

Avocet Trust

# 35 Priory Grove

## Inspection report

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21 January 2016  
27 January 2016

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

We undertook this unannounced inspection on the 20, 21 and 27 of January 2016. At the last inspection on 13, 18 and 19 August 2015 we found the registered provider was non-compliant in five of the areas we assessed. We issued compliance actions for concerns in person centred care, safeguarding people from improper treatment, obtaining consent and working within the requirements of the Mental Capacity Act 2005, and assessing and monitoring the quality of service provision. A warning notice was issued regarding how people were not protected against the risks associated with receiving poor care and failing to monitor the level of care people received effectively. During this comprehensive inspection we found improvements had been made in all areas. We have rated three of the individual key questions, 'Responsive', 'Effective' and 'Caring' as good and we have changed the rating in 'Well led' from inadequate to requires improvement. The rating in 'Safe' has been rated as requires improvement without a breach. The overall rating for the service is requires improvement; this is because we want to monitor the improvements further to be sure they are sustained over a period of time.

35 Priory Grove is registered to provide care and accommodation for a maximum of 4 people with a learning disability and may be living with dementia. The home is a purpose built bungalow, with four bedrooms, two toilets and one bathroom. Further accommodation is provided including; kitchen, laundry, lounge, dining area, conservatory and office.

The service is required to 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.

We found people were protected from the risk of abuse or harm. Staff were aware of how to use the policies and procedures to safeguard people and when to make referrals to the local safeguarding team. Risk assessments for the management of changing behaviours needed to be more detailed to ensure least restrictive practice. Confidential files were found to be not stored securely. The cupboard door and the door of the room these were stored in were both unlocked and left ajar.

We found people's health and nutritional needs were met. People were able to see their GP or other health professionals such as dieticians and occupational therapists as required. Menus provided people with a choice of meals and there was plenty of fresh fruit and vegetables available in the service.

People were seen to be treated with dignity and respect, and care was planned and delivered in a more person centred way. We observed staff interacted well with people, knew their likes and dislikes and demonstrated a caring and attentive approach.

We found staff supported people to make their own decisions on a day to day basis; they held meetings to discuss options when people lacked capacity to do this by themselves. Where people were deprived of their

liberty to protect their safety, staff had ensured this was done in the least restrictive way and in line with current legislation. Some staff required further training or support to develop their understanding of the principles of the Mental Capacity Act 2005.

We saw staff provided information and explanations to people before carrying out tasks for them such as supporting them with meals.

We found staff were recruited safely and there were sufficient numbers of staff with different skills and experience on duty day and night in order to meet people's assessed needs. Staff had received training, supervision and appraisal in order for them to feel supported and confident when caring for people.

We found improvements had been made in the way the service was managed. A new quality assurance system had been developed and was in the early stages of introduction, This included; audits and meetings to seek people's views and analysis of accidents and incidents. We are keeping this area under review and monitoring it to make sure the improvement is consistent and sustained.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe.

Staff had received training in how to safeguard people from abuse and knew the process of referring concerns to appropriate agencies.

The management of risk had improved and staff had a better understanding of risk. We found one risk assessment for the management of changing behaviours needed to be more detailed to ensure least restrictive practice. In the overall summary you say staff used least restrictive practice this is a contradiction.

We saw dirty clothing on the floor of the laundry and bed linen on the floor of a bedroom, which did not promote good infection control practices. This was addressed immediately by the registered manager at the time of the inspection.

Staff were recruited safely and employed in sufficient numbers in order to meet people's assessed needs.

People received their medicines as prescribed. Medicines were managed safely.

### Is the service effective?

**Good** 

The service was effective.

People's healthcare and nutritional needs were met. They had access to a range of professionals in the community.

People were provided with a variety of choice and alternatives of meals which were based on individuals dietary needs.

People were assisted to make their own choices and decisions. When people were assessed as lacking capacity, staff followed the principles of the Mental Capacity Act 2005 and held best interest meetings to discuss options for people. However, not all staff had a good understanding of these principles and required further training and support to address this.

Staff received appropriate training, supervision and appraisal to ensure they had the right skills to care for people.

### Is the service caring?

Good ●

The service was caring.

There had been improvements in the way staff interacted with people and the delivery of care. We observed staff were attentive to people's needs and were caring in their approach.

Staff gave explanations to people prior to tasks being completed and ensured they had information available with which to make informed decisions.

People were treated with dignity and respect. There was a more person centred approach to care.

### Is the service responsive?

Good ●

The service was responsive.

We saw improvements had been made in the way people's needs were assessed and care was planned.

A consultant with skills in dementia had been involved in the service to further develop staff skills in supporting people living with dementia to promote good dementia practice within the service.

There was a complaints process in place at the service which was available in an easy read format.

### Is the service well-led?

Requires Improvement ●

Some elements of the service were not always well-led.

We saw improvements had been made and have changed the rating from inadequate to requires improvement for this key question; however we could not rate the service higher than requires improvement for 'well-led' because to do so requires consistent and sustained improvement over time. We will check this during our next planned comprehensive inspection.

Improved monitoring systems had been put in place following the last inspection that helped to audit and improve the care provided to people. Improvements had been made to the management of risk. However, we saw confidential files were not

stored securely.

Care Quality Commission requirements, including the submission of notifications had been met since the last inspection, with incidents being reported appropriately and in a timely way.

# 35 Priory Grove

## 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 unannounced inspection took place on the 20, 21 and 27 January 2016 and was carried out by an adult social care inspector. We undertook the inspection visit on the first day with an adult social care inspection manager.

A Provider Information Return [PIR] was requested prior to the inspection and returned within the required timescales. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we looked at notifications sent into us by the registered provider, which gave us information about how accidents and incidents were managed. We spoke with the local authority safeguarding team, and contracts and commissioning team about their views of the service.

During the inspection we observed how staff interacted with people who used the service. We used the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who were unable to speak with us. We spoke with, the registered manager, the nominated individual, the deputy care services manager and three support staff. The relatives of the two people who used the service and three health care professionals were spoken with following the inspection visits.

We looked at people's support plans, risk assessments and their Medication Administration Records [MARs]. The support plans for two people who used the service were looked at. We reviewed how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards [DoLS] to ensure that when people were assessed as lacking capacity to make informed decisions, actions were taken in line with legislation.

Other documents we looked at included documents relating to the management and running of the service.

These were two staff recruitment files, supervision and training records, the staff rota, menus, minutes of meetings with staff and those with the trust board, quality assurance audits, and maintenance and equipment records. We also reviewed records of complaints, accidents and incidents.



# Is the service safe?

## Our findings

The relatives we spoke with told us they felt their family member was safe living at the service. They told us, "The people they support have complex needs and the staff do a fantastic job." Another told us "Oh definitely, they are safe. There have been changes recently which I was involved in and I feel at ease with everything."

Health care professionals we spoke with told us, "They are definitely involving and consulting us for advice", "Advice we had offered previously had not always been taken up by the service, but they are much more responsive and proactive now."

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Health care professionals we spoke with told us, "They are definitely involving and consulting us for advice", "Advice we had offered previously had not always been taken up by the service, but they are much more responsive and proactive now."

At the last inspection on 13, 18 and 19 August 2015, we found the people who used the service were not always protected against the risks associated with inaccurate and out of date care plans. This meant there was a breach in Regulation 9 of the Health and Social care Act 2008 [Regulated Activities] Regulations 2014. The risks to people's health and welfare had not always been managed effectively to ensure they received safe care and treatment. Information and advice from professionals was not reflected in people's support plans for staff to follow. This had led to poor practice and the use of restrictive interventions rather than adopting preventative strategies. We issued a requirement notice. We found improvements had been made since the last inspection.

The registered manager had worked with professionals to review and update people's risk assessments. Where Information and advice from professionals had been given, we found this had been included in people's risk assessments. We saw updated risk assessments had been put in place following best interest meetings for; eating and drinking, the use of lap belts, the use of a shower chair, infection control and accessing the community as people's needs had changed to ensure current information was available to guide staff. This helped to minimise risks and ensure staff had up to date information about people.

We found staff were much more aware about risk management and updating risk assessments when people's needs changed. Staff spoken with demonstrated a good understanding of people's needs and how to keep them safe.

At the last inspection on 13, 18 and 19 August 2015, we found people who used the service were not being protected against the risks associated with receiving abuse and improper treatment. This meant there was a

breach of Regulation 13 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. The use of physical interventions had not been reported in line with the provider's policy and debriefing sessions following incidents had not taken place with the health and safety manager. Investigations following incidents had not taken place to demonstrate how risks could be minimised to reduce the risk of further incidents occurring. We issued a requirement notice.

Following the last inspection the registered provider and registered manager had reviewed and updated the safeguarding and restrictive interventions policies. Incidents that occurred in the service had been followed up with a debriefing meeting and records of these were maintained. Copies of investigations and actions taken following incidents were also seen to be in place.

Risk assessments were in place for managing changing behaviours and supporting people with anxieties, but we saw that for one person, it did not detail what level of interventions training staff should have or the types of interventions that had been agreed following best interests decisions or in which circumstances these would be used. This meant there was potential for misinterpretation from staff about which interventions were appropriate to use in which circumstances, and meant there could be a lack of consistency in the staff's approach. When we spoke to the registered manager about this they agreed to make changes immediately to make this clearer for staff.

When we spoke to staff they were clear about the visual signs the person presented to demonstrate their anxiety and how they would respond to this and use different distraction techniques to reduce their distress. Staff told us they did not use physical interventions but demonstrated how they would offer their hands to the person to hold, or offer their arm for them to link theirs and support them where they wanted to go.

We found there were sufficient staff on duty to meet people's needs during the day and night; there were two people who used the service at the time of the inspection. Staff confirmed they had enough time to sit and engage with people.

Staff recruitment records showed new employees were only employed after full checks had been carried out. These included application forms to check gaps in employment, two references and disclosure and barring checks to see if people were excluded from working with vulnerable adults.

Policies and procedures were available in relation to keeping people safe from abuse and reporting any incidents appropriately. Staff we spoke with demonstrated a good knowledge and understanding of safeguarding and were able to identify the types and signs of abuse, as well as what to do if they had any concerns. We looked at the management of medicines and found this was completed safely and appropriately. Medicines were obtained, stored and recorded properly and were administered to people in line with their prescriptions. We observed how staff administered medicines to people and saw staff had a patient approach and explained to people what their medicine was for.

The pharmacy suppliers visited the service on the second day of the inspection to carry out an audit of the medication systems in place. Following the audit they confirmed they were happy with the systems in place.

On the first day of the inspection we observed the laundry room door was left open, which left people who used the service the opportunity to access it and the cleaning products stored there. Dirty clothing was also found on the floor next to the washing machine and on a bedroom floor. In one of the toilets we found a dirty stained jug used to collect urine samples and the toilet had been left unflushed after use. There were no hand drying facilities in the toilet. When we showed this to the registered manager she spoke with staff immediately and ensured the door to the laundry was locked. On the second day of the inspection we found

the laundry door to be locked and laundry baskets had been put in place to store dirty linen and promote better infection control practices. All other areas of the environment were found to be clean, fresh and tidy.

# Is the service effective?

## Our findings

Relatives we spoke with told us they had been involved in supporting their family member in best interests meetings. They told us, 'There have been changes made in both how the care is provided and changes to the environment, for example, new flooring. Both have been positive for my relative. They are much happier and moving about within the service a lot more.' Another told us, 'I don't have the slightest doubt, they, [the staff] are able to cope with my relative's needs. [Name] is so happy and the staff are excellent with them.'

Health care professionals we spoke with told us, 'We have always told providers we can be contacted if they are in doubt about anything. [Name] has contacted us regularly and involved me and other professionals in best interest decision meetings.'

At the last inspection on 13, 18 and 19 August 2015, we found the people who used the service were not always protected against the risks associated with receiving care and treatment they had consented to or which had not been agreed in a best interest forum. This meant there was a breach in Regulation 11 of the Health and Social care Act 2008 [Regulated Activities] Regulations 2014. We issued a requirement notice. At this inspection we saw that where people had been assessed as lacking capacity best interest meetings had taken place with external professionals and relatives to promote the effective delivery of care in the least restrictive way. Best interests meetings had been held for least restrictive practice during personal care, the use of a lap belt, the use of a shower chair and for a specialist diet.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty safeguards [DoLS]. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager was aware of their responsibilities in relation to DoLS and had made applications to the supervisory body to ensure the people who used the service were not deprived of their liberty unlawfully. At the time of the inspection two people had DoLS authorisations in place.

The registered manager and staff had completed MCA and DoLS training and understood how to gain consent when a person lacked capacity and when best interests meetings needed to take place. Of the four staff we spoke to three had a good level of understanding, whilst the other did not appear to have the same level of understanding. We spoke to the registered manager about this who told us they would discuss this with the staff member and support them with their further learning to further develop their understanding.

Further training on dementia and sensory integration, had also been attended by the registered manager and staff team since the last inspection. Health care professionals told us that following this, the staff were seen to develop a better understanding of people and were adopting a more consistent approach in the delivery of care.

Staff told us a formal induction process was in place. We spoke with one of the newly recruited members of

staff who confirmed they had worked through a programme of induction and shadowed more experienced staff when they started. They confirmed they had attended mandatory training and were working towards the care certificate.

Assessments had been completed by the speech and language therapy team [SALT] team and following this, sensory activities had been incorporated into people's support plans and individual sensory boxes introduced for people.

People's nutritional needs were seen to be met and we saw people were offered fruit, snacks and a choice of drinks at intervals throughout the day, between meals. We observed how people were supported at lunchtime and found it to be a relaxed and sociable experience. Staff spoke to people and offered them verbal and physical prompts by offering them a selection of foods to choose from. We observed staff were patient and understanding allowing people to make their choice in their own time. After preparing their preferred meal they returned and reminded people what they had chosen and checked with them, that was what they wanted. The table had been set with place mats, and coasters and hot and cold drinks were made available.

Pictorial menus were displayed in the kitchen, where a staff member was preparing a meal with another person who used the service. We observed them chatting with them and explaining what they were doing at each stage of the preparation. Staff were seen to sit with people and to offer gentle encouragement to eat their meal at a slower pace, in line with the information detailed in their support plan. People who required adapted cutlery or crockery were provided with this. The atmosphere was calm with staff supporting people in an unhurried way. People were provided with the support they needed to eat and drink sufficient amounts and were given time to complete this task at their own pace.

We saw individual menus were on display but only offered one meal selection, we had observed staff had offered people at least three choices prior to lunch being prepared. When we spoke to staff, they were able to confirm people's likes and dislikes and their different dietary requirements for example a fork mash able texture diet, but this did not restrict the choices available to people. We asked the staff to record the choices available in the menus for people.

One relative commented that their family member had lost weight but they were aware they had been referred to the dietician and recommendations made were being followed. They told us they had been involved throughout the process and during the regular visits they made seen staff offer supplementary snacks and drinks in between meals. Records of weights and food and fluid intake charts were maintained.

Records showed us people accessed health care and professionals quickly when required. These included GP's, district nurses, dieticians, community learning disability team, the dementia clinic, speech and language therapists, occupational therapists and podiatrists. We found that professional advice and instructions were included in people's support plans and followed. In discussions staff were clear about how they recognised when a person's health was of concern, for example when they showed early signs of a urinary tract infection or when skin was at risk of breaking down. Staff spoken with described the action they would take to prevent people's health deteriorating and the professionals they would contact for advice and treatment for them.

We found improvements to the environment in order to promote a more 'dementia friendly' had begun with the replacement of the flooring. A relative told us, "Since the flooring has been replaced we have found they are more mobile and exploring their environment more. They used to spend long periods just sitting before, they seem much more confident now." The registered manager told us further consultation and review of

the environment in respect of its 'dementia friendliness' was underway with a consultant who specialised in dementia and the estates manager.

# Is the service caring?

## Our findings

Relatives we spoke with commented positively about the care their family member received. Comments included, "The staff are very professional, they have recently done dementia training and involved a dementia consultant, they are now applying what they have learnt it is very good." Another relative told us, "The staff are absolutely brilliant and genuinely care for them. You can see they are comfortable and confident with the staff, it's brilliant." Relatives and professionals confirmed they were asked for their input into the planning and delivery of care.

Health care professionals we spoke with told us, "I have noticed the staff are engaging more with people, interaction has increased and they are acting on things promptly."

At the last inspection on 13, 18 and 19 August 2015, we found the people who used the service were not always protected against the risks associated with inaccurate and out of date care plans. This meant there was a breach in Regulation 9 of the Health and Social care Act 2008 [Regulated Activities] Regulations 2014. The risks to people's health and welfare had not always been managed effectively to ensure they received safe care and treatment. Information and advice from professionals was not reflected in people's support plans for staff to follow. This had led to poor practice and the use of restrictive interventions rather than adopting preventative strategies. We issued a requirement notice.

We found improvements had been made since the last inspection. Following our last inspection the registered manager had liaised with health care professionals to reassess the needs of people who used the service and to review care practices. Following best interest meetings and input from families, new care support plans had been developed, these were signed by the individual where possible or their representative to confirm they understood and agreed to its content. The care support plans clearly detailed how staff should support people to meet their needs in their preferred way. For example; where a person had previously experienced poor care and their attempts to communicate that they did not want the support offered by staff, had failed, this had led to them becoming distressed. The new support plan, clearly described how the person could be supported with their personal care in other ways to reduce their anxieties, for example; in their bedroom and instead of having their hair washed, dry shampoo could be used. A specialist shower chair had been obtained, which was being used successfully with the person.

When we spoke to staff they knew how to support people and were fully aware of the changes made to support plans and the positive benefits for the individual. Staff told us that following the changes they had become more accepting of care delivery and if at any time they became distressed, they would stop the activity immediately and offer them an alternative way of having their personal care needs met.

People who used the service looked well cared for. Their clothes and hair were well kept and their fingernails manicured. In discussions, staff described how they promoted privacy and dignity by knocking on bedroom doors before entering, closing doors and curtains before providing personal care and speaking with people in private about personal matters. We observed good practice during the day, staff were polite and courteous, they knocked on doors and waited for a response before entering, they spoke to people using

their preferred name and were prompt to provide assistance when people needed support.

Some people were unable to speak with us due to their complex needs; therefore we spent time observing the interactions between staff and people who used the service. We saw staff were kind, patient and respectful towards people and they seemed relaxed in their company. We saw a number of interactions where staff approached people and when they acknowledged the person, their faces were visibly seen to light up on hearing their voice.

Staff we spoke with were fully aware of people's life histories and knew their preferences for how care and support were to be delivered. Information about where people grew up, family histories and important people in their lives was recorded in their care plans. Staff told us about activities people enjoyed and how they related to aspects of their lives before they moved to the service. The registered manager told us about the visits the dementia consultant had made to the service and their input in discussion with the staff team to draw on people's life experiences and consider how they could develop activities based on these. Staff had offered different ideas of how this could be achieved and the registered manager had shared this with senior management. One example was the use of sensory boxes, to provide tactile stimulation for people living with dementia.

Staff made daily entries in people's care support plans about their wellbeing and how the person had spent their day, for example, what activities the person had undertaken and what care had been provided. The daily notes also detailed any contact with health care professionals and what the outcome was, so staff could quickly identify people's changing needs and what action they needed to take to support them with these.

On both days of the inspection we observed staff support people to maintain their privacy and dignity and discreetly offer them support with their care needs. We observed staff providing information and explanations to people during tasks such as assisting with meals.

Staff told us they understood their responsibility to keep people's private and personal information confidential. A member of staff told us, "I would never break anyone's confidentiality. We do data protection training and have a policy about it." However, when we took a tour of the building we saw that the laundry room door and the cupboard where care records were kept had been left unlocked, staff had failed to recognise the need to maintain these records securely. We discussed this with the registered manager who spoke with staff and ensured the cupboard was locked immediately.



## Is the service responsive?

### Our findings

Relatives we spoke with told us staff were responsive to their family member's individual needs and were involved in their ongoing planning of care. They told us there were activities for them to participate in when they wished to. Comments included, "The staff try really hard to make sure [Name] is involved in different activities, whether it is looking at photographs, listening to music or going to the park to feed the ducks. However [Name] will only do what they want and when they want to do it."

Relatives told us they felt able to raise concerns. Comments included, "I meet up with the manager regularly to discuss all aspects of [Name's] care. I am able to contact them at any time so would have ample opportunity to discuss any concerns, but I don't have any." Another relative commented, "When the service was still quite new, agency staff were being used and [Name] didn't like it. I shared my concerns with the registered manager and they listened. I am pleased to say that there is all permanent staff at the service now, which is wonderful."

At the last inspection on 13, 18 and 19 August 2015, we found the people who used the service were not always protected against the risks associated with inaccurate and out of date care plans. This meant there was a breach in Regulation 9 of the Health and Social care Act 2008 [Regulated Activities] Regulations 2014. We issued a requirement notice. We found improvements with the quality of care records had been made since the last inspection. The registered manager confirmed each person's care needs had been reassessed and where possible they had involved the person and their family. Records showed meetings with families had taken place to discuss the person's general care needs and any specific issues which needed to be addressed through a best interest forum.

We found assessments were detailed, complete and provided a lot of person centred information about people's preferences for how they wished to receive their care. We saw care plans were personalised and would provide staff with guidance on how to support people in a person centred way.

Communication support plans had been reviewed and contained information about both verbal and non-verbal communication methods used by each person, such as facial expressions and gestures. These described how people made their needs known and how staff should support and respond to people's changing needs, including details of how individual's mood could be assessed and the action staff should take to respond to this.

Staff understood people's needs and were responsive to subtle changes in their body language and actions which may show they were upset or found situations distressing. Staff responded well to this and gently removed people from the situation talking to them calmly and softly.

When we spoke to staff they told us, "Their [people who used the service] needs can change throughout the day and we need to respond to this as and when this happens. For example, we can be talking to [Name] and they could be engaging with us very well, then a sudden noise, like the doorbell ringing can change their

mood completely and they may become anxious and verbally challenging in response to this. We need to offer them reassurance and explain to them what is happening. Sometimes they may wish to go to another quieter area or other times we can distract them by singing some of their favourite songs with them."

Care plans we saw evidenced people's input in their reviews and documented their goals and aspirations. Details were given about how staff should support people to achieve these and what input was required from other support agencies; for example; occupational therapist and clinical psychologist. Assessments had been undertaken which identified people's skills and strengths and how these should be encouraged and supported. They also detailed which areas of their daily lives people needed more support with and how staff should provide this; for example personal care and behaviours which challenged the service and others. There was further evidence of risk assessments being undertaken with guidance for staff to follow about how to keep people safe from harm or how to deal with any situation which arose which put the person or others at risk. All assessments had been updated on a regular basis and there was evidence of health care professional consultation, where required.

We asked staff how they were made aware of changes in people's needs. They told us they felt well informed and that there were a number of ways in which information was shared, including a verbal handover session at the beginning of each shift and a communication book. They told us they read people's care plans and life histories, which gave them information about people's needs. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care to each individual.

An activity programme had been developed for each person who used the service based on their personal preferences. This included arts and crafts, music, dancing, looking at photographs and going to the park. The registered manager told us a consultant specialising in dementia was visiting the service on a monthly basis to work with staff with a view to extending the activities programme, staff spoken with confirmed this and told us about plans that had been discussed to create a market garden and bar for the service.

The registered provider had a complaints procedure in place and this was displayed around the service. This was also available in easy read format for people who used the service. Staff told us they were aware of how to handle complaints they may receive. They told us they would try and resolve the problem immediately if they could but for more complex complaints they would refer the complainant to the registered manager, who kept a log of all complaints received. This showed what the complaint was, how it had been investigated and whether the complainant was satisfied with the way the complaint had been investigated. Information had been provided to people about how they could consult outside agencies if they were not satisfied with the way their complaint had been investigated; this included the local authority and the Local Government Ombudsman.

## Is the service well-led?

### Our findings

Relatives told us they felt fully consulted and involved in all aspects of the service. One person told us, "We know they are happy there, they are always laughing and we can tell they are at home there." Another said, "They are a good team, they do a tremendous job and are excellent with them [people who used the service]."

At the last inspection on 13, 18 and 19 August 2015, we found the service was not managed effectively and found breaches of Regulations 9, 11, 13 and 17 of the Health and Social care Act 2008 [Regulated Activities] Regulations 2014. We issued requirement notices for the breaches of Regulations 9, 11, and 13 and a warning notice for the breach of Regulation 17, where people were not protected against the risks associated with receiving poor care and failing to monitor the level of care people received effectively. A further breach of Regulation 18 of the Health and Social Care Act 2008 (Registrations) Regulations 2009 was also identified where incidents of possible abuse or harm had not been reported to the local safeguarding team or the CQC as required; it is a legal requirement for us to be notified about these events, so that we can monitor services effectively and carry out our regulatory responsibilities. We found improvements had been made since the last inspection and all notifiable incidents had been reported to CQC in line with regulation.

We received an action plan and checked this out during this inspection. The registered manager and registered provider with the support of another registered manager had worked together following the last inspection and developed other improvement plans which linked and supported into the overall action plan. We spoke with the registered provider and the registered manager about the changes that had taken place since the last inspection. The nominated individual told us how they had consulted with relatives, staff and people who used the service about the improvement plan and changes that needed to be made to the service. Relatives we spoke with confirmed they had been involved in this process.

The registered provider told us they had based themselves in the service for a period of three months following the last inspection. We saw evidence that the registered provider had continued to visit the service following this and was involved in audits of the service and the analysis of accidents and incidents. Each accident or incident within the service was investigated by the registered manager and the information from this shared and later signed off by the registered provider. Following incidents a debriefing took place to obtain further information and support staff.

The registered provider and registered manager showed us evidence and audits that they had carried out; this had been completed in a more systematic way with both parties working through all the key areas of the service. We found thorough audits of infection control, medicines, supervision, training, care plans and risk assessments had been completed and where shortfalls had been identified, action plans had been put in place to address these. However, During the inspection we found dirty clothing on the floor of the laundry room and bedding on the floor of a bedroom. A stained jug had been left in a toilet and we saw there was no hand wash available for use. We discussed this with the registered manager at the time, who spoke to staff and put laundry baskets in place on the same day. The audit systems in place had failed to identify these poor infection control practices.

Similarly, when we took a tour of the building we saw that the laundry room door and the cupboard where care records were kept had been left unlocked, staff had failed to recognise the need to maintain these records securely. Action was taken immediately to address the above and assurance was received from the registered provider that new procedures would be implemented to ensure this did not reoccur.

Other development work included the review of the interventions and safeguarding policies. Each accident and incident that occurred in the service was logged onto a safeguarding log which detailed if the incident met the criteria to raise an alert, details of who the incident had been discussed with at the safeguarding team, what their advice was, if a notification had been sent to CQC about the incident and any further required action. Where actions had been identified, for example risk assessments were updated; we saw this had taken place. The log was checked and signed by the registered manager and the registered provider during their visits to the service.

The quality assurance system had been completely redeveloped by the registered manager and comprised of a number of audits and surveys at regular intervals. The registered manager was in the process of implementing the new system at the time of the inspection and shared the paperwork for it with us.

Staff told us there had been a lot of improvements since the last inspection in relation to staffing levels, recording, staff training and support. Comments included, "We have all worked together as a team and with external professionals to ensure the care records and risk assessments are as they should be. They are very detailed and contain all the information needed to inform us of all aspects of people's support needs, including the information provided by professionals. I think the changes have had a positive effect for the people who use the service." and "We have meetings regularly and are able to bring things to the meeting that we wish to discuss or share. It is very much a joint approach and teamwork. We can also discuss things at our supervisions or face to face with the manager; she will always make time for us and is supportive."

Health care professionals we spoke with told us they had found the service more receptive to their suggestions and where recommendations had been made, these had been incorporated into people's care plans. They had also been approached by the service for advice and specialist training.

The registered manager told us, "We are a small team and have all worked hard to improve the way we work and I would be the first to congratulate the staff for their achievements. I have a hands on approach and am always willing to support my team wherever I can, whether this is through example or through joint discussions. I have shared information with staff and involved them, professionals and their families in the decision making process for people's wellbeing."