Robert Owen Communities

Brimley

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

This comprehensive inspection took place on 14 and 16 August 2017 and was unannounced on the first day.

Brimley provides accommodation and personal care for up to six adults who require personal care. The service specialises in providing care for both younger and older adults with a learning disability and/or autism. The home is a large bungalow in a quiet cul-de-sac in a residential area of the seaside town Exmouth in Devon.

The registered manager had left the service in April 2017 and was in the process of de-registering as the manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. After the inspection, the de-registration process of the registered manager was completed.

An area manager in the provider organisation had been overseeing the home and spent several days each week working at Brimley. A recent appointment to the role of manager had been made and this person was in the process of applying for registration as the manager.

The provider organisation Robert Owen Communities has been taken over by another provider, United Response. Senior staff had been in contact with the CQC to arrange to register the service with the new provider.

The service was previously inspected in May 2016 when the service was rated as requiring improvement. At that inspection we found four breaches of regulations and improvements were required as the service was not fully safe, effective, responsive or well-led. The home was the subject of a whole home multiagency safeguarding investigation at the time of our 2016 inspection. These concerns related to staffing, safe care and treatment and records not demonstrating that people's care and welfare needs were always being met. The local authority, who lead on safeguarding, had monitored the improvements made to the service. They had subsequently closed the safeguarding investigation as they were satisfied with the improvements made.

At this inspection, we found the service had made and sustained improvements and was now meeting all the regulations.

There was a governance system which ensured that the quality and safety of the home was monitored. Where improvements were required, there was a service improvement plan which was updated regularly with actions that had been completed and new actions identified. Checks and audits of the service were routinely carried including audits of medicine administration, fire safety, building maintenance and care records. Senior staff from the provider organisation undertook quality assurance visits on a regular basis.

People were clearly happy and relaxed in the home. Throughout the inspection, we observed people laughing and showing affection towards staff. Comments included "They are very nice, [Manager] is ever so lovely" and "I like it here."

People were encouraged to do activities both outside and in the home. This included going to weekly clubs where people got involved in arts and crafts as well as going out for coffee and lunch. Staff helped people celebrate special occasions by going out to somewhere of the person's choice. For example, one person who was celebrating their birthday chose to go to the pub with everyone from the home. People were also supported to be involved in day to day living skills such as cooking, shopping, cleaning and personal hygiene.

Staff understood the need to support people to remain as independent as possible. Staff were able to communicate with people using a range of methods both verbal and non-verbal. Some people were able to go out unaccompanied by staff. Care plans showed that this had been risk assessed and systems had been put in place to enable them to contact the home if needed. The service worked within the requirements of the Mental Capacity Act 2005. Where people lacked capacity, best interest meetings had been held and Deprivation of Liberty authorisations had been applied for.

The home was well maintained, clean and comfortable. Some areas had been redecorated and refurbished to support people with specific needs. People's bedrooms were furnished and decorated in colours chosen by the person. Regular maintenance and safety checks were carried out to ensure the home, its furnishings and equipment were safe and fit for purpose. Staff used followed infection control procedures; this included using personal protective equipment when supporting people with personal care to ensure that the risk of infection was minimised. There were emergency plans for staff to follow in the event of an incident such as a fire.

Staff were recruited safely and received an induction when they first started working at the home. People were supported by sufficient staff who knew them well. Senior staff were working with the local authority to review each person's needs as they changed. Staff had received training and supervision and were able to describe how they worked with people to meet their needs.

Staff understood their responsibilities to keep people safe and were able to describe what actions they would take if they had a concern. This included reporting the concern to senior staff. Where concerns had been raised, senior staff had reported them to the local authority. Appropriate actions had been taken to reduce the risk of recurrence.

Staff administered medicines to people following national guidelines. Medicines were stored safely and audits were regularly undertaken to ensure that stocks of medicines and medicine records were accurate. Records showed that the person's GP had been involved in decisions about administration of non-prescription medicines, such as homely remedies.

Risk assessments and care needs were fully described in people's care plans. Care records were updated regularly and whenever people's risks or needs changed. Where necessary, staff had contacted health professionals for support and advice. Observations and records showed that this advice was followed. For example, some people were at risk of choking so speech and language therapists had provided guidance for staff to follow at mealtimes.

People were supported to have a varied diet with food of their choice. Individual dietary needs were catered for and people's fluid intake was also monitored to ensure they remained well hydrated. People said they

liked the food; one person commented "Good food, plenty."

People said they knew how to complain but had not felt the need to make a formal complaint. One complaint had been received by the service since our last inspection. This had been investigated and resolved.

Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

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 protected from the risks of abuse by staff who understood their responsibilities.

Medicines were stored, recorded and administered safely.

There were sufficient numbers of suitable staff to ensure people were kept safe and had their needs met.

Risks to people had been assessed and supported people to be safe whilst minimising any restrictions on them.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the necessary skills and knowledge.

Staff completed an induction when they first joined and refresher training from time to time.

People were supported to maintain a healthy, balanced diet.

Staff understood their responsibilities in terms of legislation. Where people's liberty was restricted, staff had ensured they worked within the Mental Capacity Act 2005.

People were supported to access health services.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and compassionate.

Staff knew people well and showed concern for their well-being

People were treated with dignity and respect. People were

involved in making decisions about their care.

People's families were able to visit when they wanted.

Is the service responsive?

Good

The service was responsive.

Care records reflected people's current needs. Care records were updated when there were changes to people.

People received care that met their needs, preferences and aspirations.

The service routinely listened to people. There was a complaints policy and procedure. People said they knew how to complain. Complaints had been dealt with in a timely way and to the complainant's satisfaction.

Is the service well-led?

Good

The service was well–led.

The home promoted a positive culture and involved people, their relatives and staff in developing the service.

Staff and people knew senior staff and said they felt they were supported by them.

Checks and audits to ensure the quality of the service were undertaken and actions were completed to make improvements where issues were identified.

Brimley

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 14 and 16 August 2017 and was unannounced. The inspection was carried out by one Adult Social Care inspector on the first day, who was accompanied by an expert by experience on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had experience of working with older people, working with people with a learning disability and autism, as well as people living with dementia.

Prior to the inspection we reviewed information we held on our systems. This included reviewing whether any statutory notifications had been submitted to us. A notification is information about important events which the service is required to tell us about by law. The provider had completed a Provider Information Return (PIR) in June 2017. 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 spoke to three staff working at the home on the days of inspection, one of whom had been recently appointed to take on the role of manager. We also met and spoke with an area manager who had been involved in running the home in recent months.

At the time of this inspection, six people were living at Brimley. We met all the people living in the home and spoke with four of them about their experiences. We also spent time observing people who were unable to communicate verbally with us. After the inspection we contacted relatives of the people living at Brimley to ask about their views of the service. We received three responses.

We looked at a sample of records relating to the running of the home and to the care of people. We reviewed three care records, including risk assessments, care plans and the medicine administration records for everyone living at Brimley. We reviewed three staff records. We were also shown policies and procedures and quality monitoring audits which related to the running of the service.

Prior to the inspection we had received positive feedback about the service from a visiting health professional. After the inspection we contacted five health and social care professionals. We received one response. We also contacted the GPs and community nurses at two local GP surgeries but did not receive a response.

Good

Is the service safe?

Our findings

At the inspection in May 2016, we found breaches of regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. This was because medicines were not stored safely and where a medicine error had occurred, staff had not undertaken all the actions necessary to ensure the person was safe. Risks to people had not always been identified, recorded and reviewed adequately.

At this inspection, we found improvements had been made and the service was now meeting the requirements of the regulation.

Peoples' medicines were managed and administered safely because current relevant professional guidance was being followed. Medicine administration records contained a photograph of the person; details of allergies that might affect them, as well as accurately completed records of when people had received their medicines. People had been assessed to see if they were able to self-administer medicines. Although no-one living at the home was assessed as able to self-administer oral medicines, some people had been assessed as able to self-administer topical creams and emollients, with staff support.

Medicines were stored in people's rooms in locked cabinets which were fixed to the wall. Staff had been trained to administer medicines to people and carried this out safely. We observed a member of staff administering medicines to people. They checked against the administration record what medicine the person was prescribed and selected the correct medicine. They supported the person to take the medicine with a drink and then signed to say the person had taken the medicine. Another person who required ear drops was supported to their room and asked to lie on their side before the drops were administered. Staff then stayed with them for a short time encouraging them to remain in a prone position so that the ear drops would remain in the ear.

Where people required topical creams and lotions, there were detailed body maps which showed where the cream should be applied and information about its use. There were records of when topical medicines were administered. This meant it was easy to assess whether people always received their topical medicines as prescribed.

Medicine administration audits were routinely carried out by the manager. Staff had reported medicine errors and had taken appropriate actions, including contacting the person's GP for advice. Where errors had been identified, actions had been taken to reduce the risk of recurrence in the future. Medicines that were no longer required were disposed of safely. In July 2017, a pharmacist had undertaken an audit of the medicines administration, storage and audit systems. This showed that there were no major issues. Two of the three recommendations from the audit had been completed by the home. Work was being carried out to complete actions relating to the third recommendation about updating the medicine administration policy.

Records contained confirmation from the person's GP about the homely remedies that they could take. Where people required medicines in alternative forms such as a liquid rather than a tablet, the staff had

arranged with the GP for this to be prescribed.

People's care records had been reviewed and updated. Records now contained detailed risk assessments for each person, which described what the risk was and how staff should support people to address the risk.

People were protected against the risks of potential abuse and avoidable harm by staff who understood how to safeguard vulnerable adults.

Staff had the knowledge and confidence to identify safeguarding concerns and were able to describe how they kept people safe. For example one member of staff said if they thought abuse may have occurred they would "Make the person safe and report it to the manager." They also described how they would take concerns to the local authority or the Care Quality Commission.

Records showed that safeguarding incidents had been reported to the local authority safeguarding team by the management team. Actions had been taken to reduce the risk of similar incidents occurring.

People said they felt safe living at the home. Comments included "They [staff] are very nice, [Manager] is ever so lovely"; "I like it here" and "I'm happy now." A relative when asked if their relative was relaxed and happy at Brimley commented "Yes, she is very friendly with the staff especially [manager] and her key worker."

There were sufficient staff to meet people's needs. During the day there were usually two staff on duty as well as the manager. At night there was one member of staff on waking duty. A senior manager said that they were working with the local authority to review some people's needs and the staffing levels needed to support them at all times. . For example, some people were starting to need more support with personal care. A relative commented that they felt there were sufficient staff. A visiting professional also commented "The home is now well staffed."

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure people were suitable to work with vulnerable adults. The DBS is a criminal records check which helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. For example, there had been occasions when one person had got upset with another person living in the home. This had led to the person hitting the other. Staff were able to describe the actions they would take if an incident or accident occurred. This included supporting both people to move away from each other, providing them with one to one time and helping them to understand the situation. Staff were aware of some of the potential triggers for these behaviours and described how they worked with both people to understand these. A relative commented that they were aware that their family member had on occasion experienced some "slightly aggressive" behaviour from another person; they added that they believed this had been dealt with.

Risks to people's personal safety inside and outside the home had been assessed and plans were in place to minimise these risks. People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. For example, one person regularly went out unaccompanied. Staff had supported them to have a mobile phone, which they were able to use to keep the staff informed if

they had a change of plan whilst out. Staff had also ensured that the person was able to use public transport to travel to and from the local town where they attended social events in the community.

When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. Personal evacuation plans for each person had been written. These described what staff would need to do to support them in the event of a fire. An emergency 'grab bag' was stored near the front door. This provided essential equipment for staff to use in the event of an emergency evacuation, including a high-visibility jacket, car keys, a torch, and plans of the building.

The home was well maintained and kept clean to ensure people were protected against the risks of infection. There were regular checks on equipment in the kitchen and laundry areas to ensure they were safe. For example, refrigerator and freezer temperatures were monitored to ensure food was kept at a safe temperature. Staff followed infection control procedures; this included using personal protective equipment when supporting people with personal care to ensure that the risk of infection was minimised. There were supplies of gloves and aprons available for staff and staff were observed using them appropriately.

Good

Is the service effective?

Our findings

At the inspection in May 2016, we found breaches of regulation 9 and 14 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. This was because people had not always had timely access to health professionals and people's nutritional needs had not always been met. Staff had not taken action when one person had an unexplained weight loss.

At this inspection we found improvements had been made which meant that the service was now compliant with both these regulations.

Care plans were in place to meet people's needs in these areas and were regularly reviewed. People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. For example people had been referred to health professionals including dieticians, speech and language therapists and older people's mental health services. A relative commented "[Person] has had multiple visits to her GP. Brimley are proactive in sorting out her medical conditions."

Staff were aware of people's dietary needs and preferences. Staff described how they ensured that different dietary needs were met. For example, one person required a high calorie diet, whilst another person required a low calorie diet. Staff worked to ensure that both people's dietary needs were met by enriching the first person's meal which meant they could both enjoy a similar dish. A relative commented "I have seen staff ask [person] what [they] want …and also encourage [person] in the right direction … to gain weight so food choice is key." A health professional commented about the person who needed to lose weight "I was advised that the staff have already put strategies in place to help [person] with her weight loss (i.e. switching to low fat products/menu) – which was already being effective. "

People were encouraged to get involved in menu planning and food preparation. Staff had worked with each person to identify foods they enjoyed and those they did not like. Each person selected the evening meal on a day of the week. However, if other people did not like that choice they were able to select an alternative. A relative commented about the food "Looks good when I have visited and [person] says she likes the food."

We observed people having breakfast and lunch. Each person was asked what they would like and were served food of their choice. For example, one person had a jam sandwich for breakfast, while another person had spam and eggs. Both said they liked these foods. At lunchtime, people were eating a range of hot and cold snacks including sandwiches, beans on toast and spaghetti on toast.

People told us they liked the food and were able to make choices about what they had to eat. Comments included "Good food, plenty."; "I like the food, pasta, macaroni cheese, jelly and ice cream"; "Yes, I get plenty to eat, big meal in the evening" and "Breakfast I has toast, marmite, water or coffee".

One person was at risk of dehydration. Staff had worked with the person encouraging them to drink a

certain number of drinks each day. They had done this by preparing a drinks chart which the person coloured in themselves every time they had a drink. Hot and cold drinks were available throughout the day. Some people were able to prepare these themselves. Staff supported other people by offering them drinks frequently. One person commented "I drinks cold drinks, …drink enough, I get it myself."

Three people had been assessed by health professionals as being at risk of choking. Staff made sure that food prepared for these people followed the guidance from these professionals. Staff also ensured that during mealtimes, there was always a member of staff sat at the table to support people. One person preferred to eat most of their meals in their room. Staff helped them with the meal and sat with them whilst they had food and drink.

People went out from time to time to eat. For example on one of the inspection days, all the people from Brimley went out to celebrate a person's birthday with the support of staff. Staff described how they had ensured that the meals chosen when they were out, also met people's needs. One person chose sometimes to eat out when they were doing activities in the community. They commented "I like lunch out, I do that often, Saturday market, Wednesday to open café in market".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Records showed and staff confirmed that they undertook training in first aid, fire awareness and fire warden, manual handling, supporting medication, safeguarding vulnerable adults, food safety and health and safety. A training matrix provided details of when staff were due to refresh training. This showed that most staff were up to date with all their training. One member of staff said "I have done some e-learning and some training face to face." Another commented that they had been offered additional training to support their development

New staff completed an induction programme before working on their own. The induction was aligned to the nationally recognised Care Certificate. The Care Certificate was developed by Skills for Care. It is a set of 15 standards that all new staff in care settings are expected to complete during their induction. The manager oversaw the induction and signed to say when each part of the induction was completed satisfactorily.

Staff had regular supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any applications for DoLS authorisations to deprive a person of their liberty had been made.

At this inspection, we found staff had an understanding of the Mental Capacity (MCA) 2005. Staff were able to describe how they worked with people to minimise any restrictions and maximise people's

independence. People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Where there was concern that a person may not have capacity to make a decision, staff had recorded the actions taken to assess this. This included talking to the person, their relatives as well as health and social care professionals. Where a person lacked capacity to make a particular decision, records showed best interest meetings and decisions had been undertaken. A relative commented "They are really good at contacting me so I can act as a conduit for other family members. They involve me in best interest decisions as [person's] needs are changing."

Applications for DoLS authorisations for all the people living at Brimley had been submitted to the local authority, although at the time of inspection, none of these had been authorised.

Some adaptations to the environment of the home had been made to meet the needs of people who lived there. Corridor areas were kept clear so people could move around the home more easily. The home was light and well-maintained. There were spaces for people to use, both indoor and outdoor. There were plans to convert a conservatory which was not used by people into a quiet seating area, which would provide an alternative to the main sitting room. Some adaptations to support people had been made to a wet room, for example coloured grab handles were more easily recognisable for people with dementia.

Good

Is the service caring?

Our findings

People appeared happy and contented. People said they liked the staff. Comments included "They are very nice, [Manager] is ever so lovely"; "I like it here" and "I have made friend." A relative commented "Very much so" in response to the question 'were staff caring?' A relative commented that staff were caring adding "They will take [person to visit [relative] both at home and in hospital." Another relative commented that their family member was "In exceptionally good hands." A visiting professional commented "They are dedicated to the service users and their needs. The atmosphere is happy and relaxed." They also said staff were "really patient and very compassionate."

There were positive, caring interactions between staff and people using the service. The atmosphere was relaxed and friendly. During the inspection, two people were celebrating their birthdays. Staff and other people all joined in singing happy birthday and watching cards and presents being opened. One person had chosen to go to a pub for a meal with people and staff from the home, which staff had arranged. A relative commented "Staff really make special efforts when it is a birthday or other special occasion."

Staff knew people well and spoke about their personal life stories and families. We observed staff engaging in conversations with people rather than just passing them by. Throughout both days of inspection, we heard people laughing and clearly enjoying the company of others and staff.

Not everyone was able to communicate verbally. Staff knew people's individual communication skills, abilities and preferences. They were able to describe what people were communicating by their actions and expressions. A health professional commented "[Person's] support worker appeared caring and respectful (tried to involve [person] in the conversation, [staff] knew her likes and dislikes with regards to food and activities)."

People's care was not rushed enabling staff to spend quality time with them. For example, staff helped one person to make a drink, supporting them to do as much as possible themselves. Staff would stop what they were doing and talk to a person if they came up to ask a question. They made sure the person had what they needed before moving back to the task in hand. A member of staff commented "It's calm, positive and lots of fun".

The home was spacious and allowed people to spend time on their own if they wished. Each person had their own room which had been personalised to their taste. People said they had chosen the wall colours and furnishings. These rooms provided a comfortable space where they could spend time on their own if they wished. We observed one person choosing to spend time in their room listening to music on their record player.

Friendships between people living in the home had developed and staff supported people to do things together if they wished. For example two people enjoyed spending private time together, which they did most days. For example one person said "I go in [other person's] room, watch TV, listen to records".

There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People's views were sought through care reviews and annual surveys.

People's dignity was respected by staff. Where people needed support with personal care, their wishes were taken into account. For example, one person had said they did not mind having staff of the opposite gender supporting them with some care. However they said they did not want these staff supporting them with intimate personal care. Staff respected these wishes and ensured that the person was always supported with this care by a person of their choice. A relative commented how their family member was supported by staff with this decision.

Families and friends were encouraged to visit whenever they wanted. During the inspection, we observed friends calling in to see a person. A relative commented that they were able to visit "anytime." Another said "They are always happy for me to call in and see [person] without having to arrange in advance."

Staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. For example, some people chose to go to church on occasions. One person commented "[I] go church sometimes", "Christmas and Easter".

Good

Is the service responsive?

Our findings

At the inspection in May 2016, we found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. This was because people's care plans were not up to date and did not fully describe the person's risk and needs and how these should be addressed.

At this inspection we found improvements had been made which meant that the service was now compliant with this regulation.

People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care.

People's care plans were called their working policy. These clearly explained how they would like to receive their care and support. People and their relatives were involved in developing and updating their care, support and treatment plans. A relative commented that as they lived some distance, staff would discuss the person's care on the phone. They also said that staff took account of their opinion and made changes because of them. Care plans were personalised and detailed daily routines specific to each person. Staff were able to describe how each person was supported and cared for as an individual. Each care record contained information about the person's likes, dislikes and people who were important to them. A relative said they were invited to attend meetings about their family member's care and staff took account of their opinions. Another relative said "Always very responsive, really making sure they involve me and health professionals when needed." They also said "I have had more contact over the last year as they are more proactive when issues arise and keep me apprised of them."

People's needs were reviewed regularly and as required. Care plans were updated to take into account changes in people's risks and needs. Where necessary the health and social care professionals were involved. Care plans included information that enabled the staff to monitor the well-being of the person. Where a person's health had changed it was evident staff worked with other professionals. For example, one person was showing increased signs of dementia. Staff were working with health professionals to ensure they met the person's needs

People were supported to maintain their independence and access the community. People were able to be involved in activities of their choice both in and outside the home. People were supported to follow their interests and take part in social activities and hobbies. People told us about the activities they took part in. For example, one person really enjoyed attending arts and craft sessions at a local community group whilst another went to a coffee morning each week where they met with friends. Some people also chose to go to a local evening event put on each week where they met other people they knew. Other activities, people enjoyed included cooking, baking, knitting, crochet and listening to music. One member of staff said "It's very homely, it's relaxed, there's lots of activities. Arts and crafts, Gateway [club] in the evening for social. Magic Carpet for drama."

People were encouraged to get involved in domestic tasks including cooking, washing up and clearing away, shopping and housework. People described how they were involved. For example one person said "I sometimes help to clean" while another said "[I] go with staff [to do the food], shopping"

Each person had a keyworker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and interests.

There was a complaints policy and process and people said they knew what to do if they wanted to make a complaint. For example one person said "I would talk to [manager]." Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been one complaint since our last inspection. This had been investigated thoroughly and people and their relatives were satisfied with their responses. Staff described how they were developing personalised complaints information which would help people understand better how to raise a concern. The new complaints information would include pictures and photos.

Good

Is the service well-led?

Our findings

At the inspection in May 2016, we found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. This was because quality assurance systems had not been completed.

At this inspection we found improvements had been made which meant that the service was now compliant with this regulation.

The registered manager of the service had resigned in April 2017 and was in the process of deregistering with the Care Quality Commission (CQC). Since the registered manager's resignation, an area manager, who was also a registered manager for another service, had been managing the home. They had appointed a team leader to take on the role of manager in the week prior to the inspection. The new manager said they were planning to register with the CQC.

People and staff all said they felt that there had been significant improvements made to the running of the home. A member of staff said "things have improved, particularly the care plans." A relative commented that they knew the manager and senior staff and would always be able to talk to them if needed. Another relative commented "[Area manager] and [manager] are really good news. Really fantastic." They also added "There seems to be better systems in place, it feels more orchestrated." A visiting professional commented "I have witnessed first-hand a huge change in the service provided by Brimley staff. It has gone from being in crisis with virtually no staff and management, to the excellent service it is today." They also added "The turnaround in the service has been exceptional and I now have no concerns for the home."

The provider organisation had been taken over by a new provider organisation. Once the new manager has registered with the CQC, the new provider intended to register the home, with themselves as the provider.

The service had a positive culture that was person-centred, open, inclusive and empowering. It had a well-developed understanding of equality, diversity and human rights and put these into practice.

The service had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

The manager regularly worked alongside staff which gave them an insight into the support and care provided. They described how they would use this to identify areas of good practice as well as areas where improvements were needed. Staff received regular supervisions as well as day to day support. Where concerns about staff working practice were identified, appropriate actions were taken to address these, including disciplinary action when necessary.

A visiting professional commented "The senior staff team ensure the smooth running of the service and support the staff and service users fully."

The provider had effective systems in place to monitor the quality of care and support that people received. The interim and new manager had recognised the challenges of improving the service and had a service improvement plan they were working to. This had addressed the shortcomings identified in the last inspection. For example quality assurance systems had been put in place which monitored a number of systems including care records, medication administration and staff training and supervision.

Action had been taken to address issues including updating care records to reflect people's risks and needs and ensured care plans reflected how staff should meet these.

People and relatives were involved in feeding back about the quality of the service. A relative commented "I do receive regular updates on staff movements and questionnaires to feedback on performance."

A daily planner allowed staff to record what tasks they had completed as well as information about what activities and appointments each person had during the day. The manager was able to use the planner to ensure that the quality and safety of the home was maintained.

Internal audits had identified shortfalls and where necessary, action had been taken. Audits of care records and the home were undertaken regularly. These included checks on the safety of the home, including fire safety and equipment, water temperatures, maintenance requirements as well as people's care.

Senior staff from the provider organisation undertook regular visits to the home and provided written reports on what they had found. Action to address issues were then included in the service improvement plan. The service improvement plan was monitored to ensure that actions were completed in a timely manner.

People benefited from staff who understood and were confident about using the whistleblowing procedure.