

Really Flexible Care Ltd

Penniston Barn

Inspection report

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Date of inspection visit:
11 May 2016
12 May 2016

Date of publication:
29 July 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 11 and 12 May 2016 and was unannounced. At the last inspection in October 2014, we found the provider was not meeting all the legal requirements in the areas that we looked at. We asked the provider to take action to make improvements to the assessment of risk to people, the maintenance of the environment and the impact this had upon people and the way by which staff were recruited to the service. We also asked that they look at the staff training processes, the content and review of people's care records and the quality assurance processes used to drive future improvement.

Penniston Barn provides accommodation and personal care for up to six adults with a learning disability, autistic spectrum disorder, and other associated complex needs. It is part of a group of three services located on a rural site run by the same provider. At the time of our inspection there were six people living at the service.

The service had a registered manager. 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. At the time of our inspection the registered manager was unavailable to participate in the inspection process because they were on annual leave. A deputy manager was however overseeing the service in their absence.

Since our last inspection in October 2014, the registered manager and provider had acted upon inspection feedback with a view to evaluate and improve their practice and ensure compliance with the regulations. However, during this inspection we noted that the environment had not been suitably maintained and appropriate standards of cleanliness were not upheld in the communal hallway of the service. The flooring was stained and discoloured and gaps within the flooring meant that effective cleaning could not be completed. Water damage was also noted to the flooring, door frames and skirting boards.

Relatives felt that people were safe in the service. Staff were knowledgeable and understood their responsibilities with regards to safeguarding people. They had received effective safeguarding training. Referrals to the local authority safeguarding team had been made appropriately when concerns had been raised.

There were sufficient numbers of staff on duty to meet people's needs and promote their safety at all times within and outside the service. Safe recruitment processes were in place and had been followed to ensure that staff were suitable for the role they had been appointed to prior to commencing work. Staff were well trained and completed an effective induction programme when they commenced work at the service. Staff were supported in their roles and received regular supervision and appraisals.

People's needs had been assessed and detailed care plans took account of their individual needs, preferences and choices. There were comprehensive, personalised risk assessments in place that gave

guidance to staff on how individual risks to people could be minimised. Care plans and risk assessments had been regularly reviewed to ensure that they were reflective of people's current needs.

People's health care needs were being met and they received support from health and medical professionals when required. Medicines were stored appropriately, managed safely and audits completed. People were supported to make choices in relation to their food and drink and a varied menu was offered.

Positive relationships had developed between people and staff. Staff were patient, friendly and respectful. People's privacy and dignity was promoted throughout their care. Staff knew people's needs and preferences and provided encouragement when supporting them. People were encouraged to participate in meaningful activities and a wide variety was available. Relatives received relevant information regarding the services available and regular communication was maintained.

The registered manager was approachable and staff felt supported in their roles. Relatives and staff knew who to raise concerns with and there was an open culture. Relatives were asked for their feedback on the service and comments were encouraged. The registered manager completed detailed quality monitoring audits and it was clear how these were used to drive improvements in the service. Staff felt involved and were encouraged to contribute to the development of the service.

During this inspection we found the service to be in breach of one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and The Care Quality Commission (Registration) Regulations 2009.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Gaps in flooring in the communal hallway meant it was unable to be cleaned to an appropriate standard. There was significant staining and discolouration.

There were systems in place to safeguard people from the risk of harm and staff had a good understanding of these processes.

People had personalised risk assessments in place and action was taken to reduce the risk of harm from identified hazards.

People's medicines were managed safely and stored appropriately.

There were sufficient members of staff on duty at all times and safe recruitment processes were followed.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had the skills and knowledge to provide the care and support required by people. Staff received regular supervisions and appraisals.

People's consent was sought before any care or support was provided. Staff demonstrated a good understanding of the requirements of the Mental Capacity Act 2005.

People were supported to meet their health needs and had access to a range of health and medical professionals.

Good ●

Is the service caring?

The service was caring.

People had developed positive relationships with staff. Staff were patient, friendly and respectful.

People's privacy and dignity were promoted by staff.

Good ●

Staff had a good knowledge of the people living in the service. They understood people's needs, respected their choices and provided personalised care.

Is the service responsive?

The service was responsive.

Detailed care plans which reflected people's needs and preferences were in place and were consistently reviewed.

There was a wide range of meaningful activities in place which people were supported and encouraged to participate in.

There was an effective system to manage complaints.

Good ●

Is the service well-led?

The service was well-led.

Quality monitoring audits had been completed regularly and it was clear how these were used to drive continuous improvements.

Staff and relatives were positive about the management of the service.

There was an open culture amongst the staff team and staff felt management were supportive and approachable.

People, their relatives and staff were encouraged to give feedback on the service provided and this was used to develop the service.

Good ●

Penniston Barn

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 11 and 12 May 2016, and was unannounced. The inspection was undertaken by one inspector.

Before the inspection, we reviewed the information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us by law. We also reviewed the previous inspection report and the action plan submitted in response to our findings. We found that no recent concerns had been raised.

During our inspection we spoke with one person who lived at the service, three senior care workers, one learning coordinator and a deputy manager. We used the Short Observation Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the care records and risk assessments of three people who lived at the service, and also checked six medicines administration records to ensure these were reflective of people's current needs. We also looked at six staff records and the training records for all the staff employed at the service to ensure that staff training was up to date. We reviewed information on how the quality of the service was monitored and managed to drive future improvement.

Following our inspection visit we contacted relatives of five people living in the service to ask for their views of the service. We also spoke to the registered manager and requested they sent us documents that we were unable to view during our visit. These documents were sent within the requested time frame and were reviewed on 18 May 2016.

Is the service safe?

Our findings

When we inspected the service in October 2014, we found that the premises had not been reasonably maintained to ensure that people were not exposed to the risk of harm or injuries from exposed electrical wiring. The flooring in some areas of the service was uneven and the carpet on the staircase was badly worn. We asked the provider to take action to ensure that the premises were suitably maintained. This action had not been fully completed.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that health and safety checks were not always effective. We found members of staff completed health and safety checks regularly to ensure the environment was safe and that any concerns were reported promptly. However, we were informed that the member of maintenance staff had recently left and that a senior member of care staff from another service was overseeing the maintenance tasks required whilst recruitment was undertaken.

On the first day of our inspection we saw it had been recorded that a light was not working in a person's bedroom for the previous three days. This had been reported by staff but not attended to and had left the person without a working light in their room. This posed a risk to the person and members of staff who were supporting them during hours of darkness.

On the second day of our inspection we were informed that the provider has been contacted to request an electrician to attend to the fault and that this had been authorised. We conducted a tour of the service and found that the carpet on the staircase had been replaced and there were no visible hazards in the service however, we noted significant staining and discolouration to the flooring in the communal corridor from the entrance hallway leading to people's bedrooms. There were also noticeable gaps in the flooring between rooms and evidence of water damage to the flooring, door frames and skirting boards. The gaps and damage to the flooring meant that cleaning was ineffective and presented a risk to the infection control of the service.

This was a continued breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we inspected the service in October 2014 we found that a member of staff had commenced work without the provider having carried out a Disclosure and Barring Scheme (DBS) check. The DBS service provides criminal records checking to help employers make safe recruitment decisions. We also found gaps in the employment records of some members of staff. We told the provider to take action to ensure robust recruitment processes were completed and improvements were made to the records kept when recruiting staff.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that safe recruitment practices had been followed. The deputy manager, who had recently begun working at the service, told us, "I know all of the checks were completed before I was able to start. Both references and DBS." The registered manager confirmed that the recruitment policy had been reviewed since our last inspection and that staff were not allowed to commence work until two references and the DBS check had been received. We looked at six staff records, including a member of staff who had recently started work at the service. We found that relevant pre-employment checks had been completed to ensure that the applicant was suitable for the role to which they had been appointed before they had started work. Recruitment checklists were in place to ensure that the records were complete and that the information contained within the file was up to date.

When we inspected the service in October 2014, we found that risks to people had not been managed and there was no guidance available for staff on how to manage situations where people displayed behaviour that put others at risk. We also found that incident report forms were not fully completed, reviewed or used to complete a plan to mitigate the risk of harm in the future. We asked the provider to take action to ensure risk assessments were completed and guidance was made available to staff.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that personalised risk assessments were in place for each person who lived in the service which addressed identified hazards they may face. One member of staff told us, "The risk assessments are really comprehensive. They look at all areas of how we need to keep people safe and what we need to do if situations arise." Another member of staff told us, "The whole plan just helps us get to know someone and how to keep them safe." Members of staff we spoke with told us that risk assessments were reviewed monthly to ensure that the level of risk to people was still appropriate for them, taking into account any changes in people's needs or incidents that may have occurred.

We looked at the risk assessments and found that they detailed the hazard, the nature of the risk and any actions that staff should take to reduce the risk of harm. The assessments considered a wide range of daily living activities and included identified support regarding nutrition and hydration, personal care, activities and social vulnerability. For some people, these assessments also identified specific support with regards to risks of displaying behaviour that could have a negative impact on others or could cause harm. Detailed protocols were in place which identified the possible triggers, occasions and environments which could increase the risk and the specific actions that staff should take to in each situation to reduce the risk of harm and support the person effectively.

A record of all incidents and accidents was held, with evidence that the manager had reviewed each report and appropriate action had been taken to reduce the risk of recurrence. Where required, people's care plans and risk assessments were updated to reflect any changes to their care as a result of these so they continued to have care that was appropriate for them and the risk of future avoidable harm mitigated.

The registered manager had carried out assessments to identify and address any risks posed to people by the environment. These had included fire risk assessments, the communal areas and kitchen, access to the office via stairs, first aid provision, the presence and storage of medicines including controlled drugs and the security of the building. People living at the service had Personal Emergency Evacuation Plans (PEEP's) which included their understanding of fire safety, the support that would be required in an emergency and how the person should evacuate the service if there was a fire.

People told us that they felt safe living at the service. One person said "Oh yes. It's good. It's safe." A relative

told us, "I have no concerns over [Person's] safety. None at all." Another relative told us, "I'm very happy with the safety and security of the building."

All the members of staff we spoke with told us they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of concerns they would raise. They were also aware of reporting to the local authority or other agencies and demonstrated a good understanding of these processes. One member of staff said, "I would report any harm or concerns I had to the management." Another member of staff said, "Concerns are reported to the manager but I know the local authority forms are available and we have to let CQC know if we've reported anything."

Training records for staff confirmed that they had undergone training in safeguarding people from the possible risk of harm. There was a current safeguarding policy and information about safeguarding including the details of the local safeguarding team was displayed in the office. Records showed that appropriate referrals had been made to the local authority where required.

There was enough staff to meet people's needs. A relative told us, "There always seems to be plenty about if we have reason to visit." A member of staff told us, "The staffing level is maintained well. Any agency staff we use is consistently the same people but if we do get a new agency member of staff they shadow the shift first." Another member of staff said, "There's always enough of us to provide the care needed or do the activities we have planned. We work it out between us."

We observed that staff were available to meet the needs of people living in the service when required or requested and the planned activities for the day took place. The registered manager had completed a 'staffing breakdown' that they had used to assess the level of need of all the people living in the service and the support they required, both at the service and when in the community. This also included any factors that could affect the staffing level, such as regular 'home visits' for people, planned activities and specific incidents of concern. We reviewed past rotas and found that there was consistently the required number of staff on duty as determined by the staffing breakdown.

There were effective processes in place for the management and administration of people's medicines and there was a current medicines policy available for staff to refer to should the need arise. One member of staff said, "The medication training course was face to face with an outside company and was really good but we still had to answer questions and scenarios when we got back and have an observation before we were allowed to administer ourselves."

There were specific protocols in place to assist staff in administering medicines safely which included details of the person's preferred method of administration, the reason why the medicine had been prescribed and, for the administration of 'as and when needed' (PRN) medicines, the specific reasons or circumstances for administering the medicine.

Medicines were stored securely and audits were in place to ensure these were in date and stored according to the manufacturer's guidelines. A senior member of staff explained to us how the daily audits of medicines were carried out so that all medicines were accounted for and the responsibility of the administration of medicines was passed between shifts. These processes helped to ensure that medicine errors were minimised, and that people received their medicines safely and at the right time. We reviewed six records relating to how people's medicines were managed and they had been completed properly. We carried out a reconciliation of the medicines held for two people against the records and found this to be correct.

Is the service effective?

Our findings

When we inspected the service in October 2014, we found that staff were not experienced and did not have the knowledge and skills to perform their roles and responsibilities effectively. We found that a member of staff had not had training relevant to the complex needs of the people living in the service and that inexperienced members of staff were not able to access training and support to help them provide care. We asked the provider to take action to ensure that staff received training appropriate to the needs of the people living in the home and that the training provided was monitored to ensure that it was effective and staff had understood what was delivered to them.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that staff had the necessary skills and experience to care for people. One relative said, "They definitely know [person] and how to work with [them]." Another relative told us, "Staff seem to do a lot of training and know how to support [Name of person]." Relatives were asked for their feedback regarding the knowledge, skills and training of staff in the annual survey. All the responses seen from the most recent survey were positive. It was clear from our observations of staff interacting with people that they knew and understood their needs.

Staff told us that there was a training programme in place which gave them the skills they required for their roles and had completed an effective induction programme when they had commenced work. One member of staff told us, "The induction is really good. You have a week of training and then the time to read people's plan and the policies in place. Then you shadow a senior on shift." Another member of staff told us, "The training plan covers all the courses that we need and we can always ask for more." One member of staff told us how they had recently undertaken an additional course in the Mental Capacity Act and how it had supplemented the knowledge they had. They said, "It was a really interesting course and went into further detail than the basic course I went on before. It enabled me to come back and ensure we were following the right practices." Staff explained the variety of training courses they attended, both face to face and online, the workbooks compiled by the provider for them to complete and competency checks that were completed in house and how this supported them in their work. This was supported by the records we checked.

We looked at the induction and training records for all staff and found these to be comprehensive. We saw that new members of staff were required to complete mandatory training and be observed in their practice by a senior member of staff before being deemed competent to work unsupervised with people. We also saw that the registered manager assessed the performance of staff prior to the completion of the probationary period and at regular intervals within the annual appraisal cycle to assist in identifying their learning and development needs.

Staff also told us that they felt supported in their roles and received supervision, formally and informally on a regular basis. One member of staff told us, "We have regular meetings with the manager and get to talk

about how we are getting on or any issues. We receive feedback and talk about our development." Another member of staff told us, "Supervision meetings are always good. We get to look at our objectives and how we are doing and set ourselves more goals for the future." The staff we spoke with confirmed that they had received an appraisal. Records showed that staff received regular supervisions and that annual appraisals had taken place or were planned in line with when they were due.

When we inspected the service in October 2014, we found that people did not access the support of appropriate health care professionals in the management of their behaviour that could cause injury to others and the provider had not sought advice, guidance or made referrals to relevant services. We asked the provider to take action to ensure that people received appropriate person centred care and were referred to access the services of health care professionals.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found people received good access to healthcare professionals. Staff told us that people were assisted to access other healthcare services to maintain their health and well-being, if needed. One member of staff said, "It can be difficult to support some people to health appointments due to their lack of understanding but we get to know people, know how to approach them and encourage them to attend." Records confirmed that people had been seen by a variety of healthcare professionals including the GP, dentist and chiropodist. Referrals had also been made and appointments attended with other professionals, such as psychologists and the local intensive support team for people with learning disabilities.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. Staff had received training on the requirements of the MCA and the associated DoLS and we saw evidence that these were followed in the delivery of care. Where it had been assessed that people lacked capacity we saw that best interest decisions had been made on behalf of people following meetings with relatives and health professionals and were documented within their care plans. Authorisations of deprivation of liberty were in place for the six people who lived at the service as they could not leave unaccompanied and were under continuous supervision.

People's consent was sought. Relatives told us that they had been involved in decisions on behalf of people in relation to consenting to care. One relative said, "We are always involved in decision making and ensuring that [person's] voice is heard. We are asked if we agree to the care plan and would [Name of person] consent to the support in place."

Staff told us of the ways in which they gained consent from people, demonstrating how they communicated with people who could not verbalise their wishes. One member of staff told us, "The people who live here have communication challenges. We reinforce our verbal communication with symbols and signing to ask

people for their consent." Another member of staff told us, "We get to know people and how to approach them. We recognise and get to know people's facial expressions and if they are consenting to us supporting them."

Our observations confirmed that staff obtained people's consent before assisting them. Where people refused, we saw that their decisions were respected. We saw records of relatives taking part in the planning and consenting to care.

People were supported to have a varied and balanced diet. One person told us, "Food is nice." People and their relatives had been asked for their likes and dislikes in respect of food and drink and the menu in place had been planned taking their preferences into account. One person had an individual menu in place due to food intolerance. Both the menus we viewed offered people a variety of meals, in line with their dietary preferences and two choices were available for each meal. Members of staff were aware of people's dietary needs and food intolerances and this information was available in the kitchen and documented in people's care plans. Staff recorded what people ate in the daily records.

Is the service caring?

Our findings

When we inspected the service in October 2014, we found that on occasions male members of staff had provided personal care to females living at the service. We asked the provider to take action to ensure that people's dignity was respected.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found people's privacy and dignity was promoted. People and their relatives where required, were supported to make decisions about the gender of staff providing personal care to them. Staff told us that cross gender personal care did not take place and that staff were effectively deployed on the rota to ensure that a female member of staff was always available to meet with people's wishes. Staff members were able to describe ways in which people's dignity was preserved, such as knocking on doors before entering, ensuring people were suitably dressed in communal areas and ensuring that doors were closed when providing personal care in bathrooms or in people's bedrooms. We observed staff carry out these measures when supporting people. Staff all clearly explained that information held about the people who lived at the service was confidential and would not be discussed outside of the service.

Relatives were positive and very complimentary about the staff and the care their relative received. One relative told us, "The staff are really good. They just really get and understand [person] and [they] have really gelled with some staff." Another relative told us, "Staff are always positive and chatty when we see them. Really approachable and friendly." We observed positive interactions between staff and people that lived the service and found this to be friendly, patient and respectful. We saw members of staff taking time to understand what people were communicating to them and checking they had understood people's wishes. People responded positively to staff and demonstrated their content through smiling, laughing and clapping. We observed members of staff speaking to people appropriately and using each person's preferred name. Staff were attentive and promptly responded when they recognised signs from people that their support was required.

Positive relationships had developed between people who lived at the service and the staff. When we spoke with staff they knew people well, spoke with warmth and affection and demonstrated they understood people's preferences. The comprehensive information in the care plans enabled staff to understand how to care for people in their preferred way and to ensure their needs were met. People we observed appeared comfortable and relaxed in the company of staff and staff engaged people in friendly conversation and interactions. We saw people were included in all aspects of their day and staff encouraged them to be as independent as possible. We observed staff talking to people in an encouraging manner prior to completing an activity or task and responded warmly when the person had achieved what they wanted to do. We observed people and staff preparing for a day trip and saw that everyone was included and had a role in the preparations. We observed people smiling, laughing and joking with staff throughout the day.

People's bedrooms were personalised and had been furnished and decorated in the way they liked. Some people had brought their own furniture, pictures and decorations with them when they came to live at the service, other people's rooms were reflective of their need for a simple, less stimulating environment. A member of staff told us, "Not everyone can cope with a 'busy' bedroom so they have minimalistic spaces. Other people like to have their room full of personal items. It just depends on the person and what they need." There were areas in the service where people could go to spend time quietly or have privacy if they wished. We saw that there was also a quiet room for people to use a computer. The garden was accessible to people, whilst being safe and secure, and staff spoke of plans to develop this area in the future.

Advocacy services were available to people should these be needed. We spoke with a senior care worker and found that an advocate from a local authority had previously been used for one person. We saw that information was available on how to access the services of an advocate should this be required.

There was a limited amount of information displayed within the communal areas of the service due to the complex needs of the people; however relatives confirmed that they had received information about the service. We saw the newsletter that was compiled for people and their relatives and sent on a regular basis which provided updated information on the service, news and developments and upcoming events. Contact details for the registered manager and provider were included with an invitation to contact them should further information be required.

Is the service responsive?

Our findings

When we inspected the service in October 2014, we found that people were not taking part in planned activities and did not have a varied or stimulating day. We also found that people's care plans had not been reviewed and were not reflective of people's needs. We asked the provider to take action to make improvements to the activities and stimulation provided for people and the accuracy of people's care records.

This was a further breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During this inspection we found people took part in a wide range of activities. Activities were provided by the care staff on duty and the learning coordinator. Members of staff we spoke with were able to describe the different activities that people enjoyed, for example, swimming, going out for walks, listening to music, visiting the seaside, playing games and completing craft activities. Photographs of recent activities were available at the service and formed part of people's care records. Each person had an activity schedule planned each week and relatives confirmed this was shared with them. Where people declined to participate in the planned activities we saw this was recorded and an additional activity offered.

During the first day of our inspection we saw a group of people taking part in a walk at a local park followed by eating lunch out and one person being supported to bake cakes. On the second day of our inspection a group of people were taking a day trip to the seaside and another person was being supported to write a letter to a friend. We saw that there were many items available in the service that could be used to enhance people's stimulation, for example, games, art and craft materials, music CD's and videos.

People were unable to tell us that they felt involved in deciding what care they were to receive and how this was to be given. However, relatives confirmed that they had been involved in the assessment of people's care needs prior to them living at the service. One relative told us, "We are always involved in deciding the care [Name of person] needs. We have done since [Name of person] moved in. We are sent copies of the care plan and asked for our thoughts and contributions to the plan."

The care files followed a standard template which included information on their personal background and contained an 'Essential Lifestyle Plan'. This plan detailed individual preferences along with their interests and information that was important to know about the person. Each was individualised to reflect people's needs and included clear instructions for staff on how best to support people.

People's care records had regularly been reviewed and were reflective of people's current needs. Each care file included individual care plans for areas of the person's life including personal hygiene, mobility, nutrition and dietary needs, communication and community access. People's care plans were subject to a monthly review which ensured their choices and views were recorded and remained relevant. We saw that people and their relatives were involved in meetings to review the care provided.

Staff that we spoke with demonstrated a good knowledge of what was important to people who lived at the

service and how best to support them. This enabled staff to provide care in a way that was personalised and appropriate to the person. When a change in a person's needs was identified we saw that the service adapted the support provided. For example, where it was found a person required an increase in staff support to safely participate in an activity, an additional member of staff was deployed. We also found that detailed daily records were consistently completed and there were no gaps in the information that was recorded. This enabled staff to accurately record the support that people received and compile a reflective summary each month. This summary assisted in identifying any changes in support they may require.

There was an up to date complaints policy in place and information detailing the complaints procedure available in the office. Relatives we spoke with were aware of the complaints procedure and who they could raise concerns with. One relative told us, "I have spoken to [registered manager] when I have I had concerns." They went on to say that the registered manager had informed them of the investigation they had undertaken, the outcome of the concerns raised and they were very satisfied with how their complaint had been dealt with.

Formal complaints that had been received in the past year were recorded. There was a detailed investigation into each concern and any evidence found was recorded. The actions taken in response to the complaint was included in the record and how this information was shared with the staff team, if appropriate. Each complainant had received a response to their concern and the registered manager had recorded the outcome from each.

Is the service well-led?

Our findings

When we inspected the service in October 2014, we found that audit systems were ineffective, appropriate action not been taken following incidents and it was not possible to establish if the quality survey completed was truly reflective of people's views. We asked the provider to take action to make improvements to the systems in place to seek the views of people and act on their feedback.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During this inspection we found that people and their relatives were asked for their feedback. The deputy manager shared with us the satisfaction survey forms that had been sent to relatives of people who lived at the service. All of the responses seen were good and contained positive comments about the service. Comments included, "Very pleased that you are trying to add different activities to [Name of person's] timetable" and "Staff have worked really hard with [Name of person] this year. We have noticed this in [their] improvements and understanding." We saw that these results had been shared with staff at a team meeting and suggestions requested on how further improvements could be made.

Relatives knew who the registered manager was and were positive about the management of the service. One relative told us, "[Registered manager] is always available and very approachable. The communication between us and the service is excellent. We can call anytime and speak to a member of staff and [Registered manager] will always contact us if needed." Another relative told us, "We really appreciate the contact we received from the manager. Calls, emails, the activity schedule. We just feel really involved and can't ask for more."

Staff told us that there was a very open culture and they felt supported by the registered manager. One member of staff told us, "We have a really supportive manager. She is readily available and it's never an issue if we ask for support or want to discuss anything with her." Another member of staff told us, "[Registered manager] is a really good manager. She's always willing to help and I really enjoy working here." Staff were aware of their roles and responsibilities and were clear on the lines of accountability within the staff structure. They told us that they felt the registered manager involved them in decision making in the service and they were able to contribute to the service development. We found that staff felt empowered and motivated to meet the needs of the people living in the service and influence the service delivery.

We found that there were a range of audits and systems in place by the provider organisation to monitor the quality of the service provided. The registered manager completed an audit tool on a weekly basis which included reviews of care plans, daily records, medicines audits and observation of staff interactions. We saw that action plans were completed following the completion of these audits and were used to drive improvements in the service. For example, where it had been identified that monthly summaries completed for people required more detail, this was discussed at the next team meeting. We saw that the audit tool was consistently used to inform team meetings and supervision sessions.

Staff were encouraged to attend team meetings at which they could discuss ways in which the service could be improved and raise any concerns directly with management. Recent discussions had included people's changes in support, safeguarding, care plans, training, rotas and time keeping, activities and the outcome of the management audit. Members of staff we spoke with confirmed that they were given the opportunity to request topics for discussion.

We noted that records were stored securely within the computerised system or within the manager's office. This meant that confidential records about people and members of staff could only be accessed by those authorised to do so.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Premises used by the service provider were not clean or properly maintained. Regulation 15 (1)(a)(e)