Parkcare Homes (No.2) Limited

Homeleigh Farm

Inspection report

Dungeness Road
Lydd
Kent
TN29 9PS

Tel: 01797321506

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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

This inspection was unannounced and took place on 6 February 2017. This service provides accommodation and personal support for up to six people with learning disabilities and autistic spectrum disorder.

Accommodation is laid out over a single ground floor bungalow and each person had their own bedroom. At the time of inspection this was an all-male household and there were no vacancies.

This service was last inspected on 25 November 2015 when we found the provider was not meeting all the regulations inspected at that time in regard to ensuring staff had the right information about peoples specific health needs, staff recruitment and ensuring the quality monitoring and assessment of service quality was more effective. We asked the provider to send us an action plan of what they intended to do to address these shortfalls which they did. This inspection found that the provider had implemented all the improvements they had told us about.

There was a long established registered manager in post who gave continuity to the way in which the service operated and was managed. A registered manager is a person who is 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 told us they were happy and settled living at the service; some had aspirations to move to greater independence, and staff helped people to set achievable goals for themselves for things they wanted to learn or do. Staff were proactive in helping people to maintain and develop independence but their focus was for this to happen at a pace to suit each person.

People were provided with a safe, clean environment that was maintained to a high standard, with all safety checks and tests routinely completed. There were enough skilled staff to support people and the low staff turnover provided continuity to people of staff who knew them well. Recruitment processes ensured only suitable staff were employed. A training programme was in place so that new staff were inducted appropriately into their role. Staff received training to give them the knowledge and skills they needed to meet people's needs. Staff felt listened to and supported and were given opportunities to meet regularly with the registered manager on an individual basis and with other staff in staff meetings.

Staff understood how to keep people safe and protect them from harm, they understood how to respond to emergencies that required them to evacuate the building quickly and safely. It was recognised that for people, with behaviour that could be challenging, some restrictive practices were necessary to maintain their safety, for example people only going into the community when accompanied by staff. There was a clear culture of least restrictive practice embedded in the service and restraint was not used except in an emergency to keep someone safe. Risks were appropriately assessed to ensure the control measures

implemented kept people safe and were kept under review. Medicines were managed appropriately.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider and registered manager understood when an application should be made and one person had a DoLS authorisation in place. The service was meeting the requirements of the Deprivation of Liberty Safeguards and staff understood and were working to the principles of the Mental Capacity Act (MCA) 2005.

People's privacy and dignity was respected. Whilst there was an element of banter between people and staff, interactions were positive and staff were respectful in the way they spoke about and to the people they supported. Staff intervened discreetly if they observed situations that might escalate. Staff demonstrated kindness and patience, they took time to listen and interact with people so that they received the support they needed.

People's health needs were monitored and referrals to health professionals made where needed. People were provided with a varied diet of their choice that took account of any specialist requirements they may have. A comprehensive pre-admission process was in place in the event of new people referred to the service. People had input into their care plans which provided staff with a detailed and personalised guide about each person's needs and how they wanted these to be supported.

Staff were enabled to spend time with people and enable them to make use of community activities. People felt able to raise concerns if they had them and their views were sought through service user groups and surveys. Relatives were also asked for their views. Issues highlighted through surveys were minimal but were acted upon immediately. Staff were also asked for their views and felt listened to. Accidents and incidents were few but staff responded and reported on these appropriately. A range of audits provided assurance to the provider and registered manager that service quality was being maintained.

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

There were enough staff available to support people.

Recruitment procedures helped to ensure new staff were suitable to undertake their role. People were protected from harm. Staff understood how to identify and respond to abuse. Medicines were managed appropriately.

The premises were well maintained and routine checks and tests of fire detection equipment and oil and electrical installations were undertaken. Staff understood the action to take in an emergency to protect people from harm and evacuate them safely.

People were supported to take risks and comprehensive assessments ensured this was undertaken safely to reduce the risk of harm. Accidents and incidents were monitored and actions taken to minimise the risk of recurrence.

Is the service effective?

Good

The service was effective.

Staff received an induction into their role and they received essential and specialist training to give them the right skills and they were given opportunities to meet with the registered manager on a regular basis.

People were supported in line with the principles of the Mental Capacity Act 2005; people's consent was sought by staff in respect of their care and treatment.

People ate a healthy and varied diet, and their health and wellbeing was monitored by staff.

Is the service caring?

Good

The service was caring

People's privacy and dignity was respected; staff fostered a

positive and enabling culture. Staff respected and valued people; they supported and guided people to make their own choices and decisions about their care and support.

Staff supported people to maintain links with their families and friends. Relatives were always made to feel welcome and felt well informed and consulted about their relatives care.

Is the service responsive?

Good

The service was responsive.

People were assessed before coming to live in the service to ensure their needs could be met. People were involved and consulted about their care and treatment which was kept under review. Detailed care and support plans guided staff in ensuring care was delivered that was consistent with these.

Staff facilitated activities for people and enabled them to participate in the community.

A complaints procedure was available and people were able to express their concerns. Staff knew people well and gave them time to try and understand issues that affected their mood or made them unhappy.

Is the service well-led?

Good

The service was well led.

There was a clear management structure; Staff felt well supported and able to approach the registered manager who maintained an open door policy for staff and people in the service.

Staff said they felt listened to, and able to express their views at staff meetings. Audits and systems were in place that checked service quality. Staff practice was informed by policies and procedures that were kept updated.

People and their relatives were asked to give their views about the service and their responses were analysed and informed service development.

Homeleigh Farm

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 6 February 2017 and was unannounced. This is a small service, so to ensure our inspection was not intrusive to people living there it was conducted by one inspector.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help inform our inspection. We reviewed the records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

We spent time with and spoke with all of the people using the service. We also spoke with the registered manager, and deputy manager, a team leader and two care support staff. After the inspection we received feedback from two social care professionals. No concerns were highlighted from their feedback.

During the inspection we observed how people interacted with each other and with staff. We observed staff carrying out their duties and how they communicated and interacted with each other and the people they supported.

We looked at three people's care and health plans and risk assessments, medicine records, staff recruitment training and supervision records, staff rotas, accident and incident reports, servicing and maintenance records and quality assurance surveys and audits.

Good

Is the service safe?

Our findings

People were welcoming and chatty, they were interested in why we were there and happy to talk with us in the presence of staff who knew their needs well.

The premises were maintained to a good standard and the décor and furnishings provided people with a homely, clean, tidy and comfortable home. Repairs were reported and dealt with appropriately. Bathrooms and toilets were in need of upgrading and a maintenance programme was in place to address this. Some people's rooms had recently been redecorated and they said they were consulted about the colour scheme used. People had use of a conservatory and a communal lounge and separate dining area. The garden provided seating and people said this was used for barbecues and some people liked to make use of the garden in good weather to sit in and others helped with its maintenance.

Internal checks and tests of fire safety systems and equipment were made regularly and recorded to ensure this was in good working order and servicing by external contractors was carried out annually or at specified intervals. Fire alarm systems were regularly maintained. Staff understood how to keep people safe and personal evacuation plans took account of people's individual needs to ensure a safe evacuation. People and staff participated in fire drills and three drills had been held already since the beginning of January 2017. On entering the building staff took time to explain to visitors the fire exits and where the assembly point was and if a drill was planned for the day. The fire risk assessment was reviewed annually by the registered manager. Out of hours on call management support was available to staff in the evenings and at weekends to offer support, guidance and advice if there were issues that staff were unable to handle.

Staff rotas showed there were sufficient staff on shift at all times during the day to meet people's needs. Staff told us that there were always enough staff and that rotas were followed. Our observations showed that on weekdays during office hours there were three care staff on duty in addition to the registered manager, this reduced to three care staff which included a team leader outside of office hours with one waking and one sleep in staff member at night. People were happy that there were always staff available to support them with activities or to chat with them when they were at home or working in the garden. Staff worked additional shifts to cover gaps in the rota through sickness or leave and this ensured continuity of staffing for people.

We had previously expressed concerns that full employment histories had not been obtained as part of recruitment shortfalls. The provider had taken action to rectify those issues and to ensure that the recruitment process was more robust. Recruitment records viewed showed that the provider operated safe recruitment procedures. Staff recruitment records were clearly set out. Staff did not start work until the required checks had been carried out. These included a proof of identity check, satisfactory written references; a Disclosure and Barring Service (DBS) criminal record check, a declaration of health fitness and a full history of employment. These processes helped the provider make safer recruitment decisions and prevent unsuitable staff from working with people.

Staff received regular training in protecting people from abuse so their knowledge of how to keep people

safe was up to date. Staff understood what to look for as signs of abuse and who they would report their concerns to, including those agencies outside of the organisation, such as the local authority safeguarding team. The registered manager was able to demonstrate that where interactions between people may fall under safeguarding appropriate steps had been taken to alert and discuss these incidents with the safeguarding team and were not proceeded with. Staff were confident of raising any concerns they might have to the registered manager or area manager including concerns about other staff practice through the whistleblowing process.

Only medicines trained staff were able to administer medicines. There were appropriate arrangements in place for the ordering and booking in of medicines. People were unable to administer their own medicines and this was made clear in their care records. Staff told us that efforts had been made to support one or two people to be more actively involved in their medicines regime but this had led to errors, this may be reviewed again in the future. People knew when their medicines were due and sought out staff if this had not happened. We observed one person seeking pain relief from a staff member for a headache and this was provided. Medicines were stored appropriately and temperatures recorded. Medicine Administration Records (MAR) charts were completed properly. A returns book was used to return unwanted medicines to the pharmacy. A monthly medicines audit was conducted to ensure medicines were being managed safely.

Risk assessments were completed for each person; these were individualised and took account of each person's specific needs and their personal awareness and understanding of danger and risk. Measures were implemented to reduce the level of risk so that people were protected from harm whether from risks within their environment, or from or to other people. For example, people who sometimes expressed unacceptable behaviours in the community or verbal aggression towards other people in the service, or were at risk from financial abuse or from unhealthy eating. Individual risk assessments were kept updated and reviewed regularly or when changes occurred. General risk assessment for the environment including the garden and some of the group activities that happened there were in place and kept updated. Observations of staff practice for example monitoring those who could use the kitchen safely showed them to be following guidance correctly.

There were a low level of accidents and incidents mostly linked to incidents of behaviour that could be challenging to others; staff were relaxed and confident in working with people who could at times become agitated. Incidents were recorded clearly. The registered manager monitored incidents and accidents and discussed with staff if any changes were needed to the support people received to prevent similar events in future.

Good

Is the service effective?

Our findings

People told us that they could choose what they wanted to eat and they understood why they needed to avoid some types of food. They felt staff supported their health needs.

A professional told us "I was always impressed by the family atmosphere where people seemed to get on with each other and with staff.

At the previous inspection we had expressed concern that staff were not given condition specific information in regard to diabetes, mental health, prader Willi syndrome and epilepsy to guide how staff supported people if they were experiencing deterioration in these conditions. Since then appropriate guidance had been put in place, personalised for each person so that staff knew how the person was affected by the condition and how they should be supported with it. For example, we spoke to one person affected by diabetes they were able to tell us about their condition and what steps they needed to take to remain well. A staff member told us they had received training to administer insulin to the person and also to understand the condition better. They were able to tell us about the person's healthy blood glucose range and what actions they would need to take if these readings fell below or were above the healthy range. They took blood glucose levels daily, supported the person to try to eat a healthy diet but respected their right not to do and they supported the person with specialist appointments for their condition.

Routine health checks, for example with doctors, dentists and opticians were arranged; where necessary referrals were made to other health professionals, for example the diabetic nursing service or the learning disability team and mental health professionals. A record was kept of all health appointments and contacts; each person, although able to express their health concerns, had a hospital passport that provided medical staff with up to date information about their current health needs and how these were being supported.. People had been supported to reduce their weight where this was necessary for health reasons. Weights were recorded monthly weight gains and losses were monitored. No one was causing staff any particular concerns but they were mindful to monitor and support access to food outside of meal times to ensure those people who would overeat if they could were protected by these measures.

There was no set menu, people were consulted daily about what they wanted to eat in regard to breakfast and lunch and alternatives were available. For example, at the inspection people were offered three options for lunch. Where a special dietary requirement was being adhered to options would be adjusted to take account of this. We spoke with one person who was eating their meal on their own, they told us they had asked for soup and told us because they needed to watch their cholesterol they were reducing their intake of bread; this had been replaced with crackers and they were happy with this alternative. Meals were unrushed and people took their time; staff did not bother them. People and staff all sat down together for the main meal in the evening, with the exception of Sunday roast which everyone enjoyed. The continuity in staffing meant that staff had a detailed knowledge and understanding of people's preferences around food choices so meal options offered took into consideration people's likes dislikes and dietary needs; where necessary alternatives were readily provided and staff did not see this as a problem. Staff openly discussed and consulted people about what they wanted to eat and ensured they got something they wanted.

Although no new staff had been recruited since the previous inspection the organisation had in place a comprehensive introduction to working with the company and induction into the role that included face to face training and on line courses and met the requirements of the nationally recognised 'Care Certificate' for all care staff. The Care Certificate was introduced in April 2015 by Skills for Care, an agency supported by the government. These are an identified set of 15 standards that social care workers can complete and adhere to in their daily working life. New staff were given time to settle in and shadowed experienced staff for a number of shifts before their competency was assessed and they were considered competent to become a full member of the team.

All staff completed routine updates of their mandatory training for example, fire awareness, basis first aid, infection control, food hygiene, moving and handling, safeguarding, these gave them the basic knowledge and understanding to support people appropriately. More specialised training relevant to the needs of people in the service was also provided such as positive behaviour support, epilepsy, diabetes and mental capacity. A training matrix showed that staff had completed their training and a system was in place to remind them when updates were due. Staff thought they had enough training and if someone was admitted with a condition they had not experienced before they would receive training to help them understand the condition and the support they needed to provide. This was an experienced and qualified group of staff with nine out of eleven holding a nationally recognised vocational qualification at Level 2 or above or a Diploma in Health and Social Care.

Staff told us that they felt well supported and were able to approach the registered manager or deputy with any issues at any time. Records showed that staff had regular face to face meetings with the registered manager to discuss their training and development needs. A system of annual appraisals was also in place with a timescale for completion of these. The registered manager was available weekdays during office hours but also undertook the occasional unannounced visit to check things were running smoothly. An on call rota provided staff with access to management support and advice out of hours. The deputy manager worked on shift with staff and was always visible and available to members of staff. In this way the registered manager and the deputy manager were able to remain in touch with people's individual care and also monitor how this was delivered by staff on a daily basis. Staff felt that the handovers they received each day from the night to day shift provided them with the information they needed about how people were and whether closer monitoring was required or referral to a GP if they were unwell.

Restraint was not used and all the staff were trained in de-escalation techniques. Strategies were in place to manage any escalation in behaviour, and appropriate advice and support was sought from relevant health professionals around this if this was over and above what had previously been experienced. Staff put into practice the distraction strategies recorded in some people's files. The number of incidents of behaviour were small and the infrequency of such events gave the registered manager and staff confidence that the support they provided to people at times of high anxiety was effective in reducing incidents of aggression.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. People had capacity in most of their day to day living activities but some people could be vulnerable when outside the service and may not recognise the need for staff support, one person had been assessed as requiring a DoLS authorisation and this had been approved. Staff worked to the principles of the mental capacity act by offering people choice to make their own decisions. Staff understood that should someone need support with understanding and deciding on a more complex decision then a best interest meeting may need to be held to discuss the issue and ensure any decision was made in the person's best interests, and by people who knew them well.

Good

Is the service caring?

Our findings

A social care professional said "People go on holiday together and there is generally a united feeling. I felt this was good for my client. The somewhat isolated position (of the service) had the positive side that they had relative freedom to wander about the house and garden, although they were able to travel to the shops or other social activities whenever they needed to." Another commented that "The overall care/support they provide is good", but indicated that they thought for the person they represented the service had not been sufficiently proactive in moving them on when they had had the skills to live more independently. The Registered manager felt that people needed to move on when they were ready, where funding authorities highlighted this clearly to the service they were happy to work with people to prepare them to move on but this had not always been the case.

Staff were proud of their record of developing people's skills and cited several examples of people who had come to live at the service, with limited or no independent skills, and that were now undertaking their own personal care with minimal input and prompting from staff. Staff commented that these same people were offered opportunities to participate in the daily life of the house and were helped and supported to make the most of their potential for greater independence. They had now taken on responsibility for household tasks such as doing their own laundry and keeping their bedrooms clean and tidy. Some people also made small snacks and drinks for themselves and had to shop for the foods they wanted over and above those provided in the service. Staff felt that they worked with people at a pace to suit each person; this was unrushed and was not driven by any other reasons than to enable the person to build confidence in their abilities.

People were involved as much as they wanted to be in developing and updating their care plans, staff took time to sit with people and discuss their plan and whether this still met their needs and wishes.

We observed that people were easy and relaxed with each other but they did not seek each other out for company, looking more for engagement with staff. People were free to participate or not in the activities of the house and sometimes preferred their own company and the quiet of their own room.

Staff were kind and helpful responding to people's requests for support. People could move freely around the service and had three communal areas where they could sit and get away from other people. Communal areas were homelike with comfortable seating in the lounge area. The dining room could seat all the people and staff for meals so that everyone could eat together and there is also a conservatory where people can get away and have space from others. People had access to the kitchen but this was monitored by staff to ensure that no one was placed at risk of harm.

People had their own space and could be private when they wished. They respected each other's privacy but had keys to their rooms enabling them to lock them if they wished. Staff were respectful of peoples own space. They listened to people and encouraged them to be fully involved in making everyday decisions about how they wanted to spend their time or what they wanted to eat or drink and respected their choices around this. People were reminded rather than told and staff promoted the need for them to take

responsibility for their own personal care needs and the consequences of some of their choices and decisions.

People's bedrooms had been personalised to reflect their individual tastes and preferences and were full of possessions, photographs and important memorabilia. Three people told us that their rooms had recently been decorated and they had been involved and consulted about the colour scheme they wanted and they were pleased with the outcome.

Each person was supported to celebrate their birthday in the way they would wish by either going out for a meal, or having a special trip out or a party. People were supported by staff to discuss at 'your voice' meetings held in house possible venues for future holidays. Some people had several short breaks each year through travelling with their relatives.

People's care plans contained information about the important people in their lives and important events they needed to be reminded about. Everyone had relatives or representatives that advocated on their behalf if needed, people were supported where possible to maintain regular contacts with their families through telephone, email and visits. People told us about the contacts they enjoyed and relatives confirmed their own visiting routine. People had lived in the service for many years, experienced staff that remained had built up relationships with them and were familiar with their life stories and preferences and this provided people with a sense of continuity in the care and support they received.

Good

Is the service responsive?

Our findings

A professional told us in relation to someone they supported at the service "He had been given little jobs to do, like small gardening jobs, and health and safety checks. For example, he checked the plug sockets were safe, it meant he could earn money and he felt he was a valued team member."

One person we spoke with about coming to live at the service said they preferred living there because staff spoke to them respectfully and they liked that. Another person told us that they enjoyed living in the service but was excited to be moving on as they felt they were now independent. During the inspection people were interested in why we were there and were friendly and responsive to our presence and any questions we asked them about their experiences. People were calm and in good moods, the area manager was also present and demonstrated she had a good understanding of each person's character, enjoying a bantering style of conversation with some and a quieter conversational approach with others. People told us about things they were interested in. For example, one person liked birds and had an array of bird feeders that they placed in the garden outside their window so they could watch the birds that came into feed, they also kept a fish tank and spoke about how much they enjoyed watching the fish and enjoyed this hobby. Another person liked new technology and had a TV, IPhone, iPad, computer and up to date music system. Other people also had interests and hobbies that staff supported.

There was no formal activity planner for each person, but people were offered an opportunity to go out every day and chose what they wanted to from cinema trips, bowling, shopping, walks, and other activities of their choice. Some people liked spending time in the garden either working in it or sitting out in the garden. In good weather barbecues were held and a barbecue area in progress at the last inspection was now in use. Plans to develop some of the garden area to an orchard was also an area of interest to some of the people. Staff deployment was good, which meant that there were always staff in the main communal area's and facilitating activities and giving time to people if they wanted to chat.

People had lived at the service for many years and no one new had been admitted. When a vacancy arose a comprehensive assessment of the prospective person's needs would be undertaken with information gathered from a number of sources. Where possible transition to the service would be arranged at a pace to suit the person and could consist of several day visits, overnight and weekend stays. Sometimes this may not be possible if people had to move quickly and the service would respond accordingly in liaison with the person, their family and the placing authority to ensure a quicker admission process would not impact either on the person concerned or on the existing people in the service. One person was moving out and staff were supporting that person to plan their departure helping them pack their things and ensuring there were opportunities for the person to spend time at their new home before their final move.

Following initial assessment people's everyday care and support was designed around their specific individual assessed needs. This included an understanding of their background history, interests, and preferences around daily routines which relatives, former support staff and care managers helped to compile. Information about the person's style of communication, personal care needs, social and leisure interests and level of interaction and support they may require during the day or night was recorded. The

care plan also reflected any issues there might be regarding the person's emotional state and whether this could at times be challenging.; Where needed strategies guided staff in managing and de-escalating incidents of behaviour. All of this information provided staff with a clear picture of the person as a whole and guided them in delivering support consistent with what the person needed and wanted. There was also recognition of what people could do for themselves and assessment of their potential to develop new skills so achievable goals and aspirations were established each year which people worked towards. Staff completed daily reports in hard back books and also a daily report sheet. These detailed what people had eaten, what activities they had undertaken, what their mood and behaviour had been and any issues with behaviour or health. Two people wrote their own daily report and one person checked and signed the report completed on them by staff each day. People said they met their key worker monthly and were consulted about their care plan, aspects of which were looked at every time they met their key worker. A key workers role involves taking a social interest in that person, develop opportunities and activities for them, take part in support plan development with the person and guide and inform other staff about the person.

There was a complaints procedure in place and this had recently been updated. People had access to an easy read version of the complaints procedure but were easily able to articulate their concerns if they were unhappy about situations that had occurred. Living as a group there were occasional flashpoints because people sometimes responded to the pressures and irritations of living with other people. Incidents were talked about and people did not usually want to progress incidents through the complaints procedure as they discussed the issues with staff. In some instances staff spoke with the safeguarding team for advice if there was any physical aggression between people. The Provider Information Return informed us that no complaints had been received and when we checked the complaints log this was still the case. A comments box was in place for relatives to give their views when they visited.

Good

Is the service well-led?

Our findings

A care professional told us "I always enjoyed visiting there and found the staff dedicated and helpful."

There was a settled staff team; staff we spoke with were happy in their roles and positive in their attitudes towards providing good quality care to people. The registered manager had been in post for many years, people were at ease in her company and she demonstrated a detailed understanding of each person supported and her staff team and any current issues. Staff said they found it easy to talk with each other and with the registered manager who they found approachable. People had benefitted from the continuity in the management and staffing at the service because all the staff knew their needs and had worked with them consistently over the years to overcome some of their behaviour issues and to develop their skills.

Staff said the registered manager was a good manager and that both she and the deputy manager had an open door policy and were available for staff to talk to at any time. They said they felt listened to and that their views and opinions were valued. Staff meetings were held regularly.

The area manager promoted an open culture by making herself accessible to people, visitors, and staff, and listening to their views when on site. She also chaired a locality meeting for staff to which each service sent a representative. The area manager commented how proactive and enthusiastic the staff at Homeleigh always were about participating in these meetings and how they always had a positive attitude. Staff who attended said they enjoyed the meetings and found them useful and felt able to raise issues there but wanted them to be better attended by representatives of all the homes in the locality. The area manager told us she had implemented measures to make this more achievable for future meetings.

At our previous inspection we had raised concerns that the systems for monitoring and assessing quality were not effective and people's feedback was not being utilised to drive improvement. At this inspection we found these concerns had now been addressed.

The provider had reviewed how the existing established and comprehensive system to assess and monitor the performance of the service was being implemented and improvements had been made. At service level the registered manager undertook checks of care plans to ensure key worker reports that informed her own annual update of care plans were happening regularly. The waking night staff member was provided with a cleaning rota and task list to identify what areas needed to be cleaned. Team leaders maintained a folder of checks that they needed to make to ensure staff were carrying out their tasks. For example, recording fridge and freezer temperatures, kitchen records were being maintained including food provided and meat temperatures. The registered manager also carried out a monthly medicine and health and safety audit, an infection control audit was completed six monthly and petty cash was reconciled on a weekly basis. The registered manager also undertook occasional spot checks of the service but did not record findings from these. In addition the area manager undertook four unannounced comprehensive service reviews annually which looked at all aspects of the care being provided, a detailed report of the findings of the visits was produced. A visit by the provider's external compliance team looked at the service and identified any shortfalls with an action plan for shortfalls to be addressed within set timescales. Lastly a financial audit was

carried out annually by staff from head office.

The system was already in place whereby people and their relatives were asked for their views about the service through surveys. People also had opportunities to express themselves at house meetings, one to one meetings with their key worker, or at 'Your say meetings' chaired by the area manager. Analysis of survey feedback provided a mostly positive picture of the service and any particular issues highlighted were addressed immediately.

There were a range of policies and procedures governing how the service needed to be run and the system for updating these had recently changed. The provider issued these to all services and ensured these were kept updated with changes to good practice guidance or legislation that impacted on services. Staff were made aware of important changes to operational policies and a read and sign file was in place to show that staff had read the policies. They were also alerted to changes in policies or procedures and the support of individuals through handovers; the registered manager or deputy manager were present at handovers during the week and sometimes at weekends so they were kept informed of any emerging concerns or issues.

The provider understood their reporting responsibilities to the Care Quality Commission and other bodies and the registered manager ensured CQC were notified appropriately of any reportable events.