Greenfield Close Residential Home Limited

# Greenfields Close

## Inspection report

Newark Road
Coddington
Newark
Nottinghamshire
NG24 2QQ

Tel: 01636677981
Website: www.clearwatercare.co.uk

Date of inspection visit:
31 January 2017

Date of publication:
08 March 2017

## 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? | Requires Improvement |

# Summary of findings

## Overall summary

We inspected the service on 31 January 2017. The inspection was unannounced. Greenfields Close is registered to provide care for up to 30 people. Greenfields Close provides care and support to people with a diagnosed learning disability and/or autism. Some of these people also receive care in relation to a diagnosed physical disability. The service consists of a main house and three smaller houses which have been built on the grounds of the main house. On the day of our inspection 25 people were using the service. The site is made up of four residential buildings and one activity lodge: Greenfields (17 people), The Stables (five people), Kloisters (four people) The Lodge (activities and staff room) and the new building Aspen (four people).

The service had a registered manager in place at the time of our 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.

People were supported by staff who knew how to minimise the risk of them coming to harm and how to respond to any concerns. People were supported by adequate numbers of staff who had the required checks made prior to them being recruited. Medicines were managed safely and people received their medicines when they should.

People received support with their nutrition and their ongoing health care. People were supported by staff who were caring and supported people to make choices. People were getting more support to access activities and to follow their hobbies and interests.

Care and support was assessed and planned for to ensure staff had the information needed to support people. People knew how to raise concerns and when people raised concerns these were recorded and responded to appropriately.

The systems in place to monitor the quality and safety of the service continued to evolve. There were further improvements needed to ensure all aspects of the service were assessed and monitored to identify where had improvements were needed.

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

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

People were kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

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

There were enough staff to provide care and support to people when they needed it.

### Is the service effective?

Good

The service was effective.

People were supported by staff who received appropriate training and supervision.

People made decisions in relation to their care and support and where they needed support to make decisions they were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

### Is the service caring?

Good

The service was caring

People lived in a service where staff cared for them in a way they preferred and supported them to live how they chose.

Staff respected people's rights to privacy and respected their dignity.

### Is the service responsive?

Good

The service was responsive.

People were involved in planning their care and support. People

were supported to have a social life and to follow their interests.

People were supported to raise issues and staff knew what to do if issues arose.

## Is the service well-led?

**Requires Improvement**

The service was not always well led

The systems in place to monitor the quality of the service continued to improve were still not fully effective in identifying and bringing about improvements.

People lived in a more open and inclusive service where staff were supported to raise concerns and suggestions.

# Greenfields Close

**Detailed findings**

## Background to this inspection

We undertook an unannounced comprehensive inspection of Greenfields Close on 31 January 2017. 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.

The inspection team consisted of two inspectors, a specialist advisor who specialised in learning disabilities and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the visit we spoke with 13 people who used the service and one relative. We also spoke with eight members of the care team and various members of the management team including, the deputy manager, the registered manager and a regional manager. We observed care and support in communal areas of all four houses. We looked at the care records of six people who used the service, as well as a range of records relating to the running of the service including audits carried out by the manager. We looked at the physical environment of the service, and reviewed maintenance records and risk assessments.

Good

# Is the service safe?

## Our findings

The last time we inspected the service we found there were improvements needed to ensure the necessary steps to protect people from staff who may not be fit and safe to support them were taken. We found that this had been addressed and before staff were employed the management team carried out checks to determine if staff were of good character and requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. References had been sought and gained for staff and risk assessments had been carried out where needed. These checks are to assist employers in maker safer recruitment decisions.

The last time we visited we had concerns about the risks from the environment such as the risk of people being scalded from hot water and risks in relation to the garden areas, which were in a state of renovation. During this visit, we found improvements had been made in both of these areas. Records showed that the hot water from taps was being tested in all of the houses to ensure the temperature did not exceed safe levels. Dishwashers had also been installed in the kitchens to minimise the risk of people being scalded by water which needed to be hotter for washing up dishes. Work had been undertaken in the gardens to remove building debris. Fencing had been built and furniture purchased to create a garden area for people to sit. We saw personal evacuation plans had been implemented into care plans so that staff would have the information they needed to support people to evacuate the service in the event of an emergency, such as a fire.

The last time we visited we had concerns about some aspects of the medicines management. During this visit we looked at the medicines in the main house and two other houses. We found that medicines were being stored and administered appropriately. Two people had emergency medicines for a health condition and we saw there were protocols in place informing staff how to administer these safely. Staff were given training in relation to medicines management and we tested one staff member's knowledge of safe medicines management and they demonstrated they had a good understanding of this.

We looked at the medicines management for a person in one of the houses and we saw that authorisation had been given to staff to give the person their medicines covertly due to the person frequently refusing their medicines. Covert medication is the administration of medicines which involves disguising medication by administering it in food and drink. There was an appropriate care plan in relation to this and consideration had been given to the Mental Capacity Act due to the person lacking capacity to make the decision. We discussed with the registered manager the importance of recording any input from the person's pharmacist in relation to the covert medicines and following our visit the registered manager addressed this.

Records showed that medicines audits were carried out by the deputy manager on a regular basis and these were highlighting if there were any issues. A detailed action plan was put in place where issues were identified and were followed through to ensure they were acted on. Competency assessments were carried out on staff at least annually to ensure they had knowledge of safe working practice.

Risks to individuals were assessed and staff had access to information about how to manage the risks. For

example one person was at risk of choking and we saw there was information in their care plans guiding staff on how to minimise the risks. We observed staff supporting this person and saw they followed the guidance in the care plan, such as assisting the person to eat at the dining table and giving them time to digest the meal. This person also had a health condition, which resulted in the risk of seizures. There was a risk assessment in place detailing how staff should respond such as giving the person emergency medicines. We spoke with a member of staff who was supporting this person and they were aware of the risk and how to respond. Staff explained ways in which they kept people safe through following risk assessments, care planning and policies and procedures. We noted two people, although at low risk of developing a pressure ulcer, were not being routinely assessed to ensure appropriate support was given if the risk increased. We discussed this with the registered manager and following our inspection the registered manager took action to address this.

People told us or indicated they felt safe in the service. One person said, "I like it here. The staff are really nice. They are kind." The relative we spoke with told us, "I am sure my relative is safe here. I visit every fortnight and another relation comes every week and my relative would very quickly tell me if anything was wrong." We observed people who used the service and staff interacting, people appeared to be comfortable with staff and didn't hesitate to approach them. We saw the minutes of a recent meeting held for people who used the service and saw that safeguarding and how to raise concerns was discussed in a way people would understand. One person told us about a concern they had been worried about. This had already been investigated but because the person raised this with us we shared the information with the registered manager and the local authority safeguarding adult's team to investigate.

People lived in a service where there were systems in place to reduce the risk of abuse. Staff we spoke with were able to describe what types of abuse people were at risk of. They knew how to report allegations or incidents of abuse and the chain of command to report any concerns should they not be acted on. One member of staff told us, "People are safe, we look after them well. We check on them frequently. Any problem; I can report to the managers" Staff were confident that any concerns they raised with the management team would be dealt with straight away. Records showed the registered manager had shared information on incidents with the local authority which were of a safeguarding nature.

The registered manager told us that staffing levels were planned according to the needs of people who lived in each house. Some people had one to one support and there were staff allocated to deliver this support. The use of agency staff had reduced further over the last year and were only used when cover for staff sickness or absence could not be covered to ensure there were sufficient numbers of staff deployed in the service. The registered manager told us that agency staff had not had to be used at all for the last six weeks.

On the day of our visit we observed there were staff available to meet the requests and needs of people. Where people needed support to go out into the community this was available and there were staff available to support people with their meals when needed. Records showed that staffing levels reflected one to one care hours required by individual clients. Staff we spoke with said there was the odd occasion when they were short staffed, and that in general they felt there were enough staff to meet the needs of people who used the service. One member of staff told us, "We get the time to do things like activities with people now, we didn't before." Another told us, "There are enough staff and there are always staff to cover sickness."

Good

# Is the service effective?

## Our findings

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.

The last time we inspected the service we found there were improvements needed in relation to the provider's oversight of the MCA and DoLS. During this inspection we found that improvements had been made to ensure people's rights were protected. Staff we spoke with had an understanding of the MCA and how this applied to supporting people who used the service. We saw that where people lacked the capacity to make certain decisions an assessment had been carried out for each decision. The forms detailed information relating to how the person's capacity was assessed and how the agreed decision had been reached. For example one person had been assessed to see if they had the capacity to understand the importance of a flu jab. It had been determined through discussion with them that they did not have capacity and so a best interest's decision was made and recorded. Records showed that the person's key worker, family and social worker had been involved in this decision. We discussed with the registered manager that in one person's file one part of the form was missing and she addressed this following our visit.

People were supported to make decisions on a day to day basis. We observed people decided how and where they spent their time. We observed people who chose to spend time in their bedroom were supported to do this. One person told us, "I tell them (staff) if I don't want to do anything and they don't make me. I don't like noise so they let me be quiet."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The management team had an understanding of DoLS and had made applications for people where there were indications they may be deprived of their liberty. A process of assessment had been used to determine if a person may need a DoLS application made. We saw that a number of DoLS had been granted with conditions for the service to meet. We looked at the conditions on one person's DoLS and these had been addressed and met. This meant people were not being restricted without the required authorisation and any action deemed necessary by the granting authority was addressed.

People lived in a service which had systems in place to minimise the risk of avoidable restraint. The provider had a policy of 'no physical restraint' in place and staff we spoke with about the use of restraint confirmed that it was not used whatsoever in the service. Staff explained the use of diversional therapy and that

'talking down' was used to manage potential behavioural episodes. This was also evidenced in the support plans of two people. Where people sometimes communicated through their behaviour, there were assessments in place detailing how staff should respond to this and how they could avoid the triggers. Staff we spoke with were aware of the plans and the guidance they should follow. On the day of our visit there was a training session for staff to attend which had been planned to give staff guidance on how to support one person with complex behaviours. We spoke with two staff who had attended this and they told us they had enjoyed and found the training worthwhile.

Staff were being given the skills and knowledge they needed to support people safely. We observed staff during our visit and they looked confident in their role and worked following safe practice. One person using the service told us, "The staff in here (Aspen house) are the best we've had. They all know what they're doing." Staff told us they were given regular training in aspects of the work they undertook. Records confirmed this and showed that training which the provider deemed as mandatory was being given to staff on a regular basis. There was also access to achieve a recognised qualification in health and social care.

Staff we spoke with confirmed that they undertook an induction period at the service which involved undertaking some e Learning and face to face training. They told us they also shadowed more experienced staff during the initial induction period. We spoke with a member of staff who had been working in the service for two months and they told us that they had felt the induction had given them the skills and confidence they needed to work in the service. Records confirmed that staff were receiving an induction to prepare them for the role. The registered manager told us that staff who were being recruited, who did not already have a qualification in health and social care, had commenced the care certificate. The care certificate is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support.

People were supported to eat and drink enough. People told us they enjoyed the food choice and that they got enough to eat. One person told us, "I've had a sausage roll for lunch and I'm having chicken curry for tea. I like chicken korma. It's lovely." Another person said, "Food here's great, I love curry we get to say what we want and if we don't like (it) they let us have something else." We observed lunch in the main house and saw that people ate together around the table in a social way. We saw that some people had an egg salad which looked fresh and well presented, one person had sandwiches and another person had scrambled eggs and toast.

One person had a condition which required a healthy diet and the person told us, "I'm eating healthy now but I still like chocolate biscuits." The person proudly showed us their personal cupboard in the kitchen where a 'traffic light' system had been devised with healthy snacks including fruit and nuts on the bottom shelf and less healthy foods on the middle and top shelves. There were diagrams informing the person what food was good healthy choices, medium and poor choices which would support them to understand their condition and dietary needs. This would also contribute to empowering the person. Another person had a special diet and we saw this was given in line with guidance in their care plan. People were supported to be weighed on a regular basis so that risks in relation to their nutrition could be identified.

We checked the food stocks in each kitchen and we found there were plentiful stocks of food available and included fresh fruit and vegetables. The food was of good quality and there was a wide selection of food for people to choose from. In one of the houses we saw there was a heavy reliance on frozen foods and the registered manager told us it had already been identified that further guidance was needed in this house to develop cooking skills. There were bowls of fresh fruit available in the houses to encourage people to eat healthier snacks.

People were supported with their day to day healthcare. Each person had a health action plan in place and records showed people were supported to attend appointments such as the dentist, optician and chiropodist. Care plans detailed people's health conditions and gave information to staff on how to monitor people's health and how to respond to any changes. One person had a health condition which required their blood sugar levels to be checked and records showed this was being done daily and the results recorded.

Staff sought advice from external professionals when people's health and support needs changed. Records showed there was a range of external health professionals involved in giving support and guidance to staff such as the occupation therapist and the Speech and Language Team (SALT).

Good

# Is the service caring?

## Our findings

People we spoke with told us they were happy living at the service. One person told us, "They (staff) look after us, they are friendly." We observed a number of warm interactions in all of the houses during our visit. Staff clearly knew people and their preferences and demonstrated kindness by being appropriately tactile with people, where this was welcomed. We observed one person became anxious worrying about equipment they needed running short and this was promptly managed by a staff member which calmed settled the person. Another person spilled some of their food and a staff member was quick to reassure them saying, "Don't worry, it's a little drop. Let me get a cloth."

We observed positive relationships between staff and people who used the service had been built on. Staff spoke about people with warmth and told us they enjoyed working with them. One member of staff told us, "I really love working with the people (who use the service), they are all individuals and like everyone they have good and bad days." Another member of staff told us, "I am really enjoying it. Staff are very much led by them (people who used the service)." We observed there was a fondness displayed between people who used the service and staff designated to deliver one to one support. We observed people who used the service and staff chatting and there was a light banter in one house during a discussion about a planned disco for valentine's day. Two people who used the service had developed a strong friendship and we saw they spent the day together supporting each other and having fun.

Staff told us they mainly worked in the same house, unless they were needed on occasion to cover staff shortages in other houses. One new member of staff told us that when they first started they had worked in all of the houses and then were asked which house they preferred to work in. This meant they had time to get to know the individuals they were supporting. One member of staff told us, "I usually work in this unit for continuity but I pick up shifts in others when staff are off sick." People's care plans had been further developed to include information about their goals and aspirations and what was important to them. We saw one person had two goals recorded in their care plan and that these had been achieved. For example they had a goal of having sensory equipment set up in their bedroom and this had been achieved. Key worker review meetings took place on a regular basis and people's goals were part of the review to ascertain if work was being done to support the person to achieve their goals. There was a range of information about people's likes and dislikes and how they preferred to be supported.

People's communication skills were assessed and there was a care plan in place detailing how the person communicated and how staff could communicate effectively with the person. There were communication passports in people's care plans and these contained detailed guidance for staff. The passports included information on how staff could support people with making choices. For example, in the passport for one person it stated that if the person was offered more than three choices this cause over stimulation. The passports also contained details of non-verbal communication and what people could be trying to communicate with body language. We spoke with a member of staff about one person's non-verbal communication skills and the member of staff had a good knowledge of what the person may be communicating with different body language. Another member of staff also had a good knowledge and said, "I know what they (people who use the service) need by the sounds and gestures they make."

People we spoke with told us they were supported to make choices. They described being involved in recent re-decoration of bedrooms and said they had been involved in selecting their wallpaper and paint colours. Picture menu's had been implemented in the service to support people in making choices in relation to what they would like to eat each day. Staff confirmed these were being used and were effective in supporting people with choice. There was information available for people in a format they would understand in relation to activity schedules. Records showed that discussions had taken place relating to people's choices and preference of menu planning and activities. We saw these had been actioned and suggestions by people who used the service had been introduced into menu plans and activity sheets. The care plans detailed people's preferences such as the time they wanted to go bed and get up or where they preferred to have their meal.

People were supported to retain and develop daily living skills. In one of the houses one person who used the service was responsible for asking visitors to the house to sign in, they were clearly proud of this role and had their own security hat. We observed another person being encouraged to make themselves a hot drink and put their dishes into the dishwasher. The relative we spoke with told us, "[Relation] likes to do little jobs and they let [relation] do things like peeling potatoes or helping with baking, that sort of thing." We saw each person had a care plan detailing what daily living skills they were able to and liked to do and what support they would need. For example the care plan of one person informed staff that the person was able to make a sandwich independently but would need support to prepare other meals.

The manager told us that no one was currently using an independent advocate to support them with decision making. They told us that advocates had been accessed in the past when people needed support with decision making. People's care plans contained information about advocacy services and people had signed this, where able, to confirm they had been made aware of this service if required. This meant that people would have access to advocacy services when they needed it. Advocates are trained professionals who support, enable and empower people to speak up.

People were supported to have their privacy and were treated with dignity. People we spoke with described staff as respectful and told us they were able to have privacy and spend time alone when they wanted to. We observed this to be the case with people spending time in their bedroom when they wished to.

Staff told us they were given training in relation to privacy and dignity values and we saw records which confirmed this. The registered manager was a dignity champion, which meant she had signed a pledge to uphold the dignity values. She told us that she carried out a daily 'walk around' of the service observing staff practice and addressing any concerns. A member of staff confirmed this to be the case and said, "She comes round every morning and if she sees something that is not right she deals with it." Staff we spoke with showed they understood the values in relation to respecting privacy and dignity and care plans we looked at gave guidance to staff on how to ensure dignity was maintained for individuals.

Good

# Is the service responsive?

## Our findings

Care and support was being assessed and planned for with the involvement of people who used the service. People we spoke with were aware of their care plan. The care plans in place for individuals gave staff detailed guidance on how to meet the current needs of the person they were written for. There were plans in place guiding staff on how to meet the physical and mental health needs of people and where people were able they had signed their care plan to confirm they were happy with them.

People had plans in place which detailed how they preferred to be supported and the information included their past history with who and what was important to the individual. There were plans in place detailing what people liked to do and when, such as what time people preferred to get up and how they liked to spend their morning, afternoon and evening. There were plans in place detailing people's support needs such as mobility, communication, health needs and any support people needed in relation to each area of need.

Where people had been identified as being at risk in relation to their health there was detailed guidance to inform staff how to monitor this and how to respond to any changes. For example, two people had a health need which sometimes resulted in them having a seizure and there was information for staff guiding them in how to recognise the person was having a seizure and how to respond. One person needed support with another health condition and there was a care plan in place detailing how this condition might affect the person and how staff should monitor the condition and respond to any symptoms. Records showed staff were monitoring the condition in practice.

People's access to enable them to follow their hobbies and interests continued to improve. Records showed that staff had discussed activities at meetings and had suggested trying out different activities. One of the suggestions was for a Valentine's Day disco and this had been acted on and was planned. We heard people who used the service discussing this and they were clearly looking forward to this. Two people were keen fans of a certain range of films and they told us they regularly watched these. One of them told us, "We still spend most of our time in here (one person's room) watching (film)." The person also told us, "We do body building and we go horse riding." They described keeping fit and showed us a 'bull worker' which they said they used. Another person told us, "I've been to Nottingham shopping and bought things for my room. It's lovely now." A third said, "I made a cake this morning and put cream and chocolate on top." One person liked to do puzzles and we saw staff supporting them to do this, providing encouragement and prompts. When staff took another person out shopping they arrived back with more puzzles for this person.

People spoke of going shopping with staff and one person told us, "I like to go to Asda and they (the staff) will take me there when I ask them as long as they've got time." One person had a love of sensory lights and we saw their bedroom had been refurbished to include a range of sensory lights. We observed the person spending time in their bedroom with the lights. Sensory lights had also been fitted where the person usually spent their time in the lounge.

In one house one person was painting with a staff member and another was playing a game on the table

with staff. Some people went out into the community at various times of the day on the transport owned by the service. Some people regularly went to day services to take part in the activities there. The relative we spoke with told us their relation would sit all day if staff let them but that staff encouraged their relation to participate in such as baking. There had been a holiday in the summer for people who wanted to go and another was planned for this summer. People were encouraged to go on the holidays and the relative we spoke with told us, "They (staff) came up with all sorts of suggestions to get [relation] to go."

Staff we spoke with told us that activities for people who used the service continued to improve and were aware of what people's hobbies and interests were and the work being undertaken to support people to maintain these. One member of staff described one person who was reluctant to access the community and told us they had been working with the person and they had recently been out on a shopping trip. They described some people being supported to regularly attend a leisure centre and we saw this happened on the day we visited. People had structured activity plans in place to ensure they were being supported to engage in activities and go out to places they had an interest in.

People were given information on how to raise concerns and when concerns were received they were acted on and responded to appropriately. People told us they could speak up if they had any concerns and felt they would be listened to. Two people we spoke with in one of the houses told us that they felt staff listened to them and both said they knew who to go to if they were concerned. One person told us, "I will go to [staff member] I trust him." The relative we spoke with told us, "Oh yes. Because we come every week we see things straight away and we would make a big fuss. If we didn't get anywhere with the manager we'd get in touch with Clearwater." There was a complaints procedure on display which was in a format people would understand. Raising concerns was also discussed at meetings held for people who used the service.

When complaints were received the registered manager recorded these and acted upon them. We looked at complaints made over the last few months and noted that these had been actioned and responded to in a timely manner. The majority of the complaints were in relation to the internet connection and records showed these were dealt with appropriately.

Requires Improvement

# Is the service well-led?

## Our findings

During this visit we found there had been continued improvements to the service and there were plans for further improvements. The local authority had visited the service in the months prior to our visit and they reported to us that they had also found further improvements had been made. We found during this visit that the systems in place to monitor the quality of the service were more effective; however they were not yet fully robust.

The manager who had been in post when we last inspected the service had since registered with us. We received positive feedback about the registered manager in relation to the improvements she was making. One member of staff told us, "'[Registered manager] has put in requests to the company so that things are funded, like the stuff for the gardens. She has the right ideas." A relative told us, "I don't think it's perfect but it is improving. The manager reassured us that she was going to make things better. I've been coming here for years and it is definitely improving. It's cleaner for a start. I would say there have been a lot of improvements since she came. She is very committed to the job."

During this visit we found the systems had been improved in relation to monitoring staff recruitment, the MCA and DoLS and the safety of the water temperatures and the external environment. However we found there were still improvements needed in relation to assessing other areas of the service. For example there had been a fire risk assessment carried out by an external contractor and they had made recommendations for improvement. We saw that some recommendations had been acted on and completed, however one recommendation we picked at random, in relation to call point signage, had not been addressed. There were also monthly and three monthly tests undertaken in the service and we saw there were some gaps in records showing when these had been carried out. The registered manager addressed this shortfalls following our inspection, however this showed the systems to assess and monitor the quality of the service were not yet fully robust.

Records showed there had been an increase of incidents for some people who lived in one of the houses since our last inspection, resulting from people who sometimes communicated through their behaviour. Although staff had appropriate guidance in place to respond to this, and the management team were notifying the local authority where needed, records showed that action taken during the management follow up of the incidents was not always robust. For example, we looked at a form completed after one such incident and the information recorded for the management and reduction of risk of a further incident was brief and did not give a detailed account of what had been put in place to reduce and prevent a reoccurrence. The form stated, "Staff to be aware of Clients whereabouts." The person was already on one to one support and so their whereabouts should have been known in any case. This meant there was a lack of safety advice for staff to follow in preventing further incidents.

The registered manager carried out a daily walk around of the service to observe what was happening and to check that staff had the support they needed. We discussed that these walk arounds could be recorded periodically and include spot checks of areas such as we had found the gaps in records. This would also provide an audit trail of any issues the registered manager identified and what action had been taken as a

result.

Staff told us and we saw that some aspects of people's care plans were copied and pasted from other plans of a person with the same needs. We saw this had on one occasion resulted in parts of a care plan referring to the wrong gender of person the plan was written for. Staff told us they would like to contribute more in the update of information in care plan would like more opportunity to be involved in care planning. We acknowledge that the lack of this opportunity could be due to the management taking over responsibility for care planning as a result of our previous concerns about the quality of these. The registered manager told us they would discuss care planning with staff and agree a way forward at the next staff meeting.

The last time we inspected the service we had concerns about the supervision meetings held with staff not always being used as they were intended, to discuss staff performance and any development needs. During this visit we were told and records showed that either the deputy manager and sometimes the registered manager now carried out the supervisions of staff to ensure there was a consistent approach and that the registered manager was aware of any concerns raised. However we saw that although the supervision content had improved in relation to discussing any poor performance, the supervision for one member of staff who had an allegation made against them, had not been carried out since September 2016. The registered manager told us that discussions had regularly taken place but these had not been recorded and so we were unable to evidence this. We discussed with the registered manager the importance of recording such meetings to ensure there was an audit trail of performance and development being monitored.

Staff spoke with us about having regular supervision meetings with the management team. One member of staff said, "I'm having monthly supervisions and I'm able to talk about how I think things are going and any concerns I have about any of the residents." Records and discussions with staff showed that staff were supervised during regular meetings when they first started working in the service. This was to ensure any development needs were identified at an early stage. The registered manager told us that two monthly supervision meetings for some staff had fallen slightly behind but that there was going to be a new quality manager working in the service and they would be supporting in picking up any shortfall.

People were supported to have a say about how the service was run via surveys sent out for them to complete. We looked at the results of the last survey and the action plan implemented following this. We saw that where people had suggested improvements could be made these had been or were in the process of being acted on, as stated in the action plan. For example, two actions were for different bedding and for menu's to be available in picture format and we saw both of these had been addressed. Since our last inspection new bedding had been purchased for bedrooms and menus were now in picture format and were being used by staff to encourage people to make choices. People who used the service had very recently been sent a further survey to complete and these were still in the process of being completed when we visited. The registered manager told us that once all the surveys were received back the results would again be shared with people who used the service and an action plan put in place if there were any areas of improvements highlighted.

People were also invited to attend regular meetings held in the service and were given an opportunity to make suggestions and discuss issues. The minutes of these meetings showed that where people made suggestions these were acted on such as their food choices added to the menus. One person had discussed wanting to have a specific job and needed equipment for this and we saw this had been acted on and the equipment purchased.

Other improvements we noted were that a number of bedrooms had been redecorated and carpets replaced with flooring which was easier to keep clean. One person spent a great deal of time on a specialist

mat and this had been replaced and moved to a more suitable area. We observed people's appearance, including their clothing, was cleaner and a relative commented positively on this. We observed the service on the whole was cleaner and fresher and curtains had been replaced in the houses where this was needed. The lounge in one house had been refurbished and was now more homely and in line with the preferences of the people who used it. There was a board in place to support people with orientation of what day of the week it was and which month and year. One person's garden had been developed further with furniture they would like and the exterior gardens for all of the people who used the service had been developed to create a sitting area.

We observed staff working well as a team and staff reported feeling supported by their colleagues. One member of staff told us, "Staff are great, we work well together." A new incentive of 'employee of the month' had been introduced to reward staff for good performance. Staff were encouraged to nominate a member of staff each month and the registered manager told us the winner was given a small gift. We saw that each member of staff who received a nomination received a letter from the registered manager informing them why they had been nominated and thanking them for their hard work.

Records showed there were audits carried out in a range of areas which had been effective in assessing and improving the quality of the service. The provider maintained an overview of the audits and action taken to improve the quality of the service people received. There was a quarterly audit undertaken in each house in relation to all areas of service delivery. The audits and an action plan was sent to the director of quality for the provider. The provider carried out an analysis of incidents and shared the results with the manager via a governance newsletter and this included an overview of the incidents in the service, what action was taken in response and if the follow up action was completed appropriately. The regional manager and director of quality undertook regular visits to the service to check on progress in relation to the ongoing action plan for improvement and to assess the quality of the service.

Infection control was a part of the auditing systems and we found these were effective with the environment being clean and hygienic. There were also medicines audits undertaken and following the audit there was an action plan put in place in houses where any shortfalls were found in relation to medicines. We saw these were effective and on the day of our visit we found medicines were being managed well.