

Parkcare Homes (No.2) Limited

Cherrywood House

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

We inspected this service on the 18 September 2017. This was an unannounced inspection. At our last inspection in May 2016 we found that people were not always supported by adequate staffing levels which negatively affected their daily activities and access to the community. In addition, the service had failed to notify the Care Quality Commission of specific incidents they were legally required to do.

The provider wrote to us in July 2016 and told us how compliance with these regulations would be achieved. During this inspection we found improvements had been made.

Cherrywood House provides accommodation and personal care for up to 14 people who have a learning disability, autism or mental health needs. It does not provide nursing care. At the time of this inspection there were 10 people living at the service. Two of these people lived within individual flats that had their own bathrooms, toilets, kitchens, lounges and bedrooms. There were eight people who lived in the main house at the time of inspection.

There was a registered manager in post. 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. The registered manager was not the registered manager in post at our previous inspection and had commenced employment in Cherrywood House in November 2016.

People were now supported by sufficient numbers of staff. People and staff told us there was sufficient staff on duty that ensured people's care and social needs were met. We made observations to support this. People received their medicines as required and there were processes to safely manage 'as required' medicines. Recruitment procedures were safe. Staff understood how to identify and respond to suspected or actual abuse and knew how to report matters internally and externally. People's risks were identified, assessed and managed through guidance. There were systems to ensure regular maintenance and servicing of the environment and equipment was undertaken.

People received effective care from staff when they needed it. Staff received training and understood the principles of the Mental Capacity Act 2005 and empowered people through choices. The registered manager was aware of their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to care or treatment or need protecting from harm. People had access to healthcare professionals as required. People received support to eat and drink sufficient amounts and we saw that where needed staff followed professional guidance for weight management. New staff received an induction in line with nationally recognised standards and ongoing training and supervision was provided.

Staff were caring and people and their relatives spoke positively about staff. No concerns about the staff

were raised. We made observations that supported people's comments, with staff supporting people in a person centred way in accordance with the preferences. Staff we spoke with understood the people they supported well and this was reinforced through our observations and how we observed staff interacting with people. People's privacy and dignity was respected, and when possible people were encouraged to be independent.

The service was responsive to people's needs. People were encouraged to undertake activities and access the wider community. There was sufficient staff to support people to do this. The registered manager had ensured that where people were less social, events were arranged in the service. People's care records contained current information that was person centred. People had allocated keyworkers who ensured their needs were met. People's communication needs and preferences were recorded.

The service could demonstrate they were responsive to people's changing health and social needs. Supporting evidence showed that reactive care plans were completed to reduce immediate risks to people and staff when the need was identified. People had the opportunity to attend monthly 'Your Voice' meetings to express their views and make requests. The service had a complaints procedure and we saw that complaints had been responded to in line with procedure.

People and their relatives said the service was well led. The registered manager had ensured that legal notifications had been sent to the Care Quality Commission as required. Staff we spoke with commented positively about their employment and the leadership at the service. They also told us they felt there was a strong and effective staff team that met people's needs. There were systems to communicate with staff through meetings. There were internal and external governance systems in operation to monitor the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by the appropriate levels of staff.

People's risks were assessed and guidance to manage risks was produced.

People received their medicines as required.

There were processes to review reported incidents and accidents.

Recruitment procedures were safe and staff understood safeguarding.

Is the service effective?

Good ●

The service was effective.

People received effective care when they needed it.

Staff understood the principles of the Mental Capacity Act 2005.

People had access to healthcare professionals as required.

Staff received induction and ongoing training, supervision and appraisal.

People were supported to eat well and drink sufficient amounts.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us staff were caring.

Staff were observed interacting in a kind and caring way.

People's privacy was respected.

Staff understood the care and social needs of the people they

supported.

People were encouraged to be independent where possible.

Is the service responsive?

The service was responsive.

People's social activity needs were met.

Care records were personalised and showed people's preferences.

The service was responsive to people's changing needs.

People had the opportunity to attend meetings about the service.

There was a complaints procedure for people and their representatives.

Good ●

Is the service well-led?

The service was well-led.

People and their relatives were positive about the current leadership.

There were systems to communicate with staff.

There were governance systems to monitor the quality of the service.

Staff were positive about their employment and their colleagues.

Statutory notifications had been sent as required.

Good ●

Cherrywood House

Detailed findings

Background to this inspection

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

We inspected this service on the 18 September 2017. This was an unannounced inspection carried out by one adult social care inspector.

At our last inspection in May 2016 we found that people were not always supported by adequate staffing levels which negatively affected their daily activities and access to the community. In addition, the service had failed to notify the Care Quality Commission of specific incidents they were legally required to do. The provider wrote to us in July 2016 and told us how compliance with these regulations would be achieved. During this inspection we found improvements had been made.

Before the inspection the provider completed 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 the improvements they planned to make. We also reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

During the inspection, we spoke with six people who received care from the service and two people's relatives. We also spoke with the registered manager and five members of the care staff team. We looked at three people's care and support records. We also looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Is the service safe?

Our findings

At our inspection in May 2016, we found there was not always enough staff on duty to meet the care and social needs of the people using the service. This had resulted negatively on their quality of life as access to the local community in line with people's assessed needs was not always provided. The provider wrote to us in July 2016 to outline how they would achieve compliance with the regulations. During this inspection, we found sufficient improvements had been made to ensure people's needs were met.

We spoke with people about how staff supported them and if they got the things they needed. Some people had limited abilities to communicate verbally or to fully understand what we were asking, but people that could spoke positively. One person commented, "I like to play games - they will sit and play cards." During the inspection we observed people's needs were being met timely and staff had time to sit and engage with people meaningfully and talk with them. We also saw there was sufficient staff to support people in the local community. Staff took people out during the day and were able to collect people from pre-arranged activities such as college. Staff we spoke with told us that staffing levels had improved and there were always sufficient staff on duty. We saw there was a daily staff allocation board that annotated who staff would be working with and any appointments they were required to attend with people.

We spoke with the registered manager who had been in post since November 2016 and formally registered with us as the registered manager in March 2017. They explained that since assuming post the staff team had stabilised and retention had improved. They explained that on arrival there were approximately 280 hours staffing hours per week filled by agency staff, but that following successful recruitment processes no agency staff had been used since March 2017 and the service was now fully staffed. All staffing hours were now filled by permanent staff or a small number of bank staff who understood the needs of the people at the service. Staffing rotas we reviewed were forecast in advance to ensure any holiday or planned absence could be covered at the earliest opportunity.

Medicines were managed safely and people were given them as prescribed. The service had a system for the ordering, retention, administration and return of medicines. People's medicines were received from the local pharmacy. There was a system to record and return medicines through the use of a returns book. Medicine Administration Records (MAR) we reviewed were accurate and up to date. There were no recording omissions on the MAR indicating people received their medicines as prescribed. Staff were required to complete an annual assessment to evaluate their competency in medicine administration and associated procedures.

Medicines that required additional storage measures were stored correctly and medicine stocks we reviewed balanced with the corresponding register. Liquid medicines were dated when opened to ensure they were used within the recommended timeframe after opening. Where people received 'as required' medicines, for example paracetamol for pain relief, there were protocols in place. The records showed why people may need the 'as required' medicine, what signs to look for in the person as to when they may need the medicine, how the person took the medicine and the safe maximum daily dosage they may have.

The provider had policies and procedures in place for safeguarding vulnerable adults and whistleblowing. This contained guidance on what staff should do in response to any concerns identified. Staff had also received training in safeguarding vulnerable adults. The policies gave staff guidance on how to report concerns in the workplace both internally and externally in confidence. The whistleblowing policy listed external agencies, for example the local safeguarding team and the Care Quality Commission as external agencies staff could contact. Staff we spoke with could explain reporting procedures and were confident any matters raised would be addressed to keep people safe from avoidable harm.

Safe recruitment processes were completed. Staff had completed an application form prior to their employment and provided information about their employment history. Previous employment or character references had been obtained by the service together with proof of the person's identity for an enhanced Disclosure and Barring Service [DBS] check to be completed. This DBS check ensures that people barred from working with certain groups such as vulnerable adults are identified.

People's risks were assessed and where necessary a risk management plan had been created to reduce any identified risks to keep people safe and reduce the risk of harm. Within people's records we found risk assessments had been completed for a wide range of risks both within the service and whilst they accessed the wider community. For example, people had risk assessments in relation to their health and medical risks, their unique behaviours and for when behaviours displayed may challenge others. Other personalised risk assessments were completed. For example, when people accessed the community their risks relating to road safety, rail safety and being near water were assessed. Some people had risk assessments for when they ate, with the assessment identifying when people were unable to comprehend when food was too hot or if they ate too quickly and risked choking. Guidance on how to reduce these risks was completed.

Additional risk assessments and risk management guidance was completed for people's unique medical conditions where applicable. For example, some people suffered from epilepsy. Within their files we found guidance on how to support the person safely in the event of a seizure and any actions that should be taken. The guidance for one person showed staff should remove immediate dangers from the area and to only move the person should they be at risk. It told staff to support the person's head, to talk to them during the seizure and allow them to come out of the seizure naturally. There was additional guidance on post seizure actions, for example what position to put the person in and to record the seizure length and type. There was supporting guidance on seizure types. We reviewed one person's seizure monitoring chart that contained completed records of historical seizures.

The service had a system that monitored incidents, accidents or significant events. This ensured that appropriate action could be taken to reduce the risk of repetition and that other relevant external agencies were involved where required. The relevant records we reviewed showed that incidents had been recorded with key information such as who was involved, the nature of the incident, any injury sustained and if agencies such as the safeguarding team or the Care Quality Commission required notifying. In addition, the review ascertained if people's families required notification in line with the Duty of Candour regulation. We discussed a significant number of incidents relating to one person where violence was used towards other people and staff. The registered manager told us the recording of incidents and accidents had supported them in identifying to the person's social worker they were inappropriately placed at Cherrywood House and confirmed a more suitable placement was now being sought.

There were systems and processes in the environment to promote people's safety. The environment and equipment used within the service was maintained to ensure it was safe. For example, maintenance staff completed, periodic checks including water flushes, cleaning showering assets, the boiler system and call bell system. There was a fire risk assessment dated November 2016 and checks were completed on the fire

systems, associated equipment and emergency lighting. Fire evacuations were also completed. Gas safety checks were completed together with portable electrical appliances. People had their own personal evacuation plan in place for emergency situations. Plans contained what support the person would need from staff and any communication needs or support the person may have.

Is the service effective?

Our findings

Staff understood how to provide care to people in line with their assessed needs. People and the relatives we spoke with spoke positively about the care. One person when we spoke to them was asked if they got everything they needed. They responded to us and said, "Yeah – she's nice." The person then pointed at a passing staff member. Another person when we asked if they got the things they wanted said, "Wednesday - I see my friends and they [staff] will take me out." A relative we spoke with said, "They [the service in general] have done as much as they can."

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.

Staff were observed seeking consent from people when supporting them. People were heard being offered choices during the inspection about various things. This included if they wished to go out, if they wished to make a choice of food or drink or if they wished to be assisted by a staff member in a certain activity. Where people declined invitations by staff this was respected. Staff were heard offering alternatives which also included asking people if they just wanted time alone away from staff and other people. This demonstrated that people's independence was promoted through choice and empowerment.

Within people's records we saw supporting records of where decisions had been made in a person's best interest when they didn't have the capacity to make this decision themselves. For example, a best interest decision meeting had been held with a person's family, social worker and staff around a decision relating to security near the person's accommodation. Other capacity assessments and best interest decisions had been made around making an application to lawfully deprive a person of their liberty.

One person at the service received their medicines covertly, as it was deemed during a best interest decision meeting involving multiple professionals it was in the person's best interest. The relevant records for this were made in August 2015. We advised the registered manager that recent case law and guidance sets out the requirement to continually review the necessity for administering medicines covertly. They advised us they would ensure a review of this covert administration would be arranged.

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 is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had met their responsibilities with regards to the Deprivation of Liberty Safeguards (DoLS). Within the service, one person was currently subject to a DoLS authorisation. This had been authorised since

August 2017. We spoke with the registered manager who told us there were no conditions attached to this person's DoLS. This was confirmed by the records we reviewed that the service had received from the local authority. A further seven applications had been submitted for people during 2017 which were now awaiting the relevant local authority to action.

People had access to healthcare professionals when needed and were supported to attend appointments. People's care folders showed that people had received support when required and records detailed what appointments people had attended. The staffing deployment and allocation board in the service made provisions and time for these appointments to be attended in the staffing numbers available. Records showed people had accessed the local hospital for appointments and had been supported to their GP surgery. Additional appointments were seen with opticians, psychiatrists, the community learning disability team and audiologists.

New staff completed an induction aligned with the Care Certificate. This was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The Care Certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. New staff were further supported with an internal induction that included shadowing senior staff, training, familiarisation with policies and procedures and a review of performance at the end of their probationary period.

Staff received regular training to carry out their roles. Staff we spoke with felt supported through training and told us they could meet people's needs. We reviewed the current training record for the service which showed training in key matters such as health and safety, moving and handling, infection control and basic life support were completed by staff. Where staff required updated training this was identified and the registered manager showed us confirmation of future booked training. In addition to this key training, staff received training unique to the people they supported. This included training in behaviours that may challenge, training in epilepsy and the Equality Act 2010. Staff also had the opportunity to complete nationally recognised training.

Staff said they had regular supervision and appraisals and this was confirmed in the records we reviewed. The registered manager completed supervision with staff approximately every two months. Supervision records showed that matters such as the staff member's welfare, people's support plans, safeguarding, the Mental Capacity Act 2005 and people's activities were discussed. In addition actions may be set for staff. For example, a record we reviewed showed the staff member was required to familiarise themselves with the Care Quality Commission 'Key Lines of Enquiry' prior to their next supervision. Annual appraisal established if the staff member had met set objectives, a summary of their annual performance, their future development and how they achieved and demonstrated the provider's values.

People's nutrition and hydration needs were met. Where required, a referral was made to the relevant healthcare professional when people needed support. People were supported by the staff in making food choices to ensure they were involved in the menu and ate meals of their choices. In addition to this, some people were also supported by staff to prepare and cook some meals. People we asked said they enjoyed the food and told us they had enough to eat.

We discussed nutritional risks with the registered manager. Although there was no person at the service currently at risk of malnutrition, some people were receiving support in weight management aimed at weight loss and control. Where these people had been referred to a nutrition and dietician specialist, the guidance produced was documented within the person's care records. We reviewed the produced guidance and spoke with staff, including the cook, about how the person's needs were met and their weight was

managed. It was evident staff understood the person's nutritional needs and followed the professional guidance to support the person.

Is the service caring?

Our findings

When we spoke with people throughout the inspection they spoke positively about how they were cared for and about the staff that supported them. People's relatives that we spoke with were positive about the service and the staff that supported people. During a conversation with one person we spoke with we asked if the staff were nice to you and the person told us, "Yes" and smiled at us. Another person said, "I'm happy here it's really nice. The staff are my friends as well." A relative we spoke with commented, "Staff have always been a pleasure and are aware of things."

As people were not always able to tell us about their experiences, we spent some time observing people and staff interacting and listened to them speaking with each other. It was clear there were good relationships between people and staff. People were at ease with staff and there was a relaxed atmosphere in the service when staff engaged with people. We saw that people were always free to do as they wished and were given choices by staff of things to do or if they wanted to do something of their own choice. Staff took time to sit with people and speak with them, and offered companionship and company to people whilst they were having a drink or a snack. Staff engaged with people in the activities they liked and we saw this was effective in maintaining a calm environment.

During our conversations with staff they demonstrated a very good understanding of people's care and support needs. The staff we spoke with were able to provide a detailed knowledge of the people they supported, their personalities and behaviours. Staff were able to explain how they interacted with people when they displayed behaviours that may be challenging, and how they could de-escalate behaviours or anxiety to help support the person. Staff understood people's current and historical health needs and concerns and explained how they followed professional guidance when it was given. Staff explained how people were always supported when attending hospital appointments or when they attended their GP surgery.

During the inspection we observed a person had become upset and angry and displayed behaviour that may challenge. We saw how staff interacted with the person during this period. The person was upset about a personal matter involving a family member. Staff approached the person and spoke in a calming yet constructive manner to them. During the conversation they took time to ensure the person was ok. They asked them, "Would you like to talk to me." The person initially replied they did not. The staff member then quietly explained how the person's current behaviour may upset others or cause them to become anxious. This appeared to help calm and relax the person. The staff member then asked the open question of, "How do you want me to support you?" This question then resulted in the person explaining why they were upset and the staff members offering possible solutions.

People's privacy, dignity and independence was promoted. We made observations that people's privacy was respected, and where they did not wish to engage with staff this was respected. Staff were observed and heard knocking on people's door and asking them if they would like to be involved in certain things or required any support. Where people declined, this was respected with staff telling people they would come back later to see if they needed anything. Where it was safe to do so and the relevant assessments were in

place, some people had keys to the kitchen to enable their independence so they could make hot and cold drinks or get a snack.

Is the service responsive?

Our findings

At our inspection in May 2016, we found there was not always enough staff on duty to meet the care and social needs of the people using the service. This had resulted negatively on their quality of life as access to the local community in line with people's assessed needs and preferences was not always achieved. The provider wrote to us in July 2016 to outline how they would achieve compliance with the regulation. During this inspection we found sufficient improvements had been made to ensure people's needs were met.

There were sufficient staffing numbers deployed that ensured people were supported and encouraged to take part in the social and therapeutic activities that they enjoyed. People had regular activity schedules within their care records that demonstrated what they did with their time. This included time both within the service and in the wider community. One person at the service attended college and another had recently applied for a job as a gardener. Other people's activities and social inclusion was based on their choices and preferences. For example, some people liked to go shopping with staff and others enjoyed going into the local area on the bus. The service also had vehicles to transport people.

People's activity planners were compiled in a manner suited to the person to whom it related. For example, one activity plan we reviewed that had been put together with the person showed symbols and pictures were used to aid the person in understanding what they were doing. For example, there was a symbol for a well-known fast food chain, a picture of some magazines and another picture of a drink. Staff we spoke with told us the current staffing levels ensured that people's social needs were met. Staff commented that at times people changed their mind about the things they wished to do. They said the current staffing levels and skillset allowed them to be flexible in their approach to people's preferences.

The registered manager explained that although most people were socially active in the wider community, some people didn't wish to access the community as frequently as others. They told us they wished to try and help promote togetherness and a closer relationship with people. As a result, activities had commenced within the service. Activities had been provided by a local provider as well as a birds of prey activity and a magician. They also told us that a fundraising morning was due to be held soon in aid of Macmillan Cancer Support and that people would be given the chance to participate in the coffee morning with their relatives or friends.

We spoke with people and asked them questions about their care and support. When we asked people if they got to do things they chose and enjoyed, everybody responded positively. Relatives we spoke with also told us they felt the service was responsive. One person we spoke with when asked how they enjoyed their time told us, "I'm happy – I can get buses." Another person when asked about their support commented, "[Staff member name] is my keyworker - I like her." A relative we spoke with said, "Cherrywood have been really good for [person's name]."

Care records contained current, personalised information about people. There was key information contained within a 'One page personal profile' for staff. This had relevant information such as how people communicated, their family and friends, any behavioural support needs and how people preferred their personal care delivered. Additional information showed people's health and current medication, any

personal aims they had, any culture or faith they followed and their level of social interaction. There was further information with a 'Life story sketch' which showed information on people's life history. This included information on family members, where people had lived and what they did growing up.

People's support needs around communication were described in their care plan. Where people had limited ability to communicate verbally we saw a 'Communication Passport' had been made for them. This showed how people would communicate certain emotions or feelings. This would aid staff to support people. For example, within one file the record we reviewed showed how some people communicated basic responses such as 'Yes' and 'No.' Other communication signs, body language or gestures were recorded showing how the person indicated they were bored, upset or angry, or if they were feeling unwell or how they communicated they were enjoying something.

There were examples within one care record we reviewed that demonstrated how the service had been responsive to the person's needs. For example, a reactive care plan had been put in place when the service had identified there was an increase in extremely unsettled behaviour being displayed by the person. This care plan assessed what proactive measures could be put in place to reduce the behaviour. This included an increase in staffing numbers for an extended period during the day that was agreed with the local authority, measures that could be taken by staff to reduce anxiety and additional risk assessments were completed for when the person accessed the community or was travelling in a vehicle. This helped reduce risks associated with the person and the staff supporting them.

Where people required a specific routine and information relating to that routine to reduce anxiety that assisted in reducing an escalation in behaviour that may challenge, the service had addressed this. One person required a constant structure to their routine and to know and understand what they were doing. In order to support the person with this, the service had created a 'Social Story.' This included a personal activity planner for each day for all the activities the person would be undertaking. The activities were broken down into individual activities and placed in order in the form of a small booklet. A booklet the person could be shown or refer to had been created for each day of the week. It had pictures and words on each card, showing where the person would be going and who they would meet. The registered manager and staff told us the booklets had helped reduce challenging behaviour.

People had an allocated keyworker to help ensure the service could be responsive to people's identified needs. We spoke with the registered manager who told us the keyworker oversaw care and support and ensured people's care needs were being fulfilled. People's key worker also ensured people received the support they needed in relation to keeping their bedroom clean and they supported people with shopping and purchasing toiletries. We spoke with people about their keyworkers and people were able to tell us the names of their keyworker. People had monthly meetings with their keyworker to discuss their support plans, any health appointments they may have and activities.

People were able to express their views about the service and gave feedback about their care. Group meetings were held with people every month and we reviewed the supporting meeting minutes. The meetings which were called, "Your Voice' meetings were held to discuss if people wanted any additional support with their care and to establish if people as individuals wanted anything specific. We saw from the supporting minutes that where requests had been made, people had been supported to complete the requests. For example, one person wanted an additional item in their room which had been arranged and another person who requested a specific item of clothing had been supported to get it.

The service had a complaints procedure. We reviewed the complaints procedure and saw that guidance on how to make a complaint was available. The complaints procedure was also available in an 'easy read'

format for people at the service. The registered manager kept a record of any complaints or concerns received. There were two complaints recorded for 2017 which had both been resolved and the supporting complaint investigation log showed the action that had been taken.

Is the service well-led?

Our findings

At our inspection in May 2016 we found the service was not consistently well led. Following our inspection in May 2016, we reviewed the information and notifications we had received from the service. We found where some safeguarding incidents had occurred these had not always been reported to us as legally required. The provider wrote to us in July 2016 to outline how they would achieve compliance with the standard. During this inspection we found sufficient improvements had been made.

As reported within the 'Safe' key question in this report, the registered manager had implemented a system that ensured legal notifications were sent as required. When incidents, accidents or other matters occurred that may involve raising a safeguarding alert, relevant records were created with key information such as who was involved, the nature of the incident, any injury sustained and if agencies such as the safeguarding team or the Care Quality Commission required notifying. This monitoring system ensured notifications had been submitted as required.

We spoke with people and their relatives about the management of the service. No concerns were raised with us about how the service was managed or led. One person we spoke with about the registered manager said to us, "I really like [registered manager name] – she is my friend." A relative we spoke with commented positively about the registered manager. They commented that since they had assumed post in November 2016 there was a more positive mood in the service and they also said that staff morale had improved.

Staff we spoke with were positive about the leadership of the service. They spoke positively about the changes that had come as a result of the management change in November 2016. One member of staff we spoke with told us, "She [registered manager] is the best manager I've had. She will go out of her way to help you." Staff were also positive about the teamwork between them and their colleagues. One member of staff we spoke with told us, "I love it here." Another comment we received was, "We get on really well – [it's a] good set of staff."

There were systems to communicate with staff. We reviewed records that showed senior team meetings were held. These discussed matters such as staffing allocation, finances, medicines, roles and responsibility, activities and staff supervision. There were also monthly meetings for day and night staff to communicate information about the service. Staff felt they could contribute at the meetings and were listened to. We saw topics such as people's care needs, cleanliness, safeguarding and the Mental Capacity Act 2005 were discussed. In addition, training, keyworker roles, use of the service vehicles and staff incentives were discussed.

There were internal governance and quality monitoring systems. The service completed auditing to reduce the risks to the health, safety and welfare of people using the service. For example, there was a health and safety audit and a regular medicines audit was completed. These had been effective in identifying additional storage requirements for some medicines and the need for the removal of some items left behind by external contractors. Additional audits completed included a safety, quality and compliance audit, infection control, safeguarding and staff retention.

Additional governance systems were completed by the provider and external sources. A monthly operations director report was completed. This focused on occupancy levels, finances, complaints, safeguarding, incidents and accidents and staff training. These audits ensured additional support was available to the registered manager if required. An internal compliance review was also completed against the five key questions asked by the Care Quality Commission. External agencies also completed checks at the service. For example, the local authority completed an annual contract compliance report in July 2017 and a Healthwatch 'Enter and View' report was completed in May 2017. This report in May 2017 commented on staff being helpful and confident and highlighted what the visiting team felt was 'strong management' throughout the service.

Spot checks of staff practice were undertaken. This ensured care provision was at the required standard and people's needs were met. Unannounced waking night checks were completed and the registered manager attended the service during a night shift. This was to ensure there were the correct number of staff on duty and people's needs were met. In addition, the registered manager also asked staff questions relating to people's safety. This included their knowledge of fire evacuation drills and people's personal evacuation requirements. Staff were also asked questions about security arrangements and the 'on call' process to ensure they understood actions to be taken.

As highlighted at the top of this part of the report, the registered manager demonstrated they were aware of their obligations in relation to the statutory notifications they needed to send to the Care Quality Commission by law. Information we held about the service demonstrated that notifications had been sent when required. In addition to this, prior to this inspection we requested that a Provider Information Return (PIR) was completed detailing key information about the service. This PIR was completed as requested and was returned to us within the specified time frame.