Rhodsac Community Living Ltd

Rhodsac Care Home

Inspection report

24 Worrelle Avenue
Middleton
Milton Keynes
Buckinghamshire
MK10 9GZ

Tel: 01908666980
Website: www.rhodsaccarehome.com

Date of inspection visit:
03 March 2016

Date of publication:
05 April 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 03 March 2016 and was unannounced.

At our previous inspection on 04 August 2015 we found that people were not protected against the risk of unsafe care and treatment that included the unsafe management of medicines and inadequate systems in place to protect people against risks, by timely and robust risk assessments.

We also found that there were insufficient numbers of suitably qualified, competent, skilled and experienced persons providing care or treatment to people using the service. During the previous visit we found that people were not always protected against the risks of avoidable harm or abuse because potential safeguarding concerns had not been reported by staff. We also found that we found that robust recruitment procedures had not been followed to ensure only suitable staff were employed at the service. In addition, we found that there was not an effective system in place to assess and monitor the quality of service that people received.

The service was in breach of a number of regulations and you can read the report from our last focused inspection, by selecting the 'all reports' link Rhodsac on our website at www.cqc.org.uk.

We asked the provider to provide us with an action plan to address these areas and to inform us when this would be completed. During this inspection we checked to see whether or not improvements had been made.

Rhodsac Care Home is a residential home providing personal care and support for up to four younger adults with learning disabilities. There were four people using the service at the time of our visit.

The service had 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 carried out our second unannounced comprehensive inspection on 3 March 2016 and found that, although the provider had made improvements to the safe handling and management of medicines, people had been given over the counter homely remedies without the advice from a doctor, pharmacist or nurse. In addition, the necessary written protocols were not in place for staff to refer to ensure that the medication was administered safely.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made to the safeguarding process to make sure staff knew how to report any

concerns they had to keep people safe. The procedures in place and the knowledge staff had gained from staff safeguarding training helped ensure people were kept safe from harm.

The risk assessment process had been strengthened and we found that risk assessments had been reviewed for all people who used the service. Risks to people's safety had been assessed and provided staff with guidance to protect and promote their independence.

We found there were appropriate numbers of staff employed to meet people's needs and this could be increased to ensure people attended their chosen activities or appointments.

Improvements had been made to the recruitment process and we found that appropriate recruitment checks now took place in order to establish that staff were safe to work with people before they commenced employment.

Quality assurance systems had been strengthened and sufficient improvements had been made to ensure the service could obtain feedback, monitor performance and manage risks.

Staff received an induction based upon the fundamental standards of care, which determined their competency in a variety of subjects. They also received on-going training and formal supervision, to help them to deliver safe and appropriate care to people.

Staff sought people's consent before supporting them on a daily basis and ensured they were offered choices. We found people's rights to make decisions about their care were respected. Where people were unable to give consent or make their own decisions, the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were followed.

People told us that with support from staff, they received a wholesome and balanced diet. As part of their independent living skills and development, they were supported to prepare and cook meals for each other on a daily rota basis. There were regular reviews of people's health and the service responded to people's changing needs. People were assisted to attend appointments with various health and social care professionals to ensure they received care, treatment and support to meet their healthcare needs.

Positive and caring relationships had developed between people and staff, who treated them with kindness. Staff were knowledgeable about how to meet people's needs and understood how people preferred to be supported on a daily basis. Staff understood how to promote and protect people's rights and maintain their privacy and dignity.

The service had systems in place to ensure that people's views were listened to and acted on to drive future improvement to the service. People received care that was based on their likes, dislikes and individual preferences. Care plans were detailed; person centred and clearly described people's care, treatment and support needs. These were regularly evaluated, reviewed and updated. We saw evidence to demonstrate that people were involved in all aspects of their care plans and service delivery. Staff supported and encouraged people to access the community and participate in activities that were important to them.

The service had a complaints procedure available for people and their relatives to use and all staff were aware of the procedure. People were supported to raise concerns or complaints. Prompt action was taken to address people's concerns and prevent any potential for recurrence.

Leadership at the service had been stable since our previous inspection and as a result staff felt more

supported in their role and able to contribute to the development of the service. We saw that people were encouraged to have their say about how their care and support was delivered and about the quality of service.

We identified that the provider was not meeting regulatory requirements and was in breach of one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

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

This service was not always safe.

Although improvements had been made to the safe management of medicines, people had been given over the counter homely remedies without the advice from a doctor, pharmacist or nurse.

Improvements had been made to the safeguarding process to make sure staff knew how to report any concerns they had, to keep people safe.

The risk assessment process had been strengthened and risks to people's safety had been assessed. These provided staff with guidance to protect and promote people's independence.

Improvements had been made to staffing numbers to ensure there were sufficient numbers of staff employed to meet people's needs.

The recruitment process had been strengthened to ensure appropriate recruitment checks took place in order to establish that staff were safe to work with people before they commenced employment.

Is the service effective?

Good

This service was effective

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This meant that when needed, staff could take appropriate actions to ensure that people's rights were protected.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good

This service was caring

People had developed positive and caring relationships with staff.

Staff had a good knowledge and understanding of people's support needs and what was important to them.

People's privacy and dignity were promoted by staff.

Is the service responsive?

Good

This service was responsive

People received care which was personalised and specific to their individual needs.

The registered manager promoted the involvement of people living in the home and people took part in meaningful activities, both within the home and in the local community.

Complaints and comments made were used to improve the quality of the care provided.

Is the service well-led?

Good

This service was well-led.

Leadership had been stable since our last inspection and we found that improvements had been made to the service.

Staff felt more supported in their role and were aware of their rights and their responsibility to share any concerns about the care provided.

Improvements had been made to the quality assurance systems to monitor the quality of the service effectively.

Rhodsac Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 03 March 2016 and was unannounced. The inspection was undertaken by two inspectors.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We used a number of different methods to help us understand the experiences of people living in the service. We observed how staff interacted and engaged with people during individual tasks and activities. We spoke with two people who used the service in order to gain their views about the quality of the service provided. We also spoke with two relatives, one support worker and the registered manager to determine whether the service had robust quality systems in place.

We looked at three people's care records to see if they were accurate and reflected their needs. We also reviewed three staff recruitment files and three staff supervision records, four weeks of staff duty rotas and the training records. We checked the medicines administration records (MAR) for all the people using the service and reviewed how complaints were managed. We also looked at records relating to the management of the service, including quality audits and health and safety checks to ensure the service had robust systems in place to monitor quality assurance.

Requires Improvement

Is the service safe?

Our findings

During our previous inspection on 04 August 2015, we found that people had not been protected against the risk of unsafe care and treatment because the systems in place for the management of medicines were not safe.

During this visit we found that people's medicines were not always managed safely.

We found that people had been given over the counter, homely remedies, without the advice from a medical professional such as a doctor, pharmacist or nurse. For example we saw records that showed one person who was prescribed medication for a specific condition, had been given Paracetamol and an over the counter cough medicine without the service seeking advice on whether this would be safe to take with their prescribed medication. This meant the service could not be assured that people were receiving medication safely.

We looked at records and found there were not protocols in place for staff to refer to regarding the administration of homely remedies, which would instruct staff on how to administer them safely.

The registered manager told us that they had guidance on what should be in place for the safe administration of homely remedies but they had not put this in place at the time of our inspection.

Although we found improvements had been made to medication practices, we found that medicines were still not always administered safely.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person told us, "They give me my tablets in the morning." A relative told us they had no concerns about their family member having their medicines and told us, There has never been an issue as far as I'm concerned." We saw that one person was supported to administer their own insulin. The registered manager shared with us an in-depth risk assessment that she was reviewing to ensure the person could continue to administer their insulin safely.

Following our inspection the registered manager sent us email confirmation that a list of homely remedies had been sent to peoples GP'S for approval.

We found that medication was stored safely for the protection of people who used the service. Temperatures had been recorded within the areas where medicines were stored, and we found these to be within acceptable limits. There were appropriate arrangements in place to record when medicines were received into the service, when they were given to people and when they were disposed of.

We looked at the medication administration records (MAR) for the four people who used the service. We

found they had been given their medicines as prescribed. When medicines had not been administered to people, the reason why had been recorded. There were effective systems in place to account for all prescribed medicines used or disposed of.

We looked at the training records for all the staff working at the service. We found that staff had received appropriate training and had been assessed to be competent to handle medicines. This meant that people were given their medicine by staff that were suitably qualified and competent.

We saw that checks on the quality and accuracy of medication records were carried out monthly. For example, we saw one occasion where there had been a gap on the MAR chart. The registered manager had investigated the reasons for this and had taken appropriate action with the staff member involved. This meant that appropriate arrangements were in place to identify and resolve any medication errors promptly.

During our previous inspection on 04 August 2015, we found that people were not always protected against the risks of avoidable harm or abuse because potential safeguarding concerns had not been reported by staff.

During this visit we found that the provider had followed their action plan and improvements had been made to the systems in place. The registered manager discussed with us how they would raise a safeguarding alert to ensure people's safety on any information arising from a complaint, should this be necessary. When a safeguarding matter had been investigated records showed that this was discussed with staff so that lessons could be learnt and action taken to avoid reoccurrence. Records showed the registered manager was aware of their responsibility to report allegations, and made relevant safeguarding referrals to the local authority and the Care Quality Commission (CQC) when appropriate.

People told us they felt safe living at the service. One person said, "It's good here. I am safe. My keyworker looks after me." Relatives felt their family members were safe and one told us, "I know [Name of Person] is kept safe. They look after [Name of Person] well and there is always close supervision for everyone." We observed that people were relaxed and comfortable in the company of the staff.

Staff were aware of their roles and responsibilities in relation to protecting people from harm. All of the staff we spoke with could clearly explain how they would recognise and report abuse. Staff said they were confident that if they reported any concerns about abuse or the conduct of their colleagues, the manager would listen and take action. One staff member told us, "I would either report my worries to the manager or [Name of Provider].

The registered manager told us there was a safeguarding policy in place and that all staff had received training in this area. We saw details of safeguarding and whistleblowing policies. These were available and accessible to staff. We were told by staff, and training records confirmed, that all staff received annual training in relation to safeguarding; to make sure they stayed up to date with the process for reporting safety concerns. The procedures in place and staff safeguarding training helped ensure people were kept safe from harm.

We looked at the systems in place to help people manage their finances and saw these were robust to protect people's finances from possible misuse. These involved a number of checks and records made by staff each time they supported someone with their finances. This included a system of recording money received and money spent, with receipts provided for each transaction.This meant that peoples finances were managed robustly to reduce any incidents of financial abuse.

During our previous inspection on 04 August 2015 we found that people were not always protected against the risks of unsafe care and treatment because there were inadequate systems in place to protect people against risks by timely and robust risk assessments.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this visit we found that the provider had followed their action plan and improvements had been made. A relative told us, "They do take care to make sure [relative] is kept safe."

A member of staff described to us one person's risk assessment. They told us, [Name of Person] has in the past run off or run away from the home. The risk assessment is there to make sure all the staff are aware of this. It tells us what to look out for and in what circumstances this might happen."

We found that risks to people's safety had been minimised through assessments, which identified potential risks. Some people were aware they had risk assessments in place, and knew that they were there to help keep them safe. It was clear that risk assessments were positive and designed to help promote people's independence, maximising what they were able to do for themselves whilst also working towards achievable goals. Examples of risk assessments included cooking, the use of kitchen utensils, using public transport and accessing the local community.

Guidance was in place for staff to ensure they knew how to minimise any risks to each individual.
The risk assessments we saw clearly outlined the level of risk apparent to each person, and gave guidelines to staff on the actions required in certain situations. All risk assessments had been reviewed regularly and changes made if necessary.

General risk assessments had also been completed in respect of the service to ensure people were kept safe. The registered manager told us, and records confirmed, that health and safety risk assessments were completed on a regular basis. These included hot water, carbon monoxide, electrical appliance, fire and trips and falls.

The registered manager confirmed that any accidents and incidents within the service were reviewed to determine if there was any particular pattern, or trigger with a specific individual or member of staff. We reviewed the content of these records and found that action had been taken in a timely manner when required, for example to obtain medical intervention or use preventative equipment to reduce further risks.

During our previous inspection on 04 August 2015 we found that there were insufficient numbers of suitably qualified, competent, skilled and experienced persons providing care or treatment.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this visit we found that the provider had followed their action plan and improvements had been made. One person told us, "Yes we have enough staff all the time." A relative commented, "Things have improved and I don't see any problems with staffing."

A staff member told us that three different people all wanted to go to different places on Valentines night, so the registered manager made sure there were extra staff on duty so everyone could attend the activity of their choice. They said, "Staffing is good. If we need extra staff [Registered Manager] will make sure they are

put on the rota."

The registered manager explained that she completed the rota on a weekly basis and this enabled her to make sure the staffing numbers took into account the planned activities or health appointments that people needed to attend for the coming week.

We looked at the staff rotas and found that this was frequently revised and amended to reflect the needs of people using the service. On the day of our visit we found there were sufficient staff available to keep people safe and to support people with their individual activities. The staff rota we looked at confirmed that the agreed staffing numbers were provided. Staff were also supported by the registered manager, and provider.

During our previous inspection on 04 August 2015, we found that robust recruitment procedures had not been followed to ensure only suitable staff were employed at the service.

This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this visit we found that the provider had followed their action plan and improvements had been made. A staff member told us, "All new staff have to wait for their police checks and references to come back first before they can work here."

The registered manager told us there were eight staff employed at the service. They said that all staff employed by the service underwent a robust recruitment process before they started work. They explained that staff references were checked along with the content of Disclosure and Barring Service (DBS) check.

We looked at the recruitment records for three staff recently employed at the service. We found that the necessary recruitment checks had been completed. These included copies of application forms, a minimum of two references, a Disclosure and Barring Services (DBS) check and an up to date photograph. In addition we saw visa checks and a full employment history review. Records showed relevant checks had been completed to help reduce the potential for unsuitable staff being employed within the service.

Good

Is the service effective?

Our findings

People were looked after by staff that had the necessary skills, knowledge and experience to provide effective care and support. One relative told us, "[Staff] have had training and are good at what they do." A second relative was also positive about the skills used by staff to help people develop and enjoy a good quality of life. One relative commented, "The staff know how to deal with difficult things. Yes I would say they are well trained."

We found that staff were appropriately trained and supported to perform their roles and meet people's needs. New staff were required to complete an induction programme and not allowed to work alone until assessed as competent in practice. One staff member told us they had completed an induction and commented, "I worked with other staff watching what they did until I was sure."

The registered manager told us that of the eight staff working at the service, five had either completed or were in the process of completing the Care Certificate Induction Programme. One member of staff told us, "Training is very good and useful." We verified this by looking at staff training records.

Records also demonstrated that staff had continued to receive refresher training and we saw subjects covered included nutrition and hydration, managing behaviour that challenges and medication and food safety

Staff told us that formal supervision with the registered manager took place on a regular basis. One staff member told us, "We get supervision where we sit down and chat. I have also had task supervision where the manager observes us in our work. She will then talk about what we did well and if there is anything to improve on." We saw that supervision sessions were used to provide staff with support and identify areas of their performance which required further development.

People told us, and records confirmed, that their consent was always obtained about decisions regarding how they lived their lives and the care and support provided. One person commented, "They [staff] ask me first." We observed that staff asked people for their consent before providing care and support. They asked for permission before showing us around their home. We saw that people had signed consent forms throughout their files documenting their consent for things like personal care, use of photographs, and agreement with care plan content.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met, and found that systems were in place to assess peoples' capacity. Staff demonstrated a good understanding of people's needs and encouraged them to make their own choices and decisions, as far as possible. For example, giving them a choice of what activity to do, places to visit and what meals they would like. People were seen to respond positively to this approach.

Staff and the registered manager had received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. They were able to explain how the requirements worked in practice. DoLS apply when people who lack capacity are restrained in their best interests to keep them safe. We confirmed that nobody who lived at the home was subject of a DoLS authorisation.

People told us they were helped to make choices about menu options and encouraged to eat a balanced diet. For example, they were encouraged to choose healthy options and one person who had specific nutritional needs was keen to show us their own storage area that contained some of their favourite foods and drinks. They said, "This is where I keep my food. I have to be careful what I eat." Another person told us, "I like the food. I'm having an egg sandwich for lunch."

We saw that people had access to snacks and drinks throughout the day and people were supported to make packed lunches to take with them to their chosen activities. The registered manager told us the kitchen was always open and accessible to everyone who used the service. All the people who used the service attended a weekly menu planning meeting to decide on the following week's menus, food shopping and preparation and cooking of the meals. One person told us, "I peel vegetables and I like stirring the pudding." People were weighed regularly and then referred to health professionals if there was a substantial change in weight. The staff made sure people had enough to eat and drink by checking and recording what they had eaten each day. This allowed them to notice if people's appetites declined. Staff knew people's dietary preferences and restrictions.

People were supported to maintain good health and access relevant healthcare services where necessary. Staff helped people understand, manage and cope with their health needs by sharing information and supporting them at appointments. One person said, "I went to the dentist last week because I had toothache." A relative told us, "Staff are very good at making sure [relative] gets all the medical and professional support they need."

People told us, and records confirmed that their health needs were frequently monitored and discussed with them. Risk assessments were used to ensure that care plans accurately reflected and met people's needs. This included areas such as mobility, physical and mental health and medicines. We saw that each person had comprehensive assessments and care plans regarding their health. These were called Health Plans and were available in a pictorial format suitable for people who used the service. Records demonstrated that people had regular health checks with the dentist, optician and chiropodist. People were also referred for more specialist support and treatment from their psychiatrist, dietician, speech and language therapist and occupational therapists when needed.

Good

Is the service caring?

Our findings

People were happy with the care they received at the service. One person said, "I get on with the staff, they are nice to me." A relative told us, "They are always nice and polite and seem to care for everyone in a nice way."

Staff confirmed that they enjoyed supporting people and valued the relationships they had built. One staff member said, "I really enjoy working here. It's very rewarding."

There was a relaxed atmosphere in the service and it was apparent that people felt it was their own home. They had the freedom to go where they liked in the service and were relaxed and content in the presence of staff. On arrival people were keen to welcome us into the service; they smiled and said, "Hello." People were very keen to speak to us and enjoyed telling us about what they were going to do for the day and how they liked the service.

During our inspection we observed staff interact with a person in a warm and friendly manner. We saw a staff member take the time to support a person to express themselves fully. We saw that one person was struggling to remember information when talking, and the staff member gave them time to think and consider what they wanted to say, before stepping in and speaking for them.

People had care plans that reflected their individual needs. The care plans we saw had information about the individual, their likes and dislikes, and the best way to support them. We saw a 'Things important to me' section that detailed the specific things that made a person happy or anxious. We saw that another person had been supported to create a list of factors that would motivate them to take part in community activity. The information within the plans gave staff members clear guidelines about how best to respond to each individual and how to promote their independence as much as possible.

People told us they felt involved in their own care and support. One person told us "Yes I do feel involved." One relative told us they felt involved in their family members care. A second relative said, "A family and friends event would be nice. "

People were given information in a way that was understandable for them. We saw that various documents within people's file were completed in easy read format and had accompanying pictures.

People were treated with dignity and respect. People told us that the way in which staff talked to them, made them feel they were respected and ensured their dignity was maintained. Staff had a clear understanding of the role they played to make sure this was respected. They explained how they knocked on people's doors before entering their bedrooms and always supported them in a private area, for example, their bedroom.

Relatives were generally involved in the care of people and acted on their behalf. Access to advocacy services was however available to people if this was needed and information was accessible for both people

and staff on how to obtain this. People were therefore supported to be aware of advocacy services which were available to them if required.

Good

Is the service responsive?

Our findings

People had their individual needs regularly assessed, recorded and reviewed. We saw that people had key members of staff that met with them monthly to discuss their care and review progress. Each person had a list of personal goals that they would like to achieve and these were documented within their files. One person told us who their key worker was and said, "I go out shopping with my keyworker. She's lovely. She knows where I like to go shopping."

Staff told us that care plans enabled them to understand people's care needs and to deliver their support appropriately. One staff member told us, "The care plans are very good. We are always updating them."

We looked at care plans for three people who were using the service and saw they contained information about their health and social care needs. The plans were individualised and relevant to each person. There were clear sections on people's health needs, preferences, communication needs, mobility and personal care needs. There was guidance for staff on how people liked their care to be given and descriptions of people's daily routines.

People were involved in the development of their care and support plans. A staff member told us that people using the service had monthly one to one meetings with their key workers. This was to ensure they had the opportunity to discuss their care and support needs and any progress made in achieving their goals. If changes needed to be made following this meeting the staff member said they would be discussed and changes made as necessary. We also saw that people had a well-being meeting with their key workers on a monthly basis. During this meeting we saw that people discussed their emotional needs with staff, they were also able to talk about relationships that were important to them, their social and physical needs. From these records we saw action plans had been put in place and changes made to peoples care plans as necessary. This demonstrated that people were involved in their on-going care and support, were listened to and their wishes were respected and acted upon.

We found that people received support that was specific to their needs. One person told us, "I go to the gym every week. I see the physio there. It helps me keep fit." A relative told us, "My [Name of Person] has some quite specific needs. They are very good at making sure [relative] is happy and that her needs are met. They do that well."

We saw that people were able to express themselves in house meetings. We saw minutes from these meetings where various topics had been discussed such as food, activities and house matters.

People were supported to follow their interests and take part in social activities. We saw that staff had supported two individuals to book guitar lessons as they both had interests in learning the instrument. We saw that each person had photographs documenting their leisure activities both individually and as a group. We saw that people had been supported to nightclubs, cinema trips, football matches and other days out.

People were encouraged and supported to develop and maintain relationships with people that mattered

to them. One person told us, "People can visit me. Staff also take me to see my family. We go in taxis." A relative said, "I don't drive. The staff are so good and always make sure [Name of Person] is able to visit me at home."

People were provided with information if they needed to make a complaint and were aware of the formal complaints procedure in the home. A relative told us, "Yes I would be happy to make a complaint." Another relative said, "I have brought issues up in the past. Although they have been dealt with there was very little feedback."

We saw there was a complaints system in place that enabled improvements to be made. The complaints log showed complaints were responded to appropriately and in accordance with the provider process. Action was taken to address issues raised and to learn lessons so that the level of service could be improved.

Good

Is the service well-led?

Our findings

During our previous inspection on 04 August 2015 we found that systems had not been effective in terms of assessing, monitoring and improving the quality and safety of the services provided.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this visit we found that the provider had followed their action plan and improvements had been made. We found the manager had registered with the Care Quality Commission (CQC) and the leadership of the home had been stable since our pervious inspection. A relative told us, "Things have improved a lot since [name or registered manager] took over. The only thing I think they could improve on is communication with families." Although we found one area of continuous non-compliance in relation to the safe handling of medicines, we saw that numerous improvements had been made to the running of the service. For example, we found the staff rotas were clear, demonstrated sufficient staff to be on duty and where extra staff were required showed that this was facilitated. Improvements had also been made to the safe recruitment of staff and the risk assessment process. By improving the systems and processes in place at the service staff felt more supported and told us they would feel comfortable to report any concerns they had to keep people safe from potential harm.

Staff also felt that the manager was doing a good job and was working hard to improve the service. One staff member told us, "[Name of registered manager] is always there for you to turn to. I would have no worries about talking with her. She is supportive of the staff." The registered manager told us she felt well supported by the provider and confirmed that appropriate resources were available to drive improvement at the service. We saw records to show that staff meetings took place and that staff had the opportunity to discuss any areas of concern or give feedback about people's care. Staff handover meetings took place at the beginning of each shift. This informed staff coming on duty of any problems or changes in the support people required in order to ensure that people received consistent care.

We saw that people had opportunities to be involved in developing the service, which included attending house meetings, completing satisfaction surveys and one to one meetings with their key workers. We saw that quality questionnaires had been sent out to people, their relatives, and staff members. We saw that they had been asked their opinion on many aspects of the care they received. Staff had also been asked to comment on the quality of the service being delivered. We read some of the most recent meeting minutes and noted that people clearly felt comfortable expressing themselves and putting ideas forward. Minutes we read provided clear information about actions taken in response to people's feedback, demonstrating that they were listened to and had their views acted on.

Staff were aware of the whistleblowing policy and procedures within the service and were able to describe the actions they would take if they felt it appropriate. This meant that anyone could raise a concern confidentially at any time.

There were systems in place to ensure the service met with other legal and regulatory requirements, such as sending CQC notifications of certain incidents, such as safeguarding concerns. We looked at records which showed that the registered manager had sent such notifications, and had taken appropriate action to investigate and resolve concerns when they were raised.

The provider had a variety of quality monitoring processes in place, designed to enhance daily practice and drive future improvement. We found that frequent audits had been completed and records confirmed that audits had been completed in areas, such as care planning, risk assessment, environment, safeguarding, medication, consent to care and user involvement. Where action was required to be taken we saw plans in place to improve the service for people. Maintenance records confirmed that health and safety checks were carried out regularly to identify any areas for improvement. Where improvements were required, actions had been identified and completed to improve the quality of the care given.