently responsive.

Support plans had been re-written and were more person centred.

Staff now placed importance on promoting independence and maintaining people's skills. Goal plans had been introduced.

A complaints procedure was in place and relatives told us that they felt able to raise any concerns.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Systems had been implemented to effectively monitor the quality of the service.

Staff told us they felt well supported and there were improvements in the organisation of the service.

The service had displayed their rating as required.

Requires Improvement ●

The Lady Verdin Trust - Claremont

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.

This inspection took place on 22, 23 and 24 May 2018 and was unannounced.

The inspection was carried out by one adult social care inspector.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also spoke with the local authority's quality assurance and contracts team to gather feedback. They told us that the service was subject to an improvement plan and progress had been made

During the inspection we spoke with two people who used the service and contacted two relatives to seek their feedback over the telephone. We also spoke with six members of staff, including four care support workers, the house manager and the registered manager. We checked three people's care records and four medicines administration records (MARs). We also checked records relating to how the service is run and monitored, such as audits, recruitment, training and health and safety records. Throughout the inspection, we observed how staff supported people with their care whilst in the communal areas.

Is the service safe?

Our findings

At the last inspection which took place in September 2017, we found that the registered provider was in breach of regulations and the safe domain was rated as 'requires improvement'. The provider did not have robust risk assessments in place. Any risk assessments which had been carried out had not been reviewed regularly and were not up to date. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider was no longer in breach of this regulation, however further improvements were still required.

Since the last inspection each person's support plan had been reviewed and re-written. Risk assessments had also been reviewed. Each person had a risk screening tool in place, which identified areas of risk and where to find information about the action taken to mitigate these risks. We found that some risk assessments had been written which identified risks and detailed the measures to minimise harm. For example, for people to move around the building safely and the safe use of equipment such as bed rails and lap belts. However, assessments were not in place for all areas of identified risk. Staff had received guidance from the management team regarding the implementation of risk assessments, however we found there was some confusion amongst staff about when it was necessary to record a risk assessment. This was discussed with the registered manager and following the inspection, the house manager demonstrated that risk assessments were being implemented as necessary.

Despite gaps in the records, we found that appropriate actions had been taken to mitigate areas of identified risk. For example, motion sensors were being installed for one person to alert staff to the person's movements for safety reasons and another person had an alarm to alert staff regarding a health issue. Staff had also identified an area of risk regarding a person's mobility needs and had referred the person to appropriate health professionals for support and guidance. We saw that the provider had worked alongside health professionals to implement a support plan around their behaviours. The person had benefitted from a consistent approach and was more settled in the service

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. They completed accident and incident forms which were reviewed by the management team and analysed to ensure that action was taken to prevent further occurrence. The registered manager told us that for example, the provider had a national positive behaviour team. They could be used to provide extra support and training, if issues were identified through the accident and incident reporting system.

People's relatives told us, "(Relative) is well supported" and "(Relative) is happy there."

Staff were trained in safeguarding procedures and understood their responsibilities to report any concerns of this nature. One member of staff provided an example where it had been necessary to report safeguarding concerns. The service had safeguarding and whistleblowing policies in place. Staff told us that they could raise any concerns and that these types of issues were discussed within team meetings. Since the last inspection the registered manager confirmed they had not needed to make any referrals to the local authority in relation to safeguarding concerns. However, there were procedures in place which staff

understood should they need to do so.

We reviewed staffing levels during the inspection to ensure people were receiving a safe level of care to meet their identified needs. We found that rotas were covered with regular staff and agency staff were not currently being used at the service. Changes had been made to the structure of the service which meant that the house manager along with a new supervisor were incorporated into the rota. Staff told us they were occasionally asked to undertake extra shifts because of staff absences but that overall this was manageable.

One relative told us that there had been a period where the service was short staffed and this had occasionally impacted on people being able to go out and about. The management team told us that staffing remained under review and that whilst they were fully staffed they were considering the recruitment of staff for the weekends. Staff could support people with activities outside of the home but that sometimes people living at the service may need to go out together. Extra staffing would support individual activities more effectively during this time.

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people at risk. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with vulnerable people. Proof of identity, employment references and employment histories had also been obtained.

People continued to receive their medication safely. Staff undertook training in the safe administration of medicines and records demonstrated that competency checks were completed with staff prior to administering any medication. Each person had a medication folder, which included a support plan. We also reviewed people's medication administration records (MARs) and found that they had been completed consistently and in detail. However, we found that guidance for staff around "as when required" medication and topical creams, was not always in place and where it was, was not sufficiently detailed to guide staff about when to administer. We discussed this with the house manager and information was provided following the inspection to confirm that action had been taken to address this.

Appropriate procedures were in place regarding the ordering of medicines. We checked the storage of medicines and saw that fridge temperatures were monitored and recorded, however temperature of the storage room had not been monitored. It is important that providers check and monitor temperatures because some medicines are affected by consistently high temperatures. We raised this with the house manager. Stock checks were completed as required by staff.

The home was clean and generally maintained. Safety checks had been made regularly on equipment and the environment. The building was owned by a housing association and the provider had liaised with the association to arrange for some refurbishment to be undertaken. We saw that the bathroom had been refurbished since the last inspection. Decoration of other areas had also been carried out by the provider with plans for further redecoration to take place. Work had been planned in the garden to enable all people to access a decking area. People's ability to evacuate the building in the event of a fire had been considered and each person had an individual personal evacuation plan.

We saw that any hazardous substances were stored in a lockable cupboard. However, we noted during the inspection that the cupboard was unlocked and the lock was difficult to use. Following the inspection, the house manager confirmed that a new lock had been fitted. Personal protective equipment (PPE) was available for all staff, such as gloves and aprons. Staff had also undertaken infection control training.

Is the service effective?

Our findings

During the last inspection we found the registered provider was in breach of regulations and the effective domain was rated as 'Inadequate'. The breaches were in relation to compliance with the MCA, appropriate application of the Deprivation of Liberty Safeguarding (DoLS) and ensuring that staff had access to training.

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.

In September 2017 we had concerns about the arrangements in place to ensure people's rights were supported in line with the MCA. We found that people did not have current or decision specific assessments of capacity in place and the provider was making decisions on behalf of people without following recognised guidance or best practice. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider was no longer in breach of this regulation.

Senior staff told us that work had been undertaken to support staff to understand and apply the MCA. Information about people's communication needs was now included within their support plans. We saw that mental capacity assessments had been undertaken in a number of areas. These included assessments relating to decisions around care and support, financial management and medication administration. Staff usually asked people for their consent before assisting them with daily tasks, which we observed during the inspection. We concluded that, based on all of the evidence gathered during this inspection, the service was no longer in breach of this regulation.

We saw that capacity assessment had been undertaken and best interests meetings held to support people to make decisions where they lacked capacity to do so themselves, for example for the purchase of an expensive item. However, we found that best interest decisions were not always fully recorded and could therefore not demonstrate robustly that the MCA had been followed. We discussed this with the registered manager who confirmed that the provider had a suitable form available to record best interest decisions, however these were not currently being used by the service. The registered manager confirmed that these would be used to record future best interest decisions.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Previously we found that people were being unlawfully deprived of their liberty because the DoL safeguards had not been followed and best interest assessments about people's care and treatment had not been carried out. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that all DoLS applications had been made and everyone living at the service had an appropriate authorisation in place. The house manager understood when these authorisations were due for renewal, so that appropriate applications could be made in future. The service was no longer in breach of this regulation.

In September 2017 we found that staff members were not provided with specific training to enable them to support people with their individual needs. This was a Breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that action had been taken to ensure the provider could demonstrate how staff had completed appropriate training to meet people's needs. The provider was no longer in breach of this regulation.

New staff were required to complete an induction and were registered to undertake The Care Certificate. This is an identified set of 15 standards that social care workers complete during their induction and are required to adhere to in their daily working life. Staff confirmed that they had received an initial induction. There was a new training system in place, which allowed managers to record training undertaken and identified future training requirements for each member of staff. Information had been inputted into the system and we saw that staff had either completed or were undertaking relevant training.

Staff confirmed they attended a mix of both e-learning and face to face training. Records showed that staff had undertaken training in topics such as health and safety, manual handling, safeguarding adults and MCA/DoLS. There had been a recent push by management to ensure that staff completed all the necessary e-learning. Staff told us about recent training and said they had benefitted from this. One member of staff commented, "The training is fantastic." Staff competency assessments were also completed regarding the management of medicines and finances and we saw these were up to date.

Changes had been made to the management structure. The registered manager was based at the office location, however the house manager was now based at the service. A new senior carer had been introduced and staff told us that they felt well supported. Records confirmed and staff told us they had regular supervision sessions. Supervision gave staff the opportunity to identify any areas they wished to develop further or support they may wish to receive for their roles. The house manager had introduced a new supervision tracking record and we saw that every member of staff had received at least one session since April this year. The house manager told us they were due to undertake appraisal training the following day. This system was being embedded by the house manager.

People were supported to eat and drink sufficiently and maintain a balanced diet. Support plans had been re-written and identified people's likes and dislikes around food and drink and any form of support they needed with preparing food or drink. Staff were knowledgeable about people's needs. We saw that one person had a specific dietary requirement and suitable food was purchased. People had a choice of meals and their preferences were considered. We saw that staff were promoting a healthy diet and lifestyle for one person in their best interests.

People continued to be supported to maintain good health. Staff ensured that people attended appointments and check-ups such as with their GP. Referrals were made to health care professionals where necessary, such as to speech and language therapists, district nurses, dieticians and chiropodists. Within people's support plans we saw that they had specific health action plans which advised staff how they should support people with their specific healthcare needs. Staff supported a person with a percutaneous endoscopic gastrostomy (PEG) feeding tube and had undertaken recent training. They were very knowledgeable about the person's needs and incorporated advice from health professionals. We saw that the service worked together with the local learning disability nursing team to develop effective support

plans for people. The house manager gave an example where support provided to a person had been very effective.

The premises were suitable to meet people's individual needs. Re-decoration of some areas of the service had been carried out and new bedroom furniture had been purchased by the provider and people's rooms were personalised. The house manager told us this had been undertaken in consultation with people and their families. There was a sensory room and we saw that one person in particular enjoyed spending time in this room. There was an outside garden which people able to use and further work was planned to build a new decking area.

We have rated this key question as requires improvement. We recognised that action was being taken to address the previous concerns. The characteristics of ratings for 'Good' describe a level of consistency. We will check the improvements which were made following our inspection at our next planned comprehensive inspection.

Is the service caring?

Our findings

Relatives spoken with told us that their family members were supported in a caring environment. One person told us, "(Relative) is looked after and they seem kind and caring."

At our last inspection in September 2017, we were concerned that people did not have information available to them in a way that supported their decision making and that people's communication needs were not fully recorded to ensure that staff understood these. We rated this domain as "requires improvement."

We observed positive and caring relationship between staff and people using the service. People appeared comfortable with the staff who supported them and we saw that staff were kind and patient in their approach. Each person was allocated a member of staff as their own key worker. A keyworker is a member of staff who has the lead role for the care of that person and who has additional responsibilities.

It was clear that staff knew the people they were caring for well. Staff could explain and describe people's needs as well as their likes, dislikes and preferences. We saw that improvements had been made to people's support plans which now reflected their preferences with regards to food, activities, hobbies and their personal routines, amongst other areas. This meant that people were supported by staff who knew them well and could provide care based on their individual needs and preferences.

Staff were now promoting personal choice and independence more effectively by involving people and their relatives in day to day decisions regarding their care and support. Since the last inspection there had been a focus on supporting people to identify and achieve personal goals. Review meetings had been held and we saw examples in support plans where goals had been devised with people and their relatives. One person was working towards a goal of making a hot drink independently.

We saw that staff had sufficient time to provide support to people in a personal way. For example staff spoken with understood the importance to one person of going out daily. During the inspection we observed how staff supported this person with a walk out and a meal at a local pub, which they enjoyed. People were able to choose where they wished to spend their time whilst at home and we saw how one person moved around the home freely and were able to spend time in the communal areas or alone if they preferred.

Information was available about how people could access local advocacy services if they required additional support. We saw that one person currently had the support of an advocate who was involved in any best interest decisions. Advocates are people who are independent of the service and who support people to make and communicate their wishes. Other people had regular support from their own family members. One relative told us that there were no restrictions on visits and they were able to visit regularly.

We found that people's privacy and dignity were respected. We saw that staff spoke with people in a respectful manner. We observed for example, how a staff member explained to a person what they were doing and ensured that the person was happy with the choice of television channel. Staff understood the

importance of promoting people's dignity. One member of staff commented, "You think about how you would want to be treated. Staff always knock on the doors and keep clients covered." Support plans reviewed were written in a manner which respected people's dignity and contained specific information about maintaining people's privacy.

People's personal records were stored securely which meant people that their personal information was kept confidential.

Is the service responsive?

Our findings

At the last inspection in September 2017, we found that the registered provider was in breach of regulations and the responsive domain was rated as 'inadequate'. During this inspection we looked to see if any improvements had been made and found that improvements had been made and were on-going.

Previously care plans did not contain all relevant or up to date information and care was not being provided in a person-centred way. The provider had also failed to assess the risks to the health and safety of people. These concerns form a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider was no longer in breach of this regulation.

Since the last inspection each person's support plan had been rewritten. The house manager told us that there was further work to do to ensure that these included all relevant information and the importance of keeping these reviewed and updated was being emphasised to staff. The house manager told us that reviews had been held in consultation with people and discussion with relatives. A relative confirmed that they attended review meetings twice yearly.

Support plans reviewed contained a good level of personal detail that helped to guide staff to meet people's needs in a personalised way. For example, one record contained very detailed guidance for staff regarding a person's personal care routine. Another included strategies to support a person at times of increased anxiety. We saw that people's care was considered in relation to a wide range of needs including; personal care, mobility, eating and drinking, medication, community activities, keeping safe and relationships, amongst others. Information was also included about the sort of things that helped people to feel happy.

At the last inspection, there were no assurances that staff members had read and understood people's care and support plans. Care records were out of date and did not sufficiently guide staff on people's current care, treatment and support needs, which put people at risk of inappropriate care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider was no longer in breach of this regulation.

Support staff told us they were now involved in the writing and review of support plans. Daily dairies had also been introduced and staff told us that they also recorded information within people's health plans. One member of staff commented how they could now find information much "more easily" than before. Detailed daily records were maintained about the care and support delivered to people and included monitoring of some people's moods and behaviour. This information was shared with relevant professionals and analysed to gain a better understanding of effective support. The records indicated that people's wishes and choices were respected.

The staff team were aware of and responded appropriately to people's different needs and preferences. For example, staff were aware of the signs people displayed when they were becoming anxious or distressed

and knew what action to take to reassure the person. We saw that staff had been responsive to a change in one person's mobility. They had sought advice from appropriate professionals and considered the person's health needs to ensure any pain issues were addressed.

We previously found people were not effectively engaged with identifying or achieving their goals and aspirations. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 17. At this inspection we found that improvements had been made and the provider was no longer in breach of this regulation

Since the last inspection staff had placed more importance on promoting independence and maintaining people's skills. Goal plans had been introduced and staff supported people to achieve these goals. The registered manager told us that the effectiveness of these would be reviewed and amended as necessary. Improvements had been made in supporting people to take part in activities and follow their interests. There had been a focus on people "trying new things." We saw that daily activity records had been implemented and staff had created photobooks which contained photographs of the activities that people had enjoyed. One person had been supported to attend a football match and another person had started to attend a local church. One relative told us that their relative had benefitted from the support provided by staff and had, "Come out of their shell" whilst living at the service.

People's communication needs were considered and recorded within their support plans. During the inspection we observed how staff communicated with people and staff gave us examples which demonstrated their understanding of people's needs using different communication methods such as language, gestures and facial movements. The house manager explained how they were focusing more on communication and planned to make further improvements regarding the use of technology. One person had a visual impairment and the service had recently been in contact with a local organisation providing specialist advice and practical support. Staff had also referred a person to a speech and language therapist to seek further guidance around effective communication. We saw that information had been sought and guidance provided on aspects of communication where people had visual impairments along with other conditions.

The service had continued to build links with the local community. People attended local facilities including, day centres, leisure centre and a local church. The house manager advised us that further links had been made with a local organisation which provided opportunities for different activities. People were also supported to maintain relationships which were important to them such as regular telephone contacts or visits with family members. People's care plans contained information about their "circle of support" including the people and dates which were important to them.

The registered provider had a policy and procedure in place for recording and responding to complaints. We saw that an easy read complaints policy was available for people to access. People living at the service may not be able to raise complaints verbally and the house manager told us that relatives were encouraged to raise any issues of concerns so that they could be addressed. Relatives spoken with told us that they felt able to raise any concerns with staff and that any issues would be addressed. One person commented "I could speak to them about any concerns." The service had not received any complaints since the last inspection. The registered manager confirmed that any concerns raised would be recorded and follow up action taken.

We have rated this key question as requires improvement. We recognised that action was being taken to address the previous concerns. The characteristics of ratings for 'Good' describe a level of consistency. We will check the improvements which were made following our inspection at our next planned comprehensive

inspection.

Is the service well-led?

Our findings

At our last inspection in September 2017, we found concerns related to the governance of the service and we rated the well led domain as 'inadequate'

We previously identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regulations relating to 'good governance'. This was because we found that the provider did not have effective quality and monitoring systems in place to identify improvements that may be required in the care people received. At this inspection we found that improvements had been made and the provider was no longer in breach of this regulation.

There was a registered manager in place at the time of the inspection, however they informed us that they were shortly due to leave the service. The current registered manager had applied to de-register and an application to register a new manager was in progress. The service had been merging with another care provider and changes to the management structure were being implemented. Previously the registered manager had been responsible for several locations. Progress was being made to register a manager specifically for The Lady Verdin Trust – Claremont. Staff told us that the current house manager was now available at the service and a new supervisor had been introduced, who had been very supportive. The management team had been supported with further training and mentoring.

Since the last inspection the registered manager had devised an action plan and had been working with the provider's quality team to make the necessary improvements. He told that staff had previously not fully understood and implemented the providers quality audits. However, these were now being carried out and systems to monitor the quality of the care were more effective. The registered manager told us and records confirmed that support plans, medication, compliance with the MCA and staffing had been regularly checked. A 'RAG' system was in place for assessing what actions were required to be taken and by when. This is where the traffic light system of red, amber and green is used as a visual indicator to monitor performance. If areas of improvement were identified, actions plans were implemented and monitored. The management team had been supported with training about the use of audits. The provider's quality team had also undertaken monitoring visits to support the service.

At the previous inspection the provider had failed to display its previous rating as required at each of the premises from which the service provides a regulated activity. This was a breach of regulation 20A (requirement to display) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that the rating was on display at the location and the registered manager was aware of their duty to display this rating. The provider was no longer in breach of this regulation.

Staff told us they felt well supported and that there had been an improvement in the organisation of the service. We saw that systems had been introduced to monitor whether staff received regular supervision, appraisal and that training was kept up to date. The management team told us that they had focused on better communication with staff and we saw that several staff meetings had been held over the previous few months Staff spoken with told us that the manager was more visible and that they could approach the

management team with any concerns or issues. They said, "Things have been changing for the better." Staff told us that communication was effective between the staff team and that any changes or important information was discussed within daily handover meetings and staff meetings. A staff survey had recently been issued and the service were awaiting the results and further analysis, to support any further improvements.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the home. Since the last inspection the registered manager had submitted appropriate notifications to the CQC in a timely way. This meant we could check that appropriate action had been taken

We have rated this key question as requires improvement. We recognised that action was being taken to address the previous concerns. The characteristics of ratings for 'Good' describe a level of consistency. We will check the improvements which were made following our inspection at our next planned comprehensive inspection.