Autism Care UK (4) Limited

Tanglewood Mews

Inspection report

Wylam Road
Stanley
County Durham
DH9 0EJ

Tel: 01207201078

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 10 and 11 January 2017 and was unannounced. We previously inspected Tanglewood Mews on 14 January and 9 February 2015. We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010: consent to care and treatment, and; supporting staff.

At this inspection we found that the registered manager, who had been in post for 6 months, had ensured improvements were made regarding the understanding and application of consent as well as staff support. We found the service was no longer in breach of the Regulations.

Tanglewood Mews is a residential home in Stanley, County Durham, providing accommodation and personal care for up to seven people with learning disabilities. There were four people using the service at the time of our inspection. The service also provides personal care to people living in their own apartments. There were 16 people receiving personal care at the time of our inspection.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like directors, 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.

There were sufficient numbers of staff on duty in order to safely meet the needs of people using the service and to maintain the premises, whilst the rota system for the on-call rota system had been improved.

All areas of the building including people's rooms, bathrooms and communal areas were clean.

The storage, administration and disposal of medicines was safe and in line with guidance issued by the National Institute for Health and Clinical Excellence (NICE). Specific plans were in place for people with 'when required' medicines and controlled drugs were safely stored.

Pre-employment checks such as Disclosure and Barring Service (DBS) checks, ID checks and references were in place to reduce the risk of employing unsuitable people.

People who used the service acted in a trusting, calm manner with staff and relatives we spoke with expressed confidence in the ability of staff to protect people who from harm.

Staff we spoke with demonstrated a good understanding of safeguarding procedures and what was expected of them, whilst risk assessments in place were suitably person-centred and detailed. Person-centred means a focus on the individual's needs, wants, desires and goals so that these become central to their support.

There was regular involvement by GPs, nurses and specialists such as physiotherapists to ensure people

received the treatment they needed. External professionals we spoke with confirmed staff knowledge of people's needs was good.

Staff were trained in areas specific to meeting people's needs, for example Autism awareness and Non-Abusive Psychological and Physical Intervention NAPPI) training, and were also trained in areas the registered provider considered mandatory, such as safeguarding, fire safety, food safety, manual handling, medication administration and infection control.

The manager had ensured staff were supported by regular supervision meetings and staff confirmed they received a range of formal and ad hoc support to perform their roles.

Staff were aware of people's dietary needs and preferences and we observed people being supported to choose a range of meal options.

Group activities included outings to a local social club, themed nights and walks, as well as day-to-day activities such as shopping and swimming. The registered manager had made improvements to activities provision planning and was committed to ensuring these improvements continued. The registered manager had also ensured people were able to access the local community through attendance at local clubs.

A complaints process was in place and we saw this had been followed were a complaint had been raised.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The registered manager displayed a good understanding and we found related assessments and decisions had been properly taken and the provider had followed the requirements in the Deprivation of Liberty Safeguards (DoLS). DoLS are decisions to restrict a person's specific liberty or liberties when it may be in their best interests to do so, for instance if they are at a particular risk of harm. Where a decision was taken regarding a person's care we saw the people who knew them best had been involved to ensure the decision was in their best interests.

The atmosphere at the home was vibrant and welcoming. People who used the service, relatives and external stakeholders told us staff were caring and we saw numerous friendly interactions.

Person-centred care plans were in place and regular reviews took place.

Staff, people who used the service, relatives and external professionals we spoke with expressed confidence in the registered manager and the improvements they had made in the past six months. They were able to explain how they intended to sustain improvements already made and make other improvements and we found there was a strong emphasis on the accountability of all staff. We found the culture to be a positive, open one, with people's needs and preferences prioritised by a staff team who were given clear direction by the registered manager.

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.

Pre-employment checks of staff were in place, including Disclosure and Barring Service (DBS) checks, ID checks and references.

Risk assessments were person-centred and sufficiently detailed to help staff protect people from risks.

There were safe systems in place for the storage, administration and disposing of medicines, with specific plans in place for 'when required' medicines.

Is the service effective?

Good

The service was effective.

Staff had regular supervision meetings to ensure they had the confidence and skills to perform their role, and to identify any training needs.

Staff liaised well with each other and external healthcare professionals to ensure people's medical needs were met.

The registered manager displayed a good understanding of capacity and we saw people's best interests had been considered regarding decisions that they did not have the capacity to make.

Is the service caring?

Good

The service was caring.

Staff at all levels interacted in a warm and friendly manner with people who used the service, who were at ease with staff.

All relatives we spoke with stated that staff knew people's likes and dislikes and treated people respectfully and as individuals.

People's rights to religious beliefs and maintaining relationships were respected and upheld by staff.

Is the service responsive?

Good

The service was responsive.

Care plans were person-centred and people's individual preferences were known by staff and reflected in personalised care files.

The service had a complaints procedure in place and, when concerns were raised, the registered manager had acted appropriately.
Group activities were popular and the registered manager had made improvements to the provision of individualised activities, though acknowledged there was further work to do in this regard.

Is the service well-led?

Good

The service was well-led.

The registered manager had made a range of improvements to the service in their first six months.

Quality assurance and auditing systems were used to consistently assess the standard of care provided and to identify areas to improve.

We found the culture to be one that focussed on people's needs and ensured staff were accountable at all levels.

Tanglewood Mews

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.

We visited the service on 10 and 11 January 2017. The inspection team consisted of one Adult Social Care Inspector and one expert by experience. An Expert by Experience is a person who has relevant experience of this type of care service. The expert in this case had experience in working with people with learning disabilities.

We spoke with four people who used the service. We spent time observing interactions between staff and people who used the service and spoke with three relatives. We spoke with six members of staff: the registered manager, the administrator, and four care staff. Following the inspection we spoke with one safeguarding professional, one commissioning professional and a social care professional.

During the inspection we visited people in their apartments, looked at four people's care plans, risk assessments, staff training and recruitment files, a selection of the home's policies and procedures, IT systems, quality assurance systems, meeting minutes and maintenance records.

Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the CQC. A notification is information about important events which the service is required to send to the Commission by law. We spoke with professionals in local authority commissioning teams and Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a document wherein the provider is required to give some key information about the service, what the service does well, the challenges it faces and any improvements they plan to make. This document had been completed and we used this information to inform our inspection.

Good

Is the service safe?

Our findings

People who used the service were consistent in their feedback regarding their confidence in the ability of staff to keep them safe. One person told us, "I've never felt unsafe, worried or upset or vulnerable – I always feel I am safe in the home." Another person said, "Staff are always available and we never feel alone." Relatives we spoke with shared these views stating, for example, "I sleep easy knowing [person] is safe and so well cared for." There was a consensus amongst people who used the service and relatives we spoke with regarding the immediate availability of staff and how reassuring they found this. One person said, "It doesn't matter what happens, there is always someone to go and talk to or get help from."

External professionals we spoke with agreed the registered manager had made a range of improvements and, particularly with regard to people's safety, these included reviewing the out-of-hours on call procedures. We saw the registered manager had made changes to the on-call system, ensuring that there was always a senior member of staff on the rota who could be contacted if staff on shift had any concerns. Staff confirmed this system was working well. We found there were sufficient staff on duty to ensure people were kept safe from harm and have their needs met.

We saw the storage, administration and disposal of medicines was safe and adhered to guidance issued by the National Institute for Health and Care Excellence (NICE). We saw people's individual medical records contained their photograph, allergy information and emergency contact details. We saw there had been a number of medicines administration errors recently and the registered manager had taken action to address these errors. They had introduced twice-daily stock checks of medicines by a manager, daily checks of completed MARs by a manager as well as providing a 'Do not disturb' tabard for staff administering medicines. We also saw they had introduced a more comprehensive competence assessment than had been in place previously, and had carried out retraining and competence assessments where errors had been made. A medicines audit took place weekly and we found the registered manager to have a sound knowledge of people's medicinal needs.

We saw there were specific instructions in place regarding 'when required' medicines to help staff understand when people who used the service might require these. When we asked staff about how people would indicate they required 'when required' medicines, for example if they were not able to communicate verbally, and found staff demonstrated a good knowledge.

We saw the treatment room was kept locked when it was unoccupied and temperatures of the room and the medicines fridge were recorded to ensure they were within safe limits. Medicines were housed in a locked cabinet with a shelf for each person's medicines. Controlled drugs were securely stored. Controlled drugs are drugs that are liable to misuse. We undertook a stock check of a controlled drug and found it was accurate and corresponded to the controlled drugs remaining.

We saw topical medicines (creams) that were opened were marked with an opening date to ensure they were not used for longer than prescribed. We saw body maps were in place to ensure staff knew whereabouts on a person to apply the creams. We found one instance of a person not having a body map in

place but the registered manager rectified this immediately and staff we spoke with demonstrated a good knowledge of the person's medicinal needs. Where one person received medicines covertly we saw this decision had been made by a clinician who had liaised with people who knew the person best to ensure their best interests were taken account of. This demonstrated people were not put at risk through the unsafe management of medicines.

We saw each person had a pre-assessment of their needs and that each person had a range of risk assessments in place to help protect them from potential harm. Risk assessments were sufficiently detailed and person-centred and included areas such as bathing and personal care, mobility, preparing food and choking. Where one person was at risk of seizures we saw there were clear instructions for staff detailing what signs to be mindful of and what to do should they observe these indicators of a potential seizure. We found staff knowledge in this regard to be good. This meant that risk assessments were specific to people's needs and acted on by staff who understood the potential impacts of not understanding or following risk assessments.

We saw appropriate pre-employment checks including enhanced Disclosure and Barring Service (DBS) checks had been made. The DBS maintains records of people's criminal record and whether they are restricted from working with vulnerable groups. We saw the registered manager had asked for at least two references, proof of ID and had completed interviews with candidates. This meant the service had a consistent approach to vetting prospective members of staff, helping to reduce the risk of an unsuitable person being employed to work with vulnerable people.

The registered manager and other staff we spoke with demonstrated an understanding of their safeguarding responsibilities and were clear about what to do should they have any concerns. They were able to describe types of abuse, sources of risks and what they would do should they have concerns. We saw the registered manager had tidied the office noticeboard and ensured the local authority safeguarding procedures and contact telephone numbers were highly visible.

We found all areas of the building, including people's bedrooms, bathrooms, kitchens and communal areas to be clean and free from odours. In recently returned surveys we saw no concerns had been raised regarding the cleanliness of the service, with one person stating, "It's a clean, secure home." Another relative had stated in a compliment letter, "We are impressed with the level of care and with the cleanliness of the environment."

We observed that people who used the service acted in a calm and relaxed manner with staff and demonstrated signs of trust such as responding to questions and jokes positively and using non-verbal signs such as nods and thumbs up to indicate their contentment.

We saw incidents and accidents were recorded and shared each month with the registered manager and their area manager, who both undertook a range of audits to identify any trends or patterns.

We saw Portable Appliance Testing (PAT) had been undertaken and emergency systems such as the fire alarm and emergency lighting were tested regularly. We saw fire extinguishers/equipment had been serviced, as had the lift, whilst carbon monoxide detectors had been checked. We noted the handle on the front door to the service was in need of repair and saw the registered manager had included new doors and windows in the service's refurbishment plan. These had been identified in one of their walkarounds of the building to identify any areas of maintenance required. We saw legionella testing had occurred, water temperature checks were undertaken and little-used water outlets were regularly flushed. This meant people were not placed at risk through poor maintenance and upkeep of systems within the service.

We saw there were personalised emergency evacuation plans (PEEPs) in place, which detailed people's mobility and communicative needs. This meant members of the emergency services would be better able to support people in the event of an emergency.

Good

Is the service effective?

Our findings

At the previous inspection in January 2015 we identified concerns regarding staff supervision and found these had not taken place regularly or in a sufficiently organised way. At this inspection we found the registered manager had undertaken supervisions recently, on average bi-monthly. We saw these meetings were in depth discussion including topics such as staff wellbeing, safeguarding principles, the mental capacity act (MCA) and what training requirements the member of staff may need. All staff we spoke with confirmed they were well supported and had received support through formal supervision meetings, team meetings and more ad hoc support from the registered manager. We also saw the registered manager had put in place an 'admin shift' once a month for each team leader, designed to give them a protected amount of time to produce rotas and conduct their own supervisions. This meant the registered provider had ensured staff received the appropriate amount of support to perform their duties.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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. We found related assessments and decisions had been properly taken and the provider had followed the requirements in the DoLS. The registered manager demonstrated a good understanding of mental capacity issues.

At the previous inspection in January 2015 we identified concerns regarding the lack of documented consent in people's care files. During this inspection we saw people's capacity had been assessed and, where they did not have capacity to consent to their care, the people who knew them best had been involved in decisions regarding their care. We saw one person had had a viewing hole fitted on the outside of the door to their room. This meant staff could see into the room and establish whether the person was safe. We questioned whether all steps had been taken to establish whether this was the least restrictive means of ensuring the person was kept safe. We saw the decision to install the viewing hole had been discussed with the person's relatives and at a multi-disciplinary team meeting. We spoke with the person's relative who stated, "It's a brilliant idea and it gives us peace of mind. It's never abused and [Person's] privacy and dignity remain a major consideration." This meant people's best interests were taken account of and documented in their care files.

We saw the registered manager had reviewed the previous staff training matrix and used it to ensure staff received refresher training in topics such as safeguarding, first aid, fire awareness, food safety, manual handling, MCA, health and safety and infection control. One staff member told us about the training they

had received and stated the registered manager was, "Very strict" regarding staff completion of refresher training. We saw recently employed staff had undertaken the Care Certificate. The Care Certificate is the most recent identified set of standards that health and social care workers should adhere to.

Staff had also received training specific to the needs of people who used the service, for example Autism awareness training and Non-Abusive Psychological and Physical Intervention (NAPPI) training. This meant people who used the service received support from staff who were trained in how to help improve their quality of life through a better understanding of people's needs. One external professional observed they felt the registered manager had made improvements to staff training which had, "Improved personalised care."

Staff displayed a good knowledge of people's dietary requirements and preferences, for example one person who was at risk of choking. We saw a referral to the Speech and Language Therapy (SALT) team had been made. Their advice regarding how to help the person to eat safely was incorporated into care planning. One relative told us how one person had developed their skills, stating, "[Person] likes to cook for themselves now, which is wonderful." Other people who used the service told us how they liked to have a takeaway on a Friday night and that a number of people got together for this. We observed people who used the service being supported to choose what ingredients they would like to buy whilst shopping. This showed that staff supported people to act independently and to make their own choices. We also saw people had been weighed regularly to ensure they were not at risk of malnutrition.

The registered manager told us they had made efforts to improve the homely nature of the service. We saw they had redecorated people's rooms with their involvement and, during our inspection, two people had been shopping to choose their new wall coverings. We saw one person was sensitive to bright light and, whilst their room had previously been painted gloss white, this was now a matt finish, meaning there would be less reflection. We also saw, due to the associated risks, that blinds could not be in place. The registered manager had arranged the installation of a window that had a blind incorporated between the panes of glass, which meant any risks were removed but the person could still choose to close the blinds. When we spoke with one external professional they noted, "The physical environment has greatly improved." This meant the registered manager had ensured the environment was suited to people's needs and, where practicable, had adapted the premises to better meet people's needs.

We saw people received care and support from a range of health and social care professionals such as psychologists, SALT, dentists, GPs and social workers. When we spoke with external professionals they expressed confidence in staff. One said, "The staff are proactive and maintain regular contact with me to ensure we are all working together in the service users best interests," whilst another said, "I've certainly noticed an increase in confidence in the service." This demonstrated that staff liaised well with external professionals to ensure people received the support they needed to maintain their health.

We saw in recently returned surveys that all eighteen respondents have either agreed or strongly agreed to the statement, "I feel my relative/friend's support team has the right skills to support them," and, "The team communicates effectively with me."

We found care plans contained good levels of detail regarding how best to communicate with people who used the service and included a "What I understand section." This included details for staff about how loudly or quietly to speak to someone, how slowly, and whether they would better understand if staff used gestures. We saw staff communicating with people who used the service in line with this information.

Good

Is the service caring?

Our findings

People who used the service acted in a friendly, welcoming manner with all members and the inspection team during our inspection. People shared jokes with support staff and the registered manager and were at ease in all areas of the home. For example, one person came into the office in the residential service to show the registered manager and the inspection team the DVD they had bought whilst shopping. The registered manager shared their enthusiasm and positively encouraged their shopping trips. One relative told us, "The care is very good and they have gained [Person'] trust – they had to learn how to work with [Person]." This demonstrated people felt comfortable and at home in their surroundings, and had formed trusting relationships with staff.

People who used the service told us, "I want to say just how wonderful the staff are. The staff are my friends and I know they care about me all the time." Another person said, "The staff are perfect," whilst relatives praised the caring attitudes of staff. Survey results corresponded with these opinions, with no negative comments received about staff and one person stating, "The staff are always friendly and have everybody's best interests at heart." Likewise, we saw a recent compliment letter which stated, "I'm delighted that my [Person] is doing so well and am impressed with the level of care they receive."

In addition to the adaptations made to the premises, we found a consensus of opinion that the recent environmental changes, for example, new wallpaper and paint, had contributed to the service feeling more homely. One relative said, "There's a nice homely feel. It's just like home and [Person] loves it there." Another told us, "There's a nice feel and [Person] is now settled and different from how they were this time last year. [Person] has somewhere to call home at last." We found the service to be a calm, relaxed environment and people who used the service, their relatives and professionals we spoke with agreed this to be the case.

One person who used the service told us, "Visitors go to my flat and are entertained just like when I'm at home. And I have a boyfriend." Similarly, one person liked to visit church but had been unwell recently and we saw their friends from the congregation had visited them. We found that people were encouraged to maintain relationships and beliefs important to them and that using the service was not a barrier to these. This meant people's rights to their religious beliefs and the right to a private life were respected and upheld by staff.

We found inclusion to be a theme of the service and saw the registered manager had ensured that two people who used the service had been on the interview panel for a recent recruitment exercise. The two people who used the service devised their own questions and the registered manager stated the experience had been a positive one for people who used the service but also them as an employer to understand how prospective employees interacted with people. They confirmed they would continue to involve people who used the service in recruitment process, should they wish to.

With regard to end of life care we saw the registered manager had asked all relatives to be involved in advanced care planning, if people wanted to have advanced care plans in place. We saw the registered

manager had respected people's wishes where they did not want such plans in place. Advanced care planning is a way of ensuring a person's wishes are respected if their health declines and they require end of life care. Where people had chosen to have such plans in place we saw they included personalised details such as the type of music and flowers a person would like to have at their funeral. This meant staff had a respect for people's preferences up to, including and after death.

We observed staff helping people to choose what they would like to do in a respectful manner. We observed staff knocking on people's doors before entering and people and their relatives confirmed staff treated them with dignity and respect.

We saw rooms were personalised where practicable. Some had recently been redecorated and some were to be decorated in styles chosen by people who used the service.

We saw people's personal sensitive information was securely stored in locked cabinets in one of two offices and on a password-protected computer system, meaning people's information was kept safe.

Good

Is the service responsive?

Our findings

People we spoke with in the residential service were positive about the activities they took part in. We saw there were a range of group activities as well as specific individual activities. We saw these were put into a weekly planner and consisted of a balance of more everyday tasks such as shopping and tidying, as well as recreational activities such as swimming, the cinema and horse therapy.

We saw people attended regular day services or other pursuits, such as college. One person who used the service we spoke with mentioned they were looking forward to starting voluntary work in February. We saw people were helped to make decisions about what they did on a day-to-day basis, such as the best time to catch a bus into Durham, what colour furniture they preferred, as well as planning longer-term vocational activities such as going to college.

One person who used the supported living service felt there could be a greater variety of activities for them to partake in. When we spoke with external professionals they agreed the service could do more, specifically within the supported living side of the service, to engage people in meaningful activities, although they also agreed the registered manager had begun to make improvements in this regard. For example, one said, "Work still needs to be done on providing personalised activities for those people who do not go out on a day placement, however this too has improved." Another said, "There is ongoing work to increase in house activities."

Relatives of people who used the service were generally positive about the levels of activities available and how these were delivered. Relatives also confirmed they were regularly involved in the review of care planning and delivery and all eighteen respondents to the last survey agreed or strongly agreed with the statement, "I am involved in planning my relative/friend's support." One relative us, "I'm always involved with care plans and I have a brilliant relationship with staff." Another said, "I attend care meetings and the involvement helps me as well as making me feel we're doing the right things for [Person]." This demonstrated that staff involved and communicated well with people's relatives to ensure they were kept informed of changes to people's care.

We saw people's changing needs were identified through regular review and the involvement of external professionals. For example, regular visits by a physiotherapist for one person with a physical disability leading to muscle weakness. Outside of regular care review meetings, relatives confirmed that staff kept them updated regarding any changes to people's needs. One relative said, "I get calls when there is any upset and I can visit any time." We also saw there were regular tenants meetings, where people who used the service could discuss as a larger group topics such as whether they wanted to have a pet, the décor of the home, whether specific activities had been successful.

The registered manager was in the process of finalising the latest surveys to be sent out to people and their relatives, and we saw previously returned surveys were broadly positive.

No relatives we spoke with had cause for complaint and we saw recent surveys reflected this. They did

confirm they knew how to complain and who to if needed and we saw the complaints policy was easily accessible in the service user guide, which the registered manager had recently reviewed. One relative told us, "I know how to complain but I'd speak to someone first if I had an issue – I haven't had to complain at all." We saw there had been one recent complaint regarding the time taken for staff to answer the telephone. We saw this complaint had been investigated in line with the provider's complaints policy and responded to appropriately. Another complaint received since the last CQC inspection, and regarding the service prior to the appointment of the current registered manager, had been responded to in full by the provider's quality manager.

With regard to the potential transition to other services, we saw each person had a communication passport in place, which was written from their perspective. A communication passport details people's communicative, mobility requirements and their likes and dislikes, should they need to, for example, go into hospital or another service.

We saw the registered manager had introduced a communication book to improve the daily sharing of information between staff regarding people's needs. Staff we spoke with were able to give us details of people's care needs, their likes, dislikes and histories. We saw this information corresponded to information held in the different sections of each person's care files, such as 'What I understand', 'Important people in my life' and 'Your life now'. We found these provided good levels of individual detail and were personalised in the person's own voice. They also include 'Good things about me' and 'Things I don't like' sections, which helped ensure staff had a more rounded knowledge of people's personalities as well as their care needs before supporting them. We found care plans had been reviewed and improved by the manager and were person-centred. Person-centred care means ensuring people's interests, needs and choices are central to all aspects of care.

Good

Is the service well-led?

Our findings

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the CQC to manage the service. The registered manager had worked at the service for six months. We found they had significant and relevant social care experience working with people with learning disabilities, and had developed a strong understanding of the needs of people who used the service and the systems in place.

We found the registered manager had made positive changes to the service and there was a consensus of opinion from external professionals in this regard. One told us, "At my first meeting with [registered manager] they showed me an improvement plan…I have seen progress with the actions. One of the predominant areas of concern was the skill mix of the staff. This has now greatly improved and [registered manager] is demonstrating strong leadership." We found this to be the case before, during and after our inspection visit. For example, in the months prior to the inspection, the registered manager had taken prompt action to safeguard people against the risk of unsafe medicines and had implemented a range of changes, as well as keeping CQC and other stakeholders aware of the changes.
Another external professional told us, "Since the new manager has taken up their post the service has improved. They are willing to work in partnership in order to improve service users lives." We saw evidence of this during our inspection, with the registered manager able to describe positive working relationships with health, social care and commissioning professionals. This meant the service was not isolated from sources of support and advice.

We found the registered manager had familiarised themselves with the recreational opportunities and community links locally available, such as a community club, a golf club with a function room, a sports centre, and a local church. The registered manager was keen to further explore community links to ensure people who used the service were protected against social isolation but also actively involved in the community they lived in.

People who used the service interacted warmly with the registered manager and relatives we spoke with expressed confidence in the registered manager's abilities and attitude. One relative told us, "Words I would use to describe the leadership would be 'consistency', 'openness', 'ability to listen' and 'caring'." Another said, "The new manager has made a real difference and it shows through the staff and the home management and how happy everyone always seems to be." Recent survey responses consisted of similarly positive feedback. We found the registered manager had successfully instilled a positive and open culture where staff had so far responded to the challenges and support given to them and people's needs, likes, preferences and goals were the focus of the service.

Staff were consistent in their praise, describing a shift in culture towards more accountability and responsibility for staff. One told us, "There is now a culture of 'We can do this for the people we support' and this attitude is from the leader down." Another member of staff said, "It is an open door and we all know that, so nothing builds up," whilst another stated, "We are like Nissan – smooth running and well managed." We saw team meetings and management meetings had been planned in for 2017 and the registered

manager was keen to continue involving staff regularly as well as delegating aspects of work such as supervisions and auditing. We also saw the registered manager had arranged 'Driving up quality' meetings for 2017 and they were able to give clear examples of areas they still felt required improvements, such as more responsive activities planning. They stated, "We're not there yet, but the team is great and we will be even better." We also saw statutory notifications had been made to CQC regarding specific incidents, meaning the registered manager complied with requirements that they share information with CQC.

With regard to auditing and quality assurance, we saw the registered manager had made a number of changes having taken up the post and reviewed processes. For example, medicines administration and competency assessments had been improved, as had the on-call rota system.

Team leaders completed monthly operations reports, which involved health and safety checks, and additional medication audit, a finance audit and audits of support plans. The registered manager was responsible for reviewing this information, ensuring any corrective actions were taken and reporting this to the area manager. We found the registered manager understood the content of these reports well and had scrutinised any anomalies in the statistical area of the reports, for example the relatively low compliance rate for medication administration training – this was because the organisational target was to have all staff trained in advanced medication administration (whereas currently the majority of staff had received the more basic level of training). This meant, whilst staff were currently sufficiently trained to meet people's medicinal needs safely, additional training would ensure the service was better able to meet people's changing needs in the future.

Complaints, incidents and accidents, and monthly overall auditing scores were all compiled by the registered manager and analysed to see if the service needed to improve in a particular area. On reviewing the monthly audits since the registered manager took over, we saw these had consistently improved month on month.
In addition to the local auditing arrangements we saw there was an annual visit by the provider's Quality Auditor. We saw their latest visit consisted of a comprehensive analysis of all aspects of the service, including reviews of care files and staff files, with actions identified for the registered manager. We found the registered manager and other staff welcomed this additional level of scrutiny and that this year's audit demonstrated significant improvements when compared to the previous year. This meant people who used the service and their relatives could be assured the registered manager and registered provider regularly scrutinised the service to identify any areas on concern and to put in place service improvements.