At Home in the Community Limited

Beaumont Court

Inspection report

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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

Beaumont Court is a residential care home based in Prudhoe, Northumberland which provides accommodation and personal care and support, for up to eight people with learning and/or physical disabilities. There were seven people in receipt of care from the service at the time of our visit.

This inspection took place on the 26 and 27 January 2017 and was unannounced.

The last inspection we carried out at this service was in October 2015 at which the provider was found to be in breach of three of the regulations namely safeguarding people from abuse and improper treatment, staffing and good governance. At this inspection we found improvements had been made and the provider had complied with the legal requirements of all three of the aforementioned regulations.

A registered manager was in post at the time of our inspection who had been registered with the Commission to manage the carrying on of the regulated activity since August 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who were able to talk with us told us they felt safe living at the service. Relatives confirmed they had no concerns about their family member's care or how they were treated by staff. Safeguarding policies and procedures were in place for staff to follow and records showed that historic safeguarding cases had been dealt with appropriately.

Staffing levels had improved since our last inspection and permanent members of staff had been recruited. Staff and relatives told us this had led to more consistent care being delivered. Staff support had improved also in that staff were appropriately inducted, supervised and appraised. The training that staff needed to fulfil their roles had been reviewed and staff training had been brought up to date in key areas. Training In other topics relevant to the needs of the individual people whom the staff team supported, was planned to be completed in the near future.

Recruitment procedures remained robust, as they had been at our last inspection visit. Medicines continued to be managed safely and any medicines related issues were picked up promptly and addressed through the provider's quality assurance systems.

Risks that people were exposed to in their daily lives were assessed and regularly reviewed to protect people's safety. Environmental risks were well managed and emergency planning had been considered. Accidents and incidents were responded to appropriately. Analysis of accidents and incidents took place so that measures could be put in place to prevent repeat events.

People's needs were met and staff displayed a good overarching knowledge of how to support people, their behaviours, likes and dislikes. People and staff enjoyed good relationships and there was a calm happy atmosphere within the home. Medical attention from external healthcare professionals was sought in a timely manner whenever necessary.

Staff maintained people's privacy and dignity and encouraged them to be as independent as possible. People had choices about how they lived their lives and they were all active within the local community, for example, by attending day centres and going horse riding regularly.

CQC monitors the application of the Mental Capacity Act (2005) and deprivation of liberty safeguards. The Mental Capacity Act (MCA) was appropriately applied and the provider had submitted applications to the local authority to deprive people of their liberty lawfully, to prevent them from coming to any harm where they lacked capacity. The service understood their legal responsibility under this act and they assessed people's capacity when their care commenced and on an on-going basis when necessary. Decisions that needed to be made in people's best interests had been undertaken and related records were available for us to view.

Care records were well maintained and regularly reviewed to ensure they remained up to date. Monitoring tools were used to ensure continuity of care. Handovers between shifts took place and a diary system was used to pass messages between changing staff teams.

The registered manager was organised and focused. Staff spoke highly of the input she had had into the service and the way in which she had driven improvements. The provider's oversight of the service had improved and quality assurance systems were effectively applied. The provider's compliance team monitored the service well and this meant that any shortfalls which were identified were promptly addressed. Staff and the registered manager were accountable for their actions.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe when in receipt of care from the service.

Systems and processes were in place which staff followed to protect people from abuse or improper treatment.

Staffing levels had improved since our last visit and as a result, continuity of care had improved.

Medicines and recruitment processes and procedures continued to be robust.

Risks that people were exposed to in their daily lives and within their environment had been appropriately assessed and measures put in place to mitigate these risks as much as possible.

Is the service effective?

Good

The service was effective.

People told us their needs were met.

Staff supported people to maintain their general health and wellbeing and to meet their nutritional needs.

The support staff received had improved. They were now suitably inducted, trained, supervised and appraised.

The Mental Capacity Act 2005 (MCA) was appropriately applied.

Is the service caring?

Good

The service was caring.

People and staff enjoyed good relationships.

People described staff as kind and caring. There was a positive and vibrant atmosphere within the home.

Staff treated people with dignity and respect and they encouraged them to be as independent as possible.

People and their relatives were involved in their care.

Is the service responsive?

Good

The service was responsive.

The care people received was person-centred.

Care was appropriately monitored and changes were made to care delivery as people's needs changed.

Care planning and risk assessment documentation was regularly reviewed and updated to ensure it remained current.

People lived active lives and pursued a range of activities within the community.

Choice was promoted throughout all aspects of the service.

A robust complaints procedure was in place and feedback was obtained through a variety of different channels.

Is the service well-led?

Good

The service was well-led.

People, their relatives and staff gave positive feedback about the registered manager and her approach.

Staff told us they worked well as a team and good leadership was in place.

Improvements within the service had been made since our last visit. Quality assurance systems were now appropriately applied and effective in identifying any shortfalls within the service.

The provider had a good overview of the performance of the service and any risks that existed.

Action plans were used to drive through improvements.

Beaumont Court

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 26 and 27 January 2017 and was unannounced. The inspection was carried out by one inspector.

Prior to our inspection the provider submitted a Provider Information Return (PIR). A PIR 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 reviewed all of the information contained within the PIR and also statutory notifications the provider had submitted since our last visit. We also obtained feedback about the service from Northumberland contracts and commissioning team and safeguarding adults team. Statutory notifications are submitted to the Commission by registered persons in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. They are reports of deaths and other incidents that have occurred within the service. We used the information that we gathered and reviewed to inform the planning of this inspection.

During our inspection we spoke with the registered manager, three members of the care staff team, three people who used the service and three people's relatives. We carried out observations around the premises and reviewed records related to health and safety matters, medicines management, governance and quality assurance. We also reviewed three people's care records to establish if they were appropriate and well maintained, and we looked at two staff files to review recruitment processes, staff training and the level of support staff received to fulfil their roles.

Good

Is the service safe?

Our findings

At our last inspection we found the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, entitled 'Staffing'. There was a high number of staff vacancies at the service at that time, with only three permanent staff employed. Reduced staffing levels impacted on the care and support that people received. Staffing levels were maintained through regular use of agency staff, but staff and relatives told us that people did not get consistency in their care as a result. Some people were not able to go out into the community or to attend activities or events as there were not enough permanent staff members to support them appropriately and safely. People's families had complained about staffing levels and the number of different staff supporting their family members.

At this inspection we found improvements had been made. A number of permanent staff had been employed via a proactive recruitment drive initiated by the registered manager and provider, where they attended local college recruitment open days on a regular basis with a view to attracting new care staff. Permanent staff numbers had been increased from three to ten, excluding the manager. The registered manager told us that there were now only two full time vacancies remaining and these were covered by the same regular relief staff or other staff already employed within the service via overtime. We saw that staffing levels were appropriate and they were decided by people's needs, including their social needs. Staff were rostered on shift to support people to pursue activities within the community as well as providing support within the home itself.

Staff told us that staffing levels within the home were much improved. One member of staff said, "The staff team is coming on well. There is more consistency for people now. I can't remember a time now when people didn't go to an activity because of staffing issues. It is 100% better because there weren't enough staff last time and there were too many divisions between staff". Another member of staff said, "People now know which staff members are coming in to support them. They didn't before and this was stressing them". People's relatives said they had noticed there had been an improvement in the staffing levels at the service which they appreciated. One relative told us this had had a positive impact on their family member, who was more settled now that the use of agency staff whom they were not familiar with, had reduced.

People told us they felt safe living at the home and in the presence of the staff who supported them. One person said, "I am safe here" and "The staff are alright. They have not been nasty". Another person commented, "I like it here; staff ask if I am happy". People's relatives told us they were happy with the care and support their family members received and they had not witnessed anything of concern when visiting the home, or in relation to any incidents that had occurred. Through our own observations we did not identify any concerns about the way staff treated or engaged with people.

The provider had clear safeguarding policies and procedures in place for staff to follow in the event of a safeguarding incident. Staff were clear about their own personal responsibility to report matters of a safeguarding nature and to escalate concerns both internally and externally should appropriate action fail to be taken. They were knowledgeable about what constituted harm or abuse. The registered manager had a good understanding of her role in protecting people from abuse and improper treatment, and historic

safeguarding records showed that the provider's safeguarding policies and procedures had been followed appropriately. Northumberland safeguarding adults team told us there were no on-going safeguarding cases currently at the service.

Risks that people were exposed to in their daily lives continued to be appropriately assessed and they were well managed. Risk assessment documentation was regularly reviewed to ensure it remained current and it was updated in line with changes in people's needs. Environmental risks within the building had been assessed and measures put in place to mitigate against these risks. Utilities supplies such as gas and electricity, and any equipment used, were serviced regularly to ensure they remained safe for use. Health and safety checks around the building were carried out regularly to promote people's safety.

Emergency planning had been considered and files were in place at exit points around the building which staff could use to assist them in the event of an unforeseen incident or emergency, such as a fire or flood. These files contained the contact details of staff in management positions within the provider's organisation. There was also a list of local contractors who could be contacted, for example, to assist if there was a water leak within the home. Each person living at the home had a personal emergency evacuation plan (PEEP) in place which gave staff instruction and guidance about the level of support they would need to exit the building in an emergency situation. Contact details of people's families and other relevant healthcare professionals had been made available to staff should they need to locate these in a hurry.

Accidents and incidents that occurred within the service were appropriately recorded and analysed to review why they occurred and what measures needed to be put in place to prevent repeat events. Information was sent to the provider in line with governance systems, so that further analysis to identify any trends and patterns could take place. If any further action needed to be taken, these actions were allocated to the registered manager to carry out.

We looked at recruitment paperwork related to two new members of staff, both of whom had been employed since our last inspection. We found the provider's robust recruitment processes and procedures continued to be followed. Appropriate selection and vetting checks continued to be carried out, to ensure that people were supported by staff who were of suitable character and fit and able to fulfil their roles.

The management of medicines within the service continued to be robust. Best practice guidance had been followed in respect of the storage, administration, recording and disposal of medicines. Measures were in place for ensuring that when people spent time away from the home with their families, the name, quantity and dosage of each of their medicines, were recorded and signed for by the receiving party (usually family members). Any medicines that returned to the home with the person were also checked and recorded. Some medicines errors had occurred in the 12 months since our last visit, but these had been identified and addressed through the robust quality assurance and governance systems that were now in place.

Good

Is the service effective?

Our findings

At our last inspection the provider was found to be in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, entitled 'Staffing'. We identified concerns related to the level of support staff received, both in practical terms and in relation to their induction, supervision, appraisal and training. Staff did not always have practical face to face support from the previous manager, as they did not always visit the home on a regular basis. In addition, supervisions and appraisals were not being carried out regularly which meant staff were left without formal feedback and support. The induction programme in place was basic and did not ensure that staff were fully equipped with the relevant training and skills to fulfil their roles. Although we found no impact on people, training was not kept up to date and staff had not been supported to maintain and develop their skills in key areas relevant to the needs of the people they supported.

At this inspection we found improvements had been made in respect of staff training and support. The registered manager was a regular figure within the home and was well known to staff. The induction programme had been revisited to include the Care Certificate, and both new and longstanding members of staff, told us they were in the process of working towards completing this. The Care Certificate was developed jointly by Skills for Care, Health Education England and Skills for Health. It was brought into force in April 2015. It is a set of minimum standards that social care and health workers stick to in their daily working life and sets the new minimum standards that should be covered as part of induction training of new care workers.

Staff training had been assessed since our last visit and all staff had either been retrained or received initial training in mandatory key areas such as safeguarding, the safe handling of medicines and first aid. In addition, staff had completed training in the management of actual or potential aggression, so they were equipped with the necessary skills to deal with any behaviours that may challenge. All staff were in the process of completing training in other areas specific to the needs of the people they supported, which included learning disabilities and autism awareness. This showed the provider had made improvements to the training programme delivered to the staff team and that management oversight of staff training needs was much better.

Staff told us and records confirmed that supervisions took place regularly and appraisals annually. All of the staff we spoke with said they found these one to one sessions with the registered manager useful and supportive. Supervisions and appraisals are important as they are a two-way feedback tool through which the manager and individual staff can discuss work related issues, training needs and personal matters if necessary.

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 so that they can 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).

At our last inspection we found the provider to be in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, entitled 'Safeguarding service users from abuse and improper treatment'. This was because the provider had not appropriately applied the Mental Capacity Act 2005 (MCA). People's capacity to understand some elements of their lives such as managing their finances, had not been appropriately and formally assessed. In addition, applications for DoLS had not been made to the local authority in line with legal requirements and detailed paperwork related to best interest decision making was not maintained.

At this inspection we found improvements had been made and the provider was meeting the requirements of the Act. Capacity assessments were carried out by care managers at the point that any best interest decision making took place and the registered manager retained meeting minutes and other information about these decisions. Applications for Deprivation of Liberty Safeguards (DoLS) had been made to the local authority safeguarding team in accordance with legal requirements and the service was awaiting the outcome of these applications. Each person had been assessed by the local authority in terms of their capacity and ability to manage their own finances. Where necessary, arrangements had been put in place to ensure that people's finances were appropriately and safely managed via financial deputyships, so that they were not open to the possibility of being financially abused. A 'deputy' is a person or organisation who is appointed by the Court of Protection to make decisions on behalf of other people where they do not have the capacity to make those decisions themselves.

People told us they were happy with the support they received from staff and the service overall. One person said, "I do like it here. I like the food too!" Another person told us, "I like lots of things. I like going out and having my 1:1 time (with staff). I do things for myself. Staff do help though; for some things". Relatives told us they were happy with the care and support their family members received and that staff tried to meet all of their family member's needs as effectively as possible.

Our own observations confirmed that people received care which was effective. Staff were very knowledgeable about individual people's needs and how best to support them. People were supported to maintain their general health and wellbeing through attending regular check ups and overall health and medicines review appointments, and also to attend more specialist appointments with healthcare professionals such as occupational therapists and psychiatrists as and when required. Records showed that when people's needs changed staff responded appropriately and adapted the care they delivered accordingly.

People were supported to eat and drink in sufficient amounts to remain healthy. Menus were decided communally on a weekly basis, but any individual people with specialist dietary requirements had their own meal plans to follow. Some people were supported with healthy eating plans and staff encouraged them to make healthy food choices to promote their health and wellbeing. There was a variety of healthy food options available to people and all meals were home cooked on the premises. If people did not want the meal being prepared, staff told us an alternative option would be made available. People contributed to food shopping and preparation which they told us they enjoyed.

Communication within the service was good. A communication book was in use to pass important messages amongst the staff team and a communal diary recorded any up and coming appointments people may have, or any visitors due to come to the home. The registered manager monitored that staff used this communication book to good effect and where she did not feel entries had been made which

should have been, a note was written to remind staff of the requirement and benefits of its use. Relatives told us they enjoyed regular communication with staff and the registered manager and they received regular updates and feedback about their family member's care, their progress and any issues or concerns.

Since our last visit to the home the décor had been improved in some areas with people having their rooms freshly decorated to their own taste. The registered manager told us that plans were in place to replace some flooring in the downstairs bathroom as this had become stained in the corner areas. Some people had had new carpets fitted and the registered manager had mounted some wall art and pictures to make the environment more homely.

Good

Is the service caring?

Our findings

People told us they liked the staff who supported them and described them as "nice" and "kind". One person said, "I like them (staff) all". Throughout our visit we observed people had good relationships with the staff team and they enjoyed positive and jovial engagements with them. We heard people talking to staff about their lives and making plans with them in respect of their activities for the day.

There was a happy, positive and vibrant atmosphere within the home which had not been present at our last visit. Staff relayed positive feedback about the changes within the home and described how improvements in many areas had led to an upbeat approach from the staff team.

Relatives told us staff were caring and said they prioritised people's welfare above anything else. One relative told us, "They are really good and they look after (person's name)".

We observed staff treated people with dignity and respect at all times. They spoke with people respectfully and politely and offered reassurance and emotional support as necessary.

People were not rushed when being supported by staff. People decided how they spent their time within the home and they had their privacy respected, for example if they chose to spend time alone in their bedrooms. Staff provided explanations when delivering care about what they were going to do to support people, in advance of doing so. We saw they encouraged people to partake and be involved in any care they delivered, and any activities and tasks they pursued.

People continued to be involved in their own care via regular meetings with their keyworker, who reviewed their needs with them and supported them to plan for any goals they wanted to achieve in their lives. Key documentation across the service was presented in pictorial format that met people's needs and this showed the provider communicated with people appropriately. For example, there was pictorial information about how to make a complaint and this was posted on the back of people's bedroom doors for them to refer to at any time. On a regular basis people assisted staff to complete health and safety checks throughout the building and the forms they completed were written in a pictorial format.

Where people were able and had the capacity to understand, they had signed their care records which evidenced they were involved in the care planning and review process and they agreed with what had been written. They also signed documentation related to health and safety checks they carried out with staff, to evidence they had been involved in the completion of these.

Staff continued to promote people's independence as much as possible, supporting them to achieve their full potential. They encouraged people to do what they could for themselves, including attending to their own personal care, making meals and washing their clothing and bedding. One person told us, "I like cleaning and hoovering and I do my own washing. I do it myself". Another person said, "I mop the kitchen floor myself and I get a bath myself". We observed one person who could not communicate verbally wanted something from the kitchen cupboard during a mealtime and was pointing to a staff member to get it for

them. The staff member said, "You show me what you want. You get it out". The person then removed a bowl from the cupboard independently and the staff member praised them for their achievement, saying "Well done (person's name)".

Equality and people's diversity was respected and promoted. People were supported to pursue a variety of different interests based on their own individuality, likes and dislikes. We saw no evidence to suggest anyone who used the service was discriminated against and no one told us anything to contradict this.

The registered manager told us that nobody using the service at the time of our visit had an advocate acting on their behalf, other than those family members who were actively involved in their relation's care. Advocates represent the views of people who are unable to express their own wishes. The registered manager told us they would access advocacy services via people's care managers in the future, should this be necessary.

Good

Is the service responsive?

Our findings

People said staff helped them whenever they needed help. Records showed that where necessary, staff had responded to changes in people's health or their needs, and they had sought interventions from doctors or other healthcare professionals. Relatives said staff were responsive and sought medical attention for their family members whenever required. One relative commented, "When (person's name) is ill and needs the doctors they take her".

People spoke positively about their lives, the things they liked to do, and how they spent their time. One person said, "I go swimming and to the Tynedale Centre (day care service). I like watching the TV and videos".

The care people received continued to be person-centred. Staff explained how they had learned to interpret people's wishes and behaviours, where they were not able to verbalise them. People's needs had been assessed in advance of them coming to live at the home and then on an ongoing basis since that time. There had been no new people admitted to the service since our last inspection.

Detailed information remained within people's care records about their range of dependencies, needs and any risks they were exposed to in their daily lives, for example, related to their behavioural and nutritional needs. This information had been regularly reviewed and updated where necessary over the last 12 months. Care records remained very individualised and staff told us they felt they had a range of good information available to them, to support people both safely and appropriately. There was information about people's life histories and their likes and dislikes and this tallied with what people told us about themselves. Separate health and finance files were retained for each person to ensure that records were structured and easily accessible to staff when needed.

A keyworker system remained in operation and staff told us this worked well. A keyworker system involves one staff member being allocated to oversee that a particular person receives the most appropriate care for their needs and that they are supported to achieve the goals they have set in their lives. Keyworkers are also responsible for ensuring that specified people's care records are regularly reviewed and kept up to date. The evidence we gathered at this inspection indicated that this system worked well in this service.

Care monitoring tools continued to be used within the service to promote continuity of care. These included behavioural monitoring, sleep pattern and incident charts. Health reviews were carried out monthly between people and their keyworkers, to ensure that people's general health needs were being met, and that any issues were followed up where they needed to be. Future appointments were logged in these records and in the diary held within the office. Each person also had a daily diary where staff made entries about what people's days had looked like and whether or not there had been any issues or concerns that had arisen which needed to be monitored or followed up. Staff were expected to review the previous entry when coming onto shift. Handover meetings took place between changing staff teams daily and checks on keys, medicines, finances and any outstanding actions or tasks were carried out and recorded at this time.

Wherever they were able, people made their own choices about how they lived their lives and their care. People were encouraged to be independent but if they did not wish to contribute to their care this choice was respected by staff. During our visit one person changed their plans about entering the community and decided to stay indoors. This choice was respected by staff without any question. People pursued activities such as horse riding and gardening. Social inclusion and the development of social skills was promoted by the provider. Each of the people in receipt of care from the service lived active lives and they accessed the community on a daily basis.

The provider had an established complaints policy and procedure in place which explained how complaints would be handled and the timescales involved. The registered manager confirmed there had been no complaints received in the service since our last inspection. The complaints process was highlighted to people as there were posters in their rooms on the back of their bedroom doors explaining how they could complain if they wished to do so.

The provider continued to actively seek feedback about the service from people, their relatives and external healthcare professionals. The results from the most recent annual questionnaires showed people and their relatives were satisfied with the service they received. Feedback about all different aspects of the service continued to be gathered via meetings, which were held for people who lived at the home and staff separately, on a monthly basis.

Records showed the service continued to work well with external healthcare professionals and that staff and the registered manager sought to obtain the best possible outcomes for people.

Good

Is the service well-led?

Our findings

At our last inspection we found the provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, entitled 'Good governance'. Some quality assurance systems were in place but these were not effective in identifying the shortfalls we found in a number of regulations at that time. At this inspection we found improvements had been made to the overall application of quality assurance systems within the service, and this had resulted in improvements in the areas where there had previously been breaches of regulation. A registered manager had been recruited who was proactive in their approach and had a good understanding of the service overall. DoLS applications had been submitted to the local authority and were in the process of being assessed. The training programme for staff had been expanded to include extra relevant skills and in mandatory areas refresher training had been completed. The Care Certificate had also been embedded into the staff induction programme.

The registered manager monitored the number of safeguarding incidents, accident and incidents, any medication errors and complaints/concerns raised, via electronic log records. A range of audits were also carried out related to medicines and health and safety. She told us that she was responsible for submitting a monthly operational report to the provider's compliance team and accompanying this she had to send copies of her staff training matrix and supervision and safeguarding logs, for review at provider level. The operational report was designed around the Commissions five key question areas of safe, effective, caring, responsive and well led and looked at a range of different elements of the service under each of these headings. If there were any concerns or actions identified from these monthly submissions, the compliance team issued a service improvement plan for the registered manager to address.

At our last inspection we identified concerns about how the previous manager allocated her time between this service and another of the provider's services nearby, where they were also responsible for managing the delivery of the regulated activity. At that time, staff told us and records confirmed they did not see the manager for numerous days at a time, sometimes weeks, as she did not visit the service. They said they felt unsupported and there was disgruntlement between the staff team, as no internal seniority or reporting structures existed within the home, when the manager was not present.

Staff confirmed that the new registered manager spilt her time equally between this service and the provider's other nearby service. They said she was in the service for a number of days each week when at work. Staff told us they were fully aware of the manager's whereabouts and they could contact her at any time on her mobile if she was not physically in the home. The registered manager had also introduced a senior role to the home and senior staff were rostered on duty to lead the staff team when the manager was not present or on some form of leave from work. Staff told us the new structure of roles within the staff team had improved morale and their working relationships with one another.

Since our last inspection a new manager had been recruited to the service. She registered with the Commission in August 2016 to manage the carrying on of the regulated activity. At this visit we found the registration requirements of the service had been met and we were satisfied that incidents had been

reported to us in line with the requirements of the Care Quality Commission (Registration) Regulations 2009.

People and their relatives gave positive feedback about the new manager. One person said, "I like (registered manager's name). She's nice". Relatives comments included, "She (registered manager) is a lovely girl" and "The new manager is alright. There have definitely been improvements and she (registered manager) is very good".

Staff told us there had been a big improvement in the service since the new registered manager came into post. One member of staff said, "The staff team is good now and there are no issues. I have learned so much from (registered manager's name); before I had to just come in and get by as best I could. (Registered manager's name) is so supportive. She helps everyone and she is responsive". Another member of staff said, "(Registered manager's name) is one of the main pluses for the home. She really cares. She rolls her sleeves up too and helps out sometimes, to keep her hand in, and to support us". Staff described the registered manager as "enthusiastic" and "proactive". They said she was someone who provided good leadership and direction, she instigated positive change, and they got answers to queries and issues they raised.

We spent time talking with the registered manager about the service. She told us, "I am so proud of the staff and all the changes they have made. It is down to them that we have made improvements, not just me. They have made it work". The registered manager had a good overall knowledge of the service and people's individual needs.

The registered manager reported directly to the practice director who visited the service bi-monthly to carry out an independent audit and assessment of the service. Where any issues were identified these were highlighted in an associated action plan and their completion was checked at the next visit.

Members of the provider's compliance team visited the service on a six monthly basis to assess at the service overall. They also provided support in the form of carrying out specific audits within the service when required to identify potential shortfalls and to drive through improvements. For example, the compliance team had carried out a thorough audit on the management of medicines within the service, as a result of a number of medicines errors occurring within the service in the last 12 months.

The provider's compliance team had introduced a service based risk management review tool, which recorded people deemed to be 'at risk' for a variety of reasons. For example, people's needs were added to this tool when they were at risk because of concerns over their mobility, weight or behaviours, based on information gathered from incidents they had been involved in. On a monthly basis the registered manager was tasked with providing an update to the compliance team about the person's progress in terms of how they have been that month, if any professionals had been involved in their care, progress in risk areas and care record reviews if applicable.

From all of the monthly submissions that the compliance team received, they developed a risk profile for each service. This profile rated the service in terms of their level of risk based on their performance in relation to a list of set criteria including safeguarding incidents, training completion, feedback, practice director visits, care plans reviews and action plan progress.

A 'Smart action plan' for each service had been introduced by the compliance team to manage and track actions that needed to be addressed. Actions were carried forward until they were completed. Any actions needed for any aspect of the service could be added to this plan for completion, but the compliance team managed what was entered and when it was marked as complete. Internally within the service, the registered manager had introduced a separate service improvement plan to monitor overall improvements

that needed to be made.

The registered manager told us she was keen to involve families as much as possible in the running of the service and to keep them up to date with any key changes. She told us she had recently introduced a newsletter which she planned to issue to relatives every six months, in order to keep them informed and promote their involvement in the service. Relatives said they appreciated this newsletter and they felt more connected with the service as a result.

The provider had a recognition scheme in place where managers could nominate members of their staff team as a reflection of their hard work. If selected as one of the top achievers, the provider gave a monetary gift to staff. The registered manager told us that this was a nice way of being able to reward staff for their efforts.

Records throughout the service were organised, well maintained and securely stored. This ensured that they remained confidential and access was restricted to only those people authorised to see them.

The provider's 'purpose' stated, "At Home in the Community is a Christian charity providing social care and support for people with learning disabilities. We aim to ensure that people with learning disabilities have the same rights and choices as the rest of the community. Our support is centred on the individual to meet their everyday needs and assist them in achieving their goals, so they can live life to the full". They used three words to describe their personality and these were, "respectful", "reliable" and "responsible". On this occasion we found the provider fulfilled their purpose, and staff displayed care and support which matched written values of the service.