Gratia Residential Care Home Limited

Gratia Residential Care Limited

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?	Requires Improvement

Summary of findings

Overall summary

This inspection visit took place on 2 December 2016 and was unannounced.

At our last inspection of June 2013, the service was found to be compliant with their legal responsibilities.

Gratia Residential Care Limited is a residential home which provides care and support for up to 20 people who live with a learning disability and mental health needs. The service is situated in the Glenfield area of Leicester. At the time of our inspection there were 20 people using the service.

There was a registered manager in post who was also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and relatives felt their family members were safe. Staff were trained in safeguarding and knew what to do if they had concerns about the well-being of any of the people they supported.

Potential risks to people had been assessed, such as risks associated with people's health conditions and the environment. Staff demonstrated a good awareness of the risks to each person although risk assessment records were not always updated in a timely manner.

The registered manager told us there were enough staff on duty to meet people's assessed needs. However, we found that staff were not always deployed effectively to ensure people's needs were met in a timely or consistent way. The registered manager told us they would review how staff were deployed within the service at peak times. Staff were safely recruited to ensure they were suitable to work in the service.

There were systems in place to ensure medicines were stored and managed safely and people received their medicines as prescribed.

Staff received training and support that provided them with the knowledge and skills required to support people effectively. People were well supported with their healthcare needs and records showed they were seen routinely and when required by a range of health and social care professionals.

People's abilities to make some decisions were included in their care plans, including guidance on the level of support they needed to make day-to-day decisions. However, mental capacity assessments required further development to ensure people were effectively assessed to ensure their right to make informed choices about their care and treatment was protected and supported.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People's individual

nutritional needs were supported.

People and their relatives felt that staff were caring although some people felt, on occasions, staff were too busy to spend quality time with them. People were offered choices and were involved in their own care. We saw staff supported people to maintain their independence.

Staff were knowledgeable about the people they supported and demonstrated that they knew their likes, dislikes and interests. Care plans had been developed to focus on people as individuals and described their choices and how they wanted their care to be provided.

There were opportunities for people to become involved in activities within the service and external outings. We observed positive interactions between people and staff during our inspection visit, although there was little opportunity for staff to engage in activities with people during peak times.

People, relatives and staff spoke positively about the registered manager. They felt able to share their views with him and suggest improvements to the service.

There were systems in place to check the quality of the care people received. However, we found that audits and checks were not always robust or applied consistently in identifying where improvements were required within the service. Further improvements were needed to ensure audits were effective and used to develop and improve the care people received.

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.

Staff were aware of their responsibilities and were confident in protecting people from abuse. Risk assessments were in place and staff were knowledgeable as to reducing the risk of harm to people, although records were not always updated in a timely manner. Recruitment systems helped ensure new staff were suitable to work with people. Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People received care from staff who were well trained and supported to provide effective care. Care plans included assessments of people's mental capacity, although these required further development to ensure people's right to make informed choices about their care was protected. People were supported to maintain their health and well-being.

Is the service caring?

Good

The service was caring.

People and relatives told us that staff were, in the main, kind and caring. People were involved in making decisions and choices about their care and these were used to develop care plans. Staff were aware of the importance of supporting people to maintain their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Care plans and practices showed that people received care that was personalised and responsive to their needs. People's care was reviewed regularly and in response to changes in their needs. Activities were available, although staff support with these was not consistently available or provided in a timely manner. People and their relatives felt comfortable to express concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Systems were in place to assess, monitor and improve the quality of care but these were not always effective or applied consistently.

There were regular opportunities for staff to share their views about people's care. People, their relatives and staff spoke positively about the registered manager and their role in managing the service.

Gratia Residential Care Limited

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 2 December 2016 and was unannounced.

The inspection team consisted of 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.

Before the inspection we reviewed the 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 also reviewed information we held about the service including any notifications the provider had sent us. Notifications are changes, events or incidents that providers must tell us about. We contacted local social care commissioners, responsible for funding people that used the service, and asked them for their views.

During the inspection we spoke with five people who used the service, five care staff including one senior staff member, the registered manager and two visiting health professionals. We also spoke with two relatives whose family member used the service. We observed how staff supported people throughout the day.

We looked in detail at the care records for three people using the service which included care plans, risk assessments and medicine records. We also looked at a range of documentation regarding the staffing, day-to-day management and quality assurance for the service. This included three staff recruitment and training files, records pertaining to the management of complaints, accidents and incidents and minutes of

meetings.

Good

Is the service safe?

Our findings

People told us they felt safe and relatives confirmed that they felt the staff protected their family members well. One person told us, "I like living here, it is ok as it is. I am safe." Another person told us, "I am safe. If I have any worries, I talk to [name of registered manager]." A relative told us they felt staff supported their family member to keep safe by monitoring their family member and keeping them informed of any changes to their needs. Another relative told us there seemed to be enough staff around whenever they visited.

The risks of abuse to people were minimised because there were clear procedures for staff to follow in the event that they suspected abuse was taking place. Staff told us they received training in recognising the various types of abuse during their induction period and this was refreshed regularly. Staff training records confirmed this training was provided to new staff through a combination of in-house and distance learning training. Staff showed that they knew who to contact if they had witnessed abuse or suspected that abuse had taken place.

The provider's policy and procedure for protecting people from abuse was up to date and included contact details. This provided staff with the information they needed to report concerns to relevant external agencies if they suspected a person was at risk. The policy was also available in a format which was accessible to people and their relatives.

We looked at the ways in which staff minimised the risks to people on a daily basis. Care records identified potential risks and measures staff needed to follow to reduce the risk of harm for people. Areas assessed included mobility, transport and risks associated with people's health conditions. For example, one person was identified as requiring a hoist to assist them to transfer. We saw that their risk assessment clearly detailed the type of hoist and sling to be used and any potential risks during transfers.

Staff demonstrated that they were aware of the measures to take in relation to specific people in order to keep them as safe as possible. For example, one person was assessed as being at risk of falling out of bed. The person's risk assessment specified that staff must ensure the bed was at its lowest setting and crash mats were in place at the side of the bed to reduce the risk of harm to the person. We looked at care records which showed that staff had followed the guidelines within the risk assessment to ensure the person was kept safe.

We saw that risk assessments were not always reviewed or updated in a timely manner. For instance, one person had recently fallen out of bed. We looked at their risk assessments which referred to the person being able to walk, which they were no longer able to do. The risk assessment had not been reviewed to ensure the measures in place were still sufficient to keep the person safe. We raised this with the senior staff member who told us they had reviewed the risks but records had not been updated to reflect this. The person's daily care notes showed that staff had taken measures to reduce risks, such as increasing the frequency of checks during the night. They told us they would discuss this with the registered manager and ensure all risk assessments were up to date and reflective of people's current needs.

Accidents and incidents were recorded on relevant forms for each person and entered onto a central record. This enabled staff to see, at a glance, the nature and frequency of any accidents in order to identify any patterns or trends. For example, where there had been incidents where people had demonstrated behaviours that challenged staff, we saw these had been recorded and collected and, where necessary, referrals made to external professionals for additional support.

We looked at staffing levels in the service to check whether staff were sufficiently deployed to keep people safe. Two people we spoke with told us that staff were very busy and had little time to spend with them. Whilst most staff we spoke with told us they felt there were enough staff to meet people's needs, two staff members told us that staffing levels were sometimes at the minimum required due to staff absence at short-notice. The registered manager told us staffing levels were determined by the needs and dependency levels of the people using the service. We looked at staffing rotas and saw these were planned around one-two weeks in advance. It was not clear from staffing rotas if vacant shifts, for example, staff holiday or sickness, had been covered. We discussed this with senior staff who told us shifts had been covered but rotas had not always been updated to reflect changes.

During our inspection we found that staff were busy during the morning. We observed they had little time to spend talking with people as they were engaged with providing personal care or preparing lunch. By comparison, the afternoon was very relaxed and staff spent time engaging one-to-one with people, co-ordinating activities and providing comfort and stimulation. We discussed this with the registered manager who explained that, on the day of our inspection, some morning staff had attended urgent training to meet people's healthcare needs and were busy with people's reviews with healthcare professionals. He told us that he always ensured staffing levels were safe. The registered manager agreed to continually review staffing levels and ensure staffing rotas were reflective of staffing levels. This would help ensure there were enough staff to meet people needs and keep them safe.

All prospective employees were checked though a robust and comprehensive recruitment process which included obtaining employment references, confirming people's identity and right to work in the UK and making checks through the Disclosure and Barring Service (DBS). DBS checks are carried out to support employers to make decisions about whether prospective staff are safe to work with people using the service. Staff told us that they had not started work before these checks had been carried out. This meant that checks had been completed to help reduce the risk of unsuitable staff being employed by the service.

We looked at how people were supported to manage their medicines. Medicines were stored securely. Controlled drugs were stored safely. We looked at a sample of Medicine Administration Records (MARs) and found records were completed accurately in line with people's prescribed medicines. MARs included a photograph of the person and details of their allergies and health conditions. This helped to ensure staff could easily identify each person with the medicines they required.

We observed how staff supported people to take their medicines. Medicines were administered by two members of staff. One staff member checked records and dispensed medicines, whilst the second staff member supported people to take their medicines. This helped to reduce the risk of errors during the administration process.

We saw that one person was supported to monitor their blood sugar through a verbal prompt. They told us they were happy with the level of support they received from staff to manage their health condition. We looked at the person's medicine records and found there a large variance in the person's blood sugar readings. When we discussed this with staff, we found that one member of staff was very knowledgeable and aware of the factors contributing to the readings and what action they should take. The other staff member

was unclear of the reason for the variance or what the person's ideal range was. However, they did demonstrate that they understood the action they needed to take if the persons blood sugars showed a consistently high or low reading. Staff told us they would ensure that further guidance was included on the person's medicine records to ensure all staff had the information they needed to keep the person safe.

Good

Is the service effective?

Our findings

People and relatives who we spoke with told us that staff provided effective care. One person told us, "They (staff) are good as gold. They know me well." A relative told us, "They (staff) can't do enough for [name of family member]. When we come, staff update us on any changes, particularly in his health condition. They know his personality and respect when he needs his own space and when he needs a bit more support."

All of the staff we spoke with told us that they were well supported and received good opportunities for training to enable them to provide effective care. One staff member told us, "I have been here a while and have undertaken lots of training. I am working through distance learning training at the moment to refresh my knowledge in areas such as food hygiene and first aid. We are given booklets to work through and then have to answer questions. My work is then sent off for external moderation. We have a deadline to complete the training - it's good." Another staff member told us, "My training is up to date and the new distance learning training is good because it makes you read and learn." Newer members of staff explained how they had received induction training and had been welcomed into the team by staff who helped them to develop their skills and knowledge in relation to people's needs. This included working alongside experienced staff to get to know about people and their needs before they began to support them.

We looked at staff training records which confirmed that staff had undertaken a range of training that was essential to their role. The registered manager had arranged for staff to undertake refresher training with a new training provider following a review of staff training. This supported the information we were given through the Provider Information Return before the inspection visit.

Staff told us that, in the main, they felt supported in their roles. One staff member told us, "I have regular supervision to support me. The (registered) manager is alright, very supportive. We are encouraged to spend time with people and provide good care." Another staff member told us, "Working here is like a breath of fresh air. I have already undertaken a lot of training and have good support from managers and other staff." Some staff felt that management was a little unsettled at the time of our inspection as the senior staff member who had worked in the service for a long time was absent. The registered manager explained that he had appointed another senior and was supporting them in their role to ensure staff had the consistent support they needed.

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 provider was working within the principles of the MCA, and whether any conditions of authorisations to deprive a person of their liberty were being met. Records that we saw showed that

mental capacity assessments had been carried out for people in relation to their consent to have assistance to manage their finances and in using transport. We saw that some people's records included guidance as to what decisions they needed help with and the impact on the person if they did not receive the help they needed to make decisions. For example, choosing what they wanted to wear or what they wanted to do. However, people's mental capacity assessments did not include sufficient guidance to demonstrate how people were able to consent to their care and treatment and when, if at all, best interest assessments may be required. We raised this with the registered manager who told us he was aware that mental capacity assessments required further development and showed us a new format which he was in the process of completing for each person. This would help to ensure that people's mental capacity was effectively assessed to ensure their right to make informed choices about their care and treatment was protected and supported.

Where people had DoLS authorisations in place, for example for choice of home or because they were unable to leave the home without staff support, these had been kept under review and updated when required. The registered manager was able to provide us with evidence that they kept a central record of all DoLS which included details of authorisations and expiry dates and referrals for assessments to the local DoLS assessment team. This helped to ensure that people's human rights were protected and upheld.

People were supported to have sufficient to eat and drink. Throughout our inspection visit we saw that people were regularly provided with a choice of hot or cold drinks and snacks. Staff demonstrated that they knew each person's needs and preferences in terms of food. Records showed what food and drink each person needed to keep them well and what they liked to eat. For example, one person's care plan included their need for halal food whilst another person's care plan informed staff that they needed their meals to be cut into bite-sized pieces.

We observed the lunchtime meal to understand people's mealtime experiences. One person told us, "The food is alright here, no problems." People were able to choose what they wanted to eat the day before, although some people had difficulty remembering their choice. People had clean napkins and were provided with aprons, if required, to preserve their dignity during their meal. The food was hot and served to people plated from the kitchen. Where people needed support to eat their meals, this was provided on a one-to-one basis. For example, we observed a staff member support a person to eat their meal at their preferred pace.

Care plans showed that people received support from other health professionals such as dieticians when necessary in order to assess their nutritional needs. Some people needed their food to be of a specific texture to avoid choking. During our visit we spoke with two visiting health professionals who had been contacted by staff to assess a person who they believed to be at risk of choking. The health professionals told us they believed staff had acted appropriately to reduce immediate risks by providing the person with adapted equipment and supervising them during meal-times. They felt staff were keen to work with them and take on their advice to ensure the person was safe and enjoyed their meal-times. This showed that staff were committed to working with health professionals to ensure people received effective care.

People were supported to have their mental and physical healthcare needs met by appropriate health professionals. Staff accompanied people to health appointments. Each person had a plan to show how their health needs were being met. People were supported to have regular medical checks and, where appropriate, screening, in order to stay as well as possible.

Good

Is the service caring?

Our findings

People were, in the main, happy with the care they received from the service. One person told us, "I am happy here, they (staff) look after me. Staff are kind to me." A relative told us, "We are very happy with the care. This feels like home to [name of family member]. The staff are very caring. When [name] had to go into hospital shortly after he moved in, staff visited him in hospital. We thought this was very kind and personal." One person whom we spoke with felt some staff were caring and prioritised involving them, whereas other staff seemed too busy to spend time with the person. We discussed staffing levels with the registered manager who told us there were sufficient staff on duty to meet people's needs.

Staff recognised the importance of people's family and friends to them. People told us they felt able to have visitors when they wanted to and relatives told us they were always made to feel welcome by staff, regardless of the time or day of the visit. People's care plans included key dates and events that were important to people, such as birthdays and anniversaries, with staff reminders to support the person to send cards and make contact. This showed that people were supported to maintain relationships that were important to them.

During our inspection visit we observed positive interactions between people and staff. For example, we saw that when one person became distressed, a member of staff was quick to intervene and provided support and reassurance in a sensitive way so as to reduce the person's anxiety. We saw the staff member provided distraction and engaged the person in an arts and crafts activity which was in line with the person's care plan. We also observed staff ensuring people were comfortable throughout the day, both in terms of seating arrangements and clothing.

People's care records showed how they wished to be cared for. Their individual choices, preferences and likes and dislikes about their care and lifestyle were recorded and used to inform their care. People and relatives told us they had been involved in making decisions about their care. For instance, one person told us, "They (staff) know me well and they ask me first if I want help." A relative told us they had been involved in developing their family member's care plan which included supporting their family member to make choices which were recorded in the care plan.

Staff who we spoke with knew how people liked to be supported and their preferences. For example, one person's care plan informed staff that it was important to the person to be able to spend time alone in their bedroom listening to music and watching television. The person's relatives told us that staff observed their wishes whilst encouraging conversation through common interests. Another person's care plan included that the person liked a particular television programme to be on. We saw that staff had ensured the programme was on in the lounge where the person was seated and the person looked happy.

During our inspection we observed staff attended discreetly to people's on-going personal care needs to help ensure they remained clean and comfortable. For instance, staff were quick to respond when one person became agitated in a communal area in order to preserve the person's dignity. Staff who we spoke with demonstrated that they had respect for the people using the service, acknowledging their personalities

and preferences.

People were supported to be as independent as possible. For example, at mealtimes people were provided with the right level of support and adaptations which encouraged them to do as much as possible for themselves.

Good

Is the service responsive?

Our findings

Relatives who we spoke with thought the service provided personalised care that was responsive to people's needs. They said that staff adapted the level of support they provided to their family member, depending on their needs and wishes.

People had an initial assessment of need when they moved to the service and this was used to develop people's care plans. People and, where appropriate, relatives and other professionals were asked to provide information about the person, their preferences and key life experiences. For example, one person's care plan included a scrap book of pictures taken during activities and day trips to provide examples of activities that the person had enjoyed in the past. Records showed that staff had used this information to develop activities for the person.

People's care plans were personalised and included people's likes and dislikes, how they liked their care and support to be provided and their preferred method of communication. Care plans included a section 'how best to support me' which provided staff with detailed information and guidance about people's preferred routines. For example, one person was able to indicate that they were ready to get up through their body language. Another person's guidelines included how much they were able to do for themselves and the level of support they needed to enable them to maintain their personal hygiene. This meant staff had the guidance they needed to provide people with personalised care.

We saw that care records and care plans were reviewed regularly. There was evidence that the service was responsive to changes in people's needs. For example, staff had responded to changes in a person's behaviour by referring to external specialists for support and reviewing possible triggers for the behaviours that were challenging. We saw that staff had responded to changes in a person's ability to swallow by contacting health professionals and arranging a full assessment of the person's eating and drinking needs.

Reviews of care records were undertaken by staff who acted as 'keyworkers' for people. A keyworker is a member of staff who takes responsibility for co-ordinating care and support for a person and acting as a link between the service and relatives/professionals. Relatives that we spoke with told us that, although they were kept informed and consulted about changes in their family member's care, they had not been involved in any formal review of the care. Staff we spoke with told us that people, were not as rule, involved in formal reviews of care but were able to contribute through informal feedback and observations from staff and keyworkers. We discussed this with the senior staff member who told us they would ensure records clearly reflected how people were involved in the review and development of their care.

We received mixed views from people regarding opportunities for activities within the service. One person told us, "I'm happy. I am going to the pub for a strongbow soon." Another person told us, "I helped them (staff) with the Christmas decorations. There will be a disco here on Saturday. I have been to see Santa and want to go again." Other people that we spoke with felt staff were, at times, too busy to support people with activities. One person told us, "I need staff to take me out but sometimes they are so busy so I don't ask them." Another person said, " I like to go out in the afternoons but can't always do this. Some staff let me

help them and some staff don't as they are too busy." The senior staff member told us that people were provided with a range of activities, such as arts and crafts, disco nights and film nights.

During the morning of our inspection visit we saw that people received little opportunities for stimulation or activities with staff. For example, one person asked to do some painting which staff acknowledged. However, no painting was provided for the person until much later in the day when they were provided with magazines and were happy cutting out pictures they liked. We saw that activities such as cards and dominoes had been provided in the morning but there were no staff available to support people with these activities. By contrast, people were actively encouraged to participate in activities during the afternoon. For example, we saw that a staff member supported a person to play a board game. We also observed groups of people supported to join in a card game. We observed that staff were jovial and good humoured banter was exchanged between people and staff. Staff consulted people about the choice of music and met the request of Christmas Carols. This resulted in a person spontaneously singing along with carols, whereby other people and staff also joined in. This showed that, where staff were deployed effectively, people were supported to pursue activities and interests of their choice. We discussed this with the registered manager who told us they would ensure staff were deployed effectively to ensure people had consistent support to pursue their hobbies and interests.

People and their relatives knew how to complain. One person told us, "If I had any problems I would go and see [name of registered manager]." Relatives told us they felt comfortable speaking to staff or managers if they had any concerns, though to date they had not had any. The provider's complaints policy and procedure supported people to understand how their concerns would be managed and was available in an easy read format for people using the service. We saw that there was one complaint on file regarding a maintenance issue and this had been addressed and resolved in a timely manner. People's care plans contained information about how they would communicate if they were unhappy about something. Staff were able to tell us how they would know if people were unhappy about something, because they were well attuned to people's gestures and moods. This meant that people could be confident that their concerns would be responded to and acted upon.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager and staff. One person told us, "They (staff) are good as gold." Another person told us, "I like it here, they (staff) are kind to me." Relatives who we spoke with told us about staff being welcoming and informative and felt that the service was well-managed.

Staff received support to undertake their roles. Staff told us that they had opportunities to contribute to the running of the home through regular staff meetings and supervisions. We looked at the minutes of recent staff meetings and saw that staff were invited to discuss a range of issues including people's needs and improvements in working practices. All of the staff we spoke with told us they would feel confident to report any concerns or poor practice if they witnessed it and had confidence that the registered manager would listen and take appropriate action.

The registered manager of the home demonstrated a good knowledge of all aspects of the home including the needs of people living there, the staff team and his responsibilities as manager. He demonstrated that he was aware of his legal responsibilities, including notifying us about significant events within the service. He was supported in the day to day running of the service by a senior staff member, who was a senior care worker. At the time of our inspection, the senior staff member who had worked at the service for sometime was absent and a new senior had been appointed to the role to provide interim cover. This meant that staff had the day-to-day management support they needed.

We discussed the deployment of staff within the service with the registered manager. He told us he ensured there was always enough staff around to meet people's needs. We recommended that the registered manager review staff deployment at peak times, such as mornings and meal times to ensure there were enough staff available to meet people's needs and provide people with the stimulation and interaction they required in a consistent way. The registered manager agreed to review how staff were deployed within the service during busy times.

People and their relatives were asked to share their views on the service through resident meetings and satisfaction questionnaires. We looked at the minutes of resident meetings for September and October 2016 and saw that people had suggested and requested changes and improvements to the service. For example, people had asked for more daytrips and activities, choice of takeaway meals and ideas for meals. The minutes did not show what, if any, improvements the service had made as a result of people's feedback and suggestions. We noted that the request for more daytrips and activities had been made over two consecutive months.

We looked at satisfaction questionnaires for September 2016. We saw that people and relatives had provided positive feedback about people's care. Comments included, "Staff always make me feel very welcome," and "I am happy here." Where suggestions had been made for improvements, for example, more outings and meals out, records showed this information had been collected but did not show how the feedback had been used to make improvements within the service. The senior member of staff told us

action had been taken and improvements made but these had not been clearly recorded.

Senior staff supported the registered manager to carry out regular checks and audits to the quality and safety of people's care. This included audits of medicines, care records and practices and the environment. Findings of audits and checks were recorded onto audit records. However, we found that audits and checks were not sufficiently robust or effective in ensuring people received quality care. For example, we found that the covers on a sofa and an armchair were ripped exposing the inner stuffing. This had not been identified in any audits and the furniture had not been removed as being unsuitable for people to use. We found some flooring areas were bubbling presenting a potential trip hazard whilst one small lounge area smelt of urine. The registered manager told us they would remove the damaged furniture and arrange for the flooring issues to be addressed. They also told us they would ensure the small lounge area underwent a deep clean.

We observed that people's day-to-day care records were left unlocked in a communal hallway, accessible to anyone who walked past. These records including sensitive information used to monitor the health and well-being of each person. We discussed this with the registered manager who told us they would immediately ensure records were locked away and accessible only to relevant staff. This ensured people's confidential information was only accessible to relevant people.

We spoke with local care commissioners of the Leicester City Council, responsible for funding some of the people who used the service, and asked for their views about people's care. They told us they had no significant concerns but were planning to undertake a quality visit to the service as part of their contractual responsibilities.