Royal Mencap Society

Royal Mencap Society - Drummond Court

Inspection report

Mill Road South
Bury St Edmunds
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15 November 2017

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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

Drummond Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and care provided, and both were looked at during this inspection. Drummond Court provides accommodation and personal care for up to 36 people who have learning disabilities and/or autistic spectrum disorder. At the time of our inspection there were 28 people using the service.

This unannounced inspection took place on 14 and 15 November 2017.

There were two registered managers in post when we inspected the service. 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.

We brought forward this inspection due to concerns of which we had become aware that had been reported to the local authority safeguarding service. These concerns included a person not having an appropriate lunch prepared for them when away from the service for the day, people having ill- fitting or were wearing other people's clothes and looking unkempt and a two-way communication book used by Drummond Court staff and another service not being completed or sent with the person when attending another service. We spoke with the local authority safeguarding team and learnt that these concerns had not been substantiated by them and had been closed.

The overall rating of this service was Requires Improvement at our last inspection of 23 and 26 May 2016. The key questions Safe and Effective were rated as Requires Improvement. Care, Responsive and Well-led were rated as Good.

At this inspection we found the service had improved and is now rated 'Good' overall. There had been improvements made in the service. This included much clearer and robust moving and handling risk assessments being in place and staff knowing how to support people with regard to their moving and handling needs. Monitoring of medicine stocks had been increased and staff were knowledgeable about people's medicines and why they had been prescribed. Staff were aware of people's assessed needs including those people requiring support to manage their diabetes.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

The staff demonstrated a clear understanding of the actions they would take if they suspected or witnessed

any concerns about people's safety. Risks were assessed and management plans were in place to minimise the risk to people's safety while respecting their right to pursue interests of their choice. Medicines were managed safely and sufficient numbers of trained staff were deployed to meet people's needs.

Staff had received infection control training and used this information for the storage of food and cleanliness of the accommodation.

The registered managers learned from incidents or accidents within the service and made the necessary improvements. They shared this information with the staff through supervision and staff meetings.

Staff were provided with a wide range of training appropriate to the various needs of the people living at the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were provided with a healthy and well balanced diet and were encouraged to take part in the preparation of meals.

Other professionals worked with staff so that people had access to healthcare services and on-going healthcare support.

People were involved in the running of the service. They had been asked to give their views about the decoration of the premises and design of the garden area which had been implemented in line with their wishes.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the polices and systems in the practice support this practice.

People were treated with kindness and compassion. It was evident that positive relationships had developed between people and care staff. People expressed their views to staff about the support they required and their dignity and privacy were respected.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, detailed and specific to each person and their needs. Care preferences were clearly documented. People were supported to raise concerns.

Good leadership was in place. Staff spoke positively about the registered managers and the support they received. Staff viewed that the registered managers were approachable and would listen to suggestions made in how to improve the quality of care provided. Regular reviews of the quality of care were carried out and the service worked in partnership with other agencies for the benefit of the people living there.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient numbers of staff employed to keep people safe.

There were systems in place for the safe recruitment of staff.

Risks to people's well-being were assessed and plans were in place to minimise the risks.

Medicines were administered to people as prescribed.

Staff had received training regarding infection control and food hygiene and the premises and equipment were clean.

Lessons had been learnt when things had gone wrong and these were used to improve the quality of care people received.

Is the service effective?

Good

The service was effective.

Staff were provided with supervision and a yearly appraisal.

Deprivation of Liberty Safeguards (DoLS) were understood by the staff and appropriate referrals made.

People's dietary needs were assessed and people had access to on going healthcare support

The service accommodation was being refurbished at the time of the inspection.

Is the service caring?

Good

The service was caring.

Staff listened to people and treated them with care and compassion.

People's dignity and privacy were respected.

People's choices were sought and they were involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

People's on-going needs were assessed and support planned in response.

There were procedures in place to handle people's complaints and record compliments.

Each person had a person-centred care plan which recorded their hobbies, interests and how to support them to pursue those activities.

Is the service well-led?

Good

The service was well-led.

People's views of the service were sought.

There were quality assurance systems in operation.

The service worked in partnership with other organisations

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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 checked 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.

The inspection was prompted in part by concerns of which we became aware that had been reported to the local authority safeguarding service. These concerns included a person not having an appropriate lunch prepared for them when away from the service for the day, people having ill- fitting or wearing other people's clothes and looking unkempt, two-way communication book used by Drummond Court staff and another service not being completed or sent with the person when attending another service.

This unannounced comprehensive inspection took place on 14 and 15 November 2017 and was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience of caring for someone who uses this type of service.

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 improvements they plan to make. We checked the information that we held about the service including the previous inspection report. We also reviewed all other information sent to us from other stakeholders such including the local authority safeguarding team and other services.

During our inspection we spoke with seven people using the service and five relatives, the registered managers, the current and previous area manager for the service, three care workers and observed interactions between people and staff.

We looked at five care records, three staff and training records, medicines records and records relating to the management of the service such as audits, policies and procedures.

Good

Is the service safe?

Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection we have judged that the service has improved to 'good'.

At the last inspection we found that risks had been assessed but that action taken to minimise them in one person's moving and handling risk assessment were not robust. There were also stock taking issues and a lack of clarity about one person's medicines.

At this inspection we found that the necessary improvements had been made. Detailed risk assessments were now in place within people's care plans. Information was clearly recorded about how moving and handling of the person was to be carried out. We saw a member of staff talking to and reassuring a person who had given us permission to observe them being supported to move from one chair to another. We saw in the care plan that the hoist to be used had been recorded and which lifting sling and which loops to use to attach the sling to the hoist were recorded. The staff member was seen to follow this plan correctly to keep the person safe whilst performing this task. The plan was signed by a member of staff on a monthly basis to record the risk assessment and plan had been reviewed.

We saw in one person's care plan a referral had been made to the speech and language therapy (SALT) service for advice and support regarding a concern that the person could choke. Following an assessment the staff had explained to the person, recorded in their care plan and implemented a pureed diet to reduce the risk of choking in line with the SALT's guidance. The service staff had also worked with the person so that they had as much choice as possible with the pureed diet and had contacted a number of services who supplied pureed foods for them to try.

One person told us, "I feel safe here because everything is written down in my care plan and the staff know me." Another person told us, "I like it here, this is my home all my stuff is here." A relative told us that they believed that people were safe and protected at Drummond Court. The relative said, "I visit often and whenever I come [my relative] is content and happy and I have no concerns that they are safe." A member of staff told us, "Everybody has a risk assessment, which is reviewed monthly or as needed in the light of something happening."

The training records showed that all staff had received safeguarding training. Care staff informed us that they would report any allegations of concern to the registered manager, but could also contact the local authority or Care Quality Commission (CQC). We were therefore satisfied that procedures were in place to protect people from the risk of abuse or avoidable harm.

We saw that there was sufficient staff available to support people throughout the day and night in each of the six accommodations at Drummond Court. There was a dependency tool used to determine the number of staff required to support people living at the home. Staff had sufficient time to spend with people and engage people in the community. During the days of our visit, some people were away from the service at the local shop to purchase personal items or food. While some people were at the service others were at

places of sheltered work or day care services. The staffing rota confirmed that staff were provided according to people's needs and additional staff were provided if people needed to go for health appointments or wanted to do specific activities. A member of staff told us, "I am very pleased to work here because we do have enough staff to care for people."

The service had a robust recruitment procedure and appropriate checks were obtained to ensure staff were suitable to work with the people living in the service. We checked recruitment records for three members of staff to verify this. A member of staff informed us that they had completed an application form and their references and disclosure barring service (DBS) check had been completed prior to them commencing work at the service. DBS checks verify whether applicants have any criminal records and whether they are barred from working in care services

Safe medicines management practice was followed. All medicines were stored securely for the protection of the people living in the service. Medicines administration records (MAR) contained detailed information such as up to date photographs and any allergies. When as required medicines had been prescribed, there was a protocol in place to advise the staff and person about the benefits of taking the medication on this basis. Stock levels of medicines were counted during each shift and random spot checks were also carried out by senior staff. This ensured that people received their medicines as prescribed and any discrepancies could be dealt with immediately. Staff had received training in the administration of medicines and their competency to do this safely had been regularly assessed.

We also saw from the care plan notes that the service staff had worked proactively with the general practitioners to ensure medicines were reviewed regularly. This was to make sure the medicines were appropriate for that person. We saw in one person's case a medicine had been gradually reduced and the person's health monitored closely by the staff and general practitioner practice. Eventually the medicine was discontinued altogether. This had been done with the person's consent and they were able to tell us how much better they now felt within themselves and were very pleased with the staff for helping them.

The service was very clean and free from any offensive odours. A member of staff told us, "We are responsible for cleaning and some of the people work with us to clean and we try to make it light hearted and fun." Staff had received infection control training and we observed that appropriate hand hygiene was followed to ensure the risk of spreading infections was minimised.

Staff from each of the units reported incidents and accidents including falls to the registered managers as they happened and these were reviewed on a monthly basis to determine any lessons that could be learnt for the overall improvement to the service. The service had learnt lessons from our last inspection of safe medicines management and a result, had implemented changes of stocktaking which were still in place.

Each person living at the service had a personal emergency evaluation plan. The plans advised staff how to support people to evaluate the building in times of emergency and how to support them with regard to their individual needs. We saw records which confirmed the registered managers worked with the maintenance staff to carryout fire safety checks.

Senior staff had certain responsibilities allocated to monitor various aspects of the service, these included health and safety, fire safety, care planning, medicines and maintenance. We saw that external contractors carried out annual health and safety checks, which ensured that all necessary checks such as gas checks, fire checks and electrical checks were carried out and maintained to keep the premises safe.

Systems were in place to report concerns to appropriate organisations for information and advice. The

registered managers sought to speak with relatives on a regular basis to determine if they had any concerns about people's well-being and on one occasion this had led to the review of a person's one to one care for particular activities known to be of benefit to them.

Good

Is the service effective?

Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection we have judged that the service has improved to 'good'.

At the last inspection we found that people were supported with their dietary and healthcare needs but the management of people's needs related to their diabetes was not robust. Staff were not clear upon how frequently people's blood glucose levels should have been tested, blood glucose levels charts were incomplete and the care plan was not precise regarding the peoples care needs. We told the provider they needed to improve within these areas.

At this inspection we found that the necessary improvements had been made. Staff were aware of the content of each person's care plan who had a diagnosis of diabetes. The staff had received training about diabetes management and were able to tell us about the signs and symptoms of the illness. Blood glucose levels were taken and recorded at the specific times as stated in the care plans and at other times if the person felt unwell. Staff were also aware of the actions to take should they have suspected the person was unwell from the symptoms of diabetes. The staff had also worked with people to consider healthy diets while considering the person's food choices. We noted that appointments with other professionals had been made to support the people to manage their diabetes. Information had been recorded in the person's care plan.

There was a section in people's care plans to record their assessed needs. We saw that templates were used to ensure all needs were covered and that the assessments reflected the individual needs of the person. Some people required assistance with many daily living tasks while other people had no physical needs but were supported with their psychological and emotional needs. The care plans were person-centred to reflect those needs. Staff had engaged with people to discuss their choices about how they wished to spend their time and support required to meet those needs had been recorded. We saw that the care plans were reviewed by the staff on a monthly basis and with the person every six months or more frequently as the need arose. One person told us, "I refer to my care plan regularly and speak with the staff about it."

Members of staff told us that they had access to training as part of the induction process when joining the service and that training was on-going. The training records confirmed that staff had received training relevant to their role. This included training in manual handling, food hygiene, health and safety, medicines administration and infection control. We saw in the annual training matrix, that new staff received this training as part of their induction and established staff received annual refreshers. Staff told us that they had received regular supervision sessions which were planned in advance when they were able to discuss their practice. This was confirmed by supervision records and we noted that all staff had a yearly appraisal to discuss how they could develop their future career.

We saw that people were provided with well-balanced and nutritious diets. One person told us, "We go shopping to buy the things we want to eat and prepare for lunch." People's likes and dislikes were taken into consideration. Regular menus were planned by using pictures and photos enabling people to choose what

they liked. The menu was varied and provided meals from different cultures to meet individual needs. People had been supported by staff to study different parts of the world and gain knowledge about different dishes. We saw in one kitchen a map of the world and dishes associated with different countries displayed. One person told us, "I like pizza." They identified this food with Italy.

We observed during the morning some people had worked with staff at preparing their lunch. They informed us that they picked a different meal each day of their choice. Another person told us. "I like staff here as they help me make coffee." Where people required input from dieticians and the SALT team this had been sought and assessments and guidance was in place to support people appropriately.

We saw that some people had specific dietary needs. Their choice about these foods had been sought and kitchen cupboard and fridges were well stocked as one person showed us around their home. The service staff had consulted other professionals such as GP's and the SALT team for advice on foods suitable for people wishing to control their weight or with swallowing difficulties. The staff we spoke with were knowledgeable about the people and how to support them. A member of staff told us, "I have learnt a lot since working here and the managers arrange the training for us." People living at the service were provided with a packed lunch when away from the service for the day.

The staff we spoke with were not aware that any person had left the service without their lunch. There were systems in operation to check that each person had the correct lunch. This was important with regard to people's choice and also assessed needs as some people required a pureed meal. Staff informed us if they were informed of an error as soon as this was realized they would take the appropriate action. No error had been reported to the service but they had discussed this possibility with the safeguarding service.

The service had very good links with community health care professionals such as epilepsy nurse's, psychiatrists, GP's and district nurses. All of these professionals had been consulted and involved with the support of people at various times and for specific needs. We saw various examples of the continued work the staff had done in improving people's complex and emotional health care needs. A relative told us, "They helped [my relative] stop smoking. This was their choice and they were a long term smoker and that was ruining their health. I cannot praise them enough for that." The staff informed us that they had worked with the person's consent to seek support from the smoking cessation service.

At the time of our inspection we saw painting and refurbishment in operation in one of the accommodations. One person told us, "I helped pick the colour of the paint." We saw other areas of the service that had been recently decorated. We learnt from the registered manager there was a decoration plan to be implemented for each of the accommodations. We also saw that a garden area had been developed into a seating and decking area which was used for relaxing in the garden and for outdoor food preparations. People had been consulted about this and had been involved in the planning and installation as appropriate with their abilities to support the project.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where staff suspected that people lacked capacity an assessment had been carried out. No front doors were locked at the service and people came and went as they pleased. Other people were subject to continuous supervision for their safety and well-being. Staff had sought the advice of the DoLS team and completed the relevant documentation to support people to live their life as they chose while supporting people to be safe.

The staff had completed the necessary documents to seek support and advice from other services. Staff had received training on consent, MCA and DoLS and knew how to apply their knowledge and record information. We saw that mental capacity assessments had been carried out and recorded. There were documents in place such as best interest meetings to record how the staff were to support people to meet their individual needs.

Good

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the service remains 'good'.

We saw positive relationships between people and staff. One person was talking with a member of staff about what they were going to do that afternoon. The staff member engaged in a friendly and joking chat with the person demonstrating an empathy while giving reassurance. Another person was visited by a relative and this was a long-standing arrangement at this time on the same day each week. Staff had listened to both the person and relative and had planned to make this a special and enjoyable time. Arrangements had been made so that the person and relative could enjoy lunch and spend some time together in privacy away from other people.

Some of the people living in the service had limited verbal communication skills. When we asked people about staff working at the service they indicated their satisfaction with positive gestures such as a smile or a laugh when pointing to a member of staff. A relative told us, "The staff know [my relative] very well. They have only got to know them from listening to them, they know their favourite colours and television programmes."

The care plans provided detailed information in regards to people's likes, dislikes, their interests and hobbies. These were reviewed monthly and new activities were offered for people to try out. A member of staff told us, "We suggest new things to people such as swimming or the cinema, but it is always their choice."

People were supported to gain and maintain their independence in line with their assessed needs and skills at that time. We observed that staff continuously encouraged people to do things on their own or with as much staff support as needed. This was always followed with praise when the person had accomplished the task. We observed a person loading a washing machine with coloured guides to help them operate the machine supported by a member of staff. The washing machine programme was set up by the staff member while engaging in a guessing game with the person whether their clothes should go on a high temperature load or low. From the person's reactions it was obvious they enjoyed and found fun with this communication.

All of the people we met were dressed in clean well-fitting clothes. The registered manager informed us that people were involved with references to their abilities and needs to select clothing of their choice. All people we spoke with told us that they could have a bath or shower when they wished and staff supported them as necessary. We asked the registered manager why it may be considered that some people were reported as unshaven or looked unkempt when leaving the service. They explained that one person was offered a shave every day and at the time of our inspection was clean shaven. However some days they chose not to have a shave and would wave their hand in front of their face when staff showed them the razor. Staff accepted this as the person's choice not to want to be supported with shaving on that day. Sometimes this was the case for three or four days.

Rotas were arranged so that staff could support people at appropriate times with regard to their care needs. This meant that not all staff commenced at the same time but were informed of any changes to people's needs from communication books and handovers from existing staff on duty. Within each accommodation with people's permission, staff photographs were displayed at the day and time they were on duty on a rota board. Staff told us that they had time to support people and record information in people's care plans.

We saw that for long-term planning with reference to peoples assessed needs, plans had been recorded in consultation with the person and their relatives. Care plans were reviewed on a yearly basis or more regularly should the need arise.

We saw that people's privacy and dignity was respected. We observed staff closing the door when supporting people in their room and staff knocking on the door prior to entering people's rooms. A member of staff told us, "I will always knock and close the door and curtains when I provide personal care to maintain the person's dignity." One person living in a self -contained flat at the service told us, "Staff never walk in uninvited they always knock and ask. They identify themselves but I usually know who it is anyway as I know the staff well and which days and shifts they work."

The current staff team comprised of some new members of staff alongside some long-standing experienced colleagues. The registered managers tried to ensure that the same staff worked with the same people to get to know them well and could introduce new staff to work with them at times of change. All of the people we spoke with told us they knew the staff.

Staff had a good understanding of the importance of confidentiality. Care records were kept securely in each of the service accommodations when the person lived in a lockable cabinet or behind a locked door.

Good

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the service remains 'good'.

People at the service had a vast range of abilities which they continued to develop and specific needs with which they required support. The care plans were developed from an individual assessment of need to determine the personalised support required. The staff worked with people to determine and help them fulfil their own individual goals. Some people took an active part in using and working in the local community. Other people were supported to visit the local amenities and spent much of their time being supported by staff at the service due to their complex needs.

The registered managers were aware that many of the people at the service had been supported by family members for considerable periods of time prior to them coming to the service. They strove to support the person to maintain those contacts and encouraged the relatives with the consent and support of each individual to be as actively involved as possible. The registered managers with the people's consent and with reference to best interest meetings contacted the person's relatives every six months to review the care plan. We saw records of invitations and meetings were kept.

One relative contacted us during the inspection to express their wish to be contacted more frequently by the service than the above arrangement. The registered managers said with the person's permission, they would arrange additional meetings with the relative who had supported the person for a considerable period of time prior to them living at the service. The registered managers were aware that in order to support the person and respond to their needs, it was important to ensure that significant people in their lives were also involved with the support.

A relative told us, "I have been contacted regularly by a person if anything has changed in [my relatives] life and I have attended meetings in the past. I feel fully involved." Another relative told us, "We are so happy they supported [my relative] to help them find a job. If there is something wrong, they would be visibly distressed, but carers somehow always find what is bothering them or find out what upset them and we trust them totally."

Care plans were found to be person centred and well structured. One person told us, "My care plan lives here with me and is very personal to me and I am very pleased with it." Each care plan we viewed had a one page profile providing staff with significant and important information about the person. This information included likes, dislikes, needs and abilities. The one page profile was followed by how the person planned to spend their week with daily options, which provided information about how the person chose to be cared for. There was clear guidance of how to support the person appropriately with regard to what they liked to be called. Care plans had been reviewed regularly and updated as and when needed. This meant that staff were provided with clear guidance about how to meet people's needs.

The staff we spoke with had a very good understanding of people's needs. They had time to read the care

plans and contribute important information to them. This was confirmed by the records we saw, which were judged to be of good standard, informative and easy to understand.

The current staff team comprised of some new members of staff alongside some long-standing experienced colleagues. The registered managers tried to ensure that the same staff worked with the same people to get to know them well and could introduce new staff to work with them at times of change. All of the people we spoke with told us they knew the staff.

People were observed at the time of our inspection to be actively involved in various activities. Some people went to the shop, day centre, for walks and to a local public house for lunch on the days of our inspection. One person returned to the service earlier than expected stating they were anxious that their day had not gone as planned and there were staff available to immediately support them.

Records showed that people had a wide range of planned activities and an activity plan which was in pictorial format was displayed in communal areas of the service and in people's care plans. We observed staff talking with people about what they wanted to do and giving people options to choose from. One relative told us, "[My relative] plans a holiday each year with the staff, I am impressed with planning and that [my relative] has a lovely holiday." One person told us about their days out and with the support of staff had put together a book of photographs and memories of the outings.

People were encouraged and supported to maintain close links and relationships with their relatives. One relative told us "Whenever I visit, they always make me welcome and they regularly contact me and update me with progress or any changes. Recently there was a change of medicines of which I was informed and why."

The service had a complaints policy and procedure. Complaints were recorded and responded to in accordance with the laid down procedure. We were aware from our observations that some people would not be able to verbalise a complaint and we raised this with the staff and registered manager. The staff told us about the importance of having regular staff working with people that knew people well and would be aware of changes in behaviour if people were upset or in pain. This information would be recorded and discussed with colleagues and families when necessary and action take to resolve the situation. Staff informed us that one person would seek staff out when they wanted support by approaching them and taking their hand. Although they were not able to verbalise their needs, the staff would talk with them and they would indicate when they had identified the issue.

At the time of the inspection nobody was receiving end of life care. The staff had worked sensitively with people, relatives and other professionals to plan for future events taking into account people's wishes. These had been recorded and were to be reviewed at each planned review.

Good

Is the service well-led?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the service remains 'good'.

The service had two registered managers each managing part of the service while aware of their responsibility as a registered manager to be responsible for the entire service. They were supported by service managers and deputy service managers assigned to work in areas of the service. Each accommodation had designed support staff to support people in their home. The support staff reported to the deputy service manager and service manager.

There was an open culture at the service. The service had been transparent about the last and previous inspections by the CQC and had sought advice and support from other professionals and services to improve the service. Experienced managers had been appointed and sought the advice of other managers within the organisation to address the issues raised and work with people and relatives to continue to improve the service.

The senior staff we spoke with as part of the inspection considered that good and effective communication is one of the fundamentals of high quality care. They accepted that on rare occasions people had attended other services without their communication book. A communication book is owned by the person and they have access to it and know what is written. The function of a communication book is for staff of different organisations to communicate important information between them and the person's families when the person is visiting another service or their family. The service staff are available over 24 hours and stated that they would speak with any other service or family member on an occasion that the person's communication book was not with them. There were systems to check that people left the service with their communication book and they would review the checking process to see if this could be improved.

Feedback viewed from relatives was positive and staff spoke highly of the registered managers. One relative told us, "The manager is approachable and helpful." Another relative told us, "[My relative] seems much more settled, they have better food choices, people are more out, they go out to the church now, which was not available before. It is a big improvement by the managers." Another relative did share concerns with us about their relative's physical health and how they hoped for a better Christmas this year. This was because of disappointments in their view, about the support of their relative last year. We spoke with a senior member of staff involved with the person's support and they took immediate action and arranged a meeting with the person and their relatives to discuss the situation.

A member of staff told us, "I have confidence in the managers. They will help and resolve problems." We learnt that new staff were concerned and not content with some of the training they received at induction because it seemed short in time and did not cover all aspects of the subject. This was investigated and action taken so that the staff received the correct training in depth and felt confident in the training they had received. Action was taken not to use the same trainer again which had fallen short of the stated aims of the course. This meant that the managers responded appropriately to the situation to ensure that staff received

the necessary training to support people.

Staff told us that they received regular supervisions and appraisals and had monthly team meetings. They said that they found these forums very useful and felt that their opinions were valued and suggestions made to improve the service were taken into consideration.

The provider has a legal duty to inform the CQC about changes or events that occur at the service. They do this by sending us notifications. We had received notifications from the provider when required.

We viewed the quality assurance audit carried out by the registered managers. Feedback received from staff, relatives, health care professionals and people at the service was positive and any comments made to improve the quality of care had been considered and included in the action plan and actions had been taken. This included people being consulted and involved in the choices of decorating at the service.

The registered managers completed regular quality audits regarding the accommodation. Repairs were carried out in a timely way and the service staff were involved in annual maintenance planning. This ensured that repairs had been dealt with swiftly and any work to improve the environment had been carried out in a timely manner.

The staff worked in partnership with other professionals. This included seeking advice and guidance from the local authority safeguarding team. This was confirmed by the safeguarding team staff. All accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. Staff had also noted changes in people's behaviour and general levels of alertness. This had resulted in the action of discussing with the persons GP to see if any action needed to be taken to keep them safe. We saw that medicine reviews had been carried out and medicines reduced in a managed and timely way for the benefit of the person. This meant the service staff and other professionals had worked together to support the person.