Royal Mencap Society

Treseder House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out this unannounced inspected on 23 and 24 April 2018. The service was last inspected in January 2016 when the service was rated as 'Good'. At this inspection we have rated the service as 'Requires Improvement.' This was because we had concerns about the robustness of the quality assurance systems, staff understanding of the Mental Capacity Act and the maintenance of the premises.

Treseder House is a 'care home' that provides care for a maximum of eight adults with learning and/or physical disabilities. The service is owned and operated by the Royal Mencap Society. 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 the care provided, and both were looked at during this inspection. The service is owned and operated by the Royal Mencap Society and can accommodate a maximum of eight people.

At the time of the inspection there were seven people living at the service. The service is set in a detached house on two floors with access to the upper floors via stairs. One room had en-suite facilities; other rooms shared three additional bathrooms, one of which was specially adapted with a hoist to support people with limited mobility. Shared living areas included a lounge, a dining room, a garden with decking area and patio seating area.

The service had undergone a number of management changes in recent months including a new service manager and an interim Area Operations manager.

The service is required to have a registered manager in post to hold responsibility for the day-to-day running of the service. 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 and associated Regulations about how the service is run. The registered manager had given CQC notice of a period of absence from their position.

Most people living in the service had limited verbal communication and were not able to tell us in depth their views about the care and support they received. However, we observed people were relaxed and comfortable with staff, and they received care and support in a way that kept them safe. People's behaviour and body language showed that they felt cared for and that they mattered. Some people were able to tell us their views and said they felt safe and happy living at Treseder House. It was clear people were comfortable with staff and moved freely around their home.

Support was provided by a consistent staff team who knew people well and understood their needs. Staff were positive about the people they supported and demonstrated a good knowledge of people's support needs. We saw that staff had good relationships with people and displayed empathy and warmth in their care. Staff comments included, "I believe people have a good life here. We try our best to make them happy"

and "The staff seem to be happy and the people we support are happy."

People were encouraged to be individuals and do what they wanted to do to provide them with a fulfilling life. For example, people who could, went out regularly to local community activities, such as day placements. People also left the service for trips supported by staff. There were a range of personalised and appropriate risk assessments in place to help keep people safe.

There were enough staff to meet people's changing needs and wishes. Staff said they felt supported by managers and received regular individual supervision. There were also regular staff meetings which gave staff the chance to meet together as a staff team to discuss people's needs and new developments for the service.

The atmosphere at the service was calm and happy. During the inspection we saw people were well supported and took part in their planned activities for the day. This included attending various community activities and day placements. People told us they enjoyed these activities.

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Relatives were positive in their feedback about the service. We were told people were welcome to visit and the service was, "very caring." Comments from relatives included, "My [relative] has been at Treseder House for many years. The staff I've found very considerate for the needs of [person's name], the place has an air of serenity which [person's name] needs. When I've visited, it's been easy to talk to the staff. I'm in e-mail contact with the manager. I am contacted if there is a problem."

People were supported to maintain good health, have access to healthcare services and received continuing healthcare support. Staff supported people to eat and drink enough and maintain a balanced diet. People who required it had specialist speech and language assessments and risk management plans in place.

Medicines management systems demonstrated generally safe practice. However, we saw incidents where handwritten additions to people's medicine administration records (MAR) had not been double signed. This is good practice as it acts as a check to ensure accurate transcription of additional medicines onto medicine recording systems. Management confirmed this was an oversight and the need to ensure this was completed would be highlighted to staff.

The premises were generally well maintained and provided a bright and inviting environment. However, there were some required maintenance issues at the service. For example we saw a kitchen cupboard and plinth were missing in the kitchen. A piece of furniture had been moved from the top of the stairs leaving the wall behind it a different colour from the remaining wall. A bathroom and an upstairs toilet had a strong malodour and a ceiling mounted ventilation extraction unit was unhygienic.

We spoke with the service management about this and were told they were aware of the required maintenance issues. Following the inspection we were sent evidence demonstrating that maintenance requests had been recorded. This demonstrated that the service had made maintenance requests over six months ago including work required in the kitchen which had not been undertaken.

The service had satisfactory safeguarding policies and procedures. Staff were trained to recognise abuse, and what to do if they suspected abuse was occurring. Suitable risk assessment procedures were in place, and risk assessments were regularly reviewed.

The service operated safe recruitment checks for new staff including Disclosure and Barring Service checks (DBS) and reference checks. However, we found the service policy to renew staff DBS checks every three

years in line with the local authority requirements had not been consistently completed. When this was drawn to the attention of management a required DBS renewal was begun immediately.

Care records were clear, informative to the reader and were up to date. Records were regularly reviewed, and accurately reflected people's care and support needs. Details of how people wished to be supported were recorded in their care plans and were personal to them and provided clear information to allow staff to give appropriate and effective support. Any identified risks to people's care and support were appropriately managed.

Care records demonstrated staff shared information effectively with healthcare professionals and involved them appropriately. Healthcare professionals told us, "Communication is good. They keep us well informed of things we need to know" and "If there have been any concerns about the service user, the staff will contact our service for advice."

Consent to people's support arrangements was not consistently recorded in care records. This meant it was not clear from documentary evidence if people had been asked and had agreed to their current support arrangements.

We reviewed service arrangements for ensuring that where people did not have the capacity to make certain decisions that the service acted in line with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. We found the service had met the legal requirements to make a Deprivation of Liberty (DoLS) application where it was clear that a person was subject to a specific deprivation of their liberty, such as use of monitoring equipment due to a health condition.

The service had not carried out mental capacity assessments for three people, who management confirmed, were not free to leave the service without supervision. This was because the people had been assessed by another agency as having capacity to understand and consent to their care plan. However, we found no evidence of discussions with people about this, consent to the arrangements or of review having taken place about the on-going supervision.

People and their families were given information about how to complain. Relatives told us when they had brought an issue to the attention of management in the past, it had been managed quickly. People had confidence that they were listened to and their views mattered.

Quality assurance processes were not sufficient to adequately pick up and address shortfalls in service provision. For example, we found identified maintenance issues had not been addressed in a timely way.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the end of this 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?

Good

The service remained good.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not have a clear understanding of their duties to uphold people's right to make decisions for themselves under the Mental Capacity Act.

Where people lacked capacity to make decisions for themselves, suitable systems were in place to meet legal requirements and ensure people's rights were protected. However, records did not evidence that appropriate mental capacity assessments were being undertaken and regularly reviewed to assess and record people's understanding of significant decisions.

People were happy with the food and received suitable support with eating and drinking where this was necessary.

Is the service caring?

Good

The service remained good.

Is the service responsive?

Good

The service remained good.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality assurance processes were not sufficient to adequately address shortfalls in service provision.

Management were viewed positively by people, their relatives and staff who worked for the service.

Staff worked well as a team, communication was good and staff appeared happy working for the provider.

Treseder House

Detailed findings

Background to this inspection

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

This inspection took place on 23 and 24 April 2018 and was unannounced. The inspection team consisted of a lead 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. The expert by experience spent a day at the service observing how the service operated and spoke with five people who lived at Treseder House and five staff members.

Before the inspection we reviewed information we kept about the service and previous inspection reports. This included notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

During the inspection we used a range of methods to help us make our judgements. This included talking to people using the service, speaking with staff and management and pathway tracking (reading people's care plans, and other records kept about them). We also reviewed other records about how the service was managed.

We looked at a range of records including five care plans, eight personnel files, and other records about the management of the service.

Before, during and after the inspection we contacted three healthcare professionals and three relatives of people who lived at the service. We also received emails from the service manager and area operations manager after the inspection clarifying and providing further information discussed during the inspection.

Good

Is the service safe?

Our findings

We observed that people received safe and appropriate support. For example, where a person used mobility equipment to support them to move around safely staff ensured they were reminded to use this. People were comfortable in their surroundings and told us they felt safe and happy living at Treseder House.

Relatives also confirmed that they felt the service was a safe place for their relatives to live. Comments included, "I have no worries for [person's name] at Treseder House, I think [they] are very lucky, and have a fulfilled life" and "Given that my [relative] can't live at home, I can't think of a better place for them to live. I do consider it is a safe service."

The service had a satisfactory safeguarding adult's policy. All of the staff had received training in safeguarding adults. The manager said safeguarding processes were discussed with staff at team meetings and in supervision sessions and we saw this was recorded in meeting minutes.

Staff understood how to safeguard people against abuse, and were confident that any allegations staff reported would be fully investigated and satisfactory action taken to ensure people were safe. Where necessary the registered provider had submitted safeguarding referrals to the local authority where they felt there was a risk of abuse.

The service had a whistleblowing policy so if staff had concerns they could report these without feeling they would be subject to subsequent unreasonable action for making valid criticisms of the service.

Risk assessments were in place for each person. For example, to prevent poor nutrition, hydration and falls. Risk assessments were reviewed monthly and updated as necessary. The staff team also took appropriate and calculated risks to support people to live more independently and learn new skills. For example, people told us they had begun to take part in cookery classes outside of the service and staff supported them to attend this activity.

All records were securely stored in a locked cupboard and electronically. Records we inspected were up to date, and were accurate and complete.

Any behaviour which the service found challenging was recorded in individuals' care plans. Staff recorded all incidents which occurred and these were reviewed by senior staff. This helped staff to understand the behaviour, and where possible minimise it happening. Most staff had received training in how to respond to behaviours which may be seen as challenging.

People who used the service, their relatives, and staff believed there were enough staff. Some people needed the support of two members of staff with their personal care; for example, with moving and handling. In these cases, people said the correct numbers of staff were always provided.

The service operated safe recruitment checks for new staff including Disclosure and Barring Service checks

(DBS) and reference checks. However, we found the service policy to renew staff DBS checks every three years in line with the local authority requirements had not been consistently completed. When this was drawn to the attention of management a required DBS renewal was begun immediately.

The registered provider had a suitable policy regarding the operation of the medicines system based on current guidance such as issued by the Royal Pharmaceutical Society and NICE. Depending on the care package staff either administered people's medicines or reminded them to take their medicines.

Staff had received suitable training regarding handling medicines. Medicines were usually stored in pre-packed blister packs. Medicines management systems demonstrated generally safe practice. However, we saw incidents where handwritten additions to people's medicine administration records (MAR) had not been double signed. This is good practice as it acts as a check to ensure accurate transcription of additional medicines onto medicine recording systems. Management confirmed this was an oversight and would be rectified immediately.

The registered persons understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns management would listen and take suitable action. The manager said if there were concerns about people's welfare the service liaised with external professionals as necessary, and had submitted safeguarding referrals when appropriate.

Requires Improvement

Is the service effective?

Our findings

Staff were knowledgeable about the people living at Treseder House. People and relatives we spoke with were complimentary about the staff group who they considered to have the necessary skills to meet people's needs. Relatives told us they had confidence in the staff who were described as, "very nice" and "caring."

The service assessed people's needs before they moved into Treseder House to help ensure the service would suit their needs and keep them safe. Assessments were detailed and gave a comprehensive report of the needs of each person.

There were some required maintenance issues at the service. A cupboard door and plinth were missing in the kitchen. A piece of furniture had been moved from the top of the stairs leaving the wall behind it a different colour from the remaining wall. A bathroom and an upstairs toilet had a strong malodour and a ceiling mounted ventilation extraction unit required maintenance to ensure it was free from dust and dirt and able to work effectively. This did not provide an adequately maintained environment for people to live in.

We spoke with the service management about this and were told they were aware of the required maintenance issues. We discussed how required maintenance was recorded and monitored to ensure it was effective. We were shown a maintenance log. However, this did not record all the maintenance requests that were required and also did not have a time line for ensuring the jobs were carried out in a timely way. Following the inspection we were sent evidence demonstrating that maintenance requests had been recorded on a centralised format. This demonstrated that the service had made maintenance requests over six months ago including work required in the kitchen which had not been undertaken.

In the case of the malodour in the bathroom there was a lack of clarity about whose responsibility to it was provide the necessary maintenance, whether it was the responsibility of the service or the housing association landlord.

This is a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

Staff completed an induction when they commenced employment which was in line with the Care Certificate. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone.

Staff told us they received a range of training to support them to do their job. Staff comments included, "Training is ok. More classroom, hands on training would be good." Some staff undertook specialist training in areas specific to the support they provided to people. For example, epilepsy training and supporting

people with dementia.

Regular supervision between employees and management as well as annual appraisals were used to develop and motivate staff and where required, to review practice and behaviours. Staff commented, "I feel supported in my job" and "I get supervision about every three months. We chat about work and what I'm achieving."

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 management understood the Mental Capacity Act 2005 (MCA). However, it was clear that not all staff understood the principles of the MCA and how to make sure people who did not have the mental capacity to make decisions for them had their legal rights protected. Staff comments included, "I feel like I'd be doing a safer thing if I assumed people didn't have capacity to make decisions and then check with the manager to be on the safe side." We spoke with management about this who confirmed staff had limited training in this area. This meant that people did not consistently have their rights protected because there was a lack of clarity about people's right to make choices for themselves.

We reviewed service arrangements for ensuring that where people did not have the capacity to make certain decisions that the service acted in line with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. We found the service had met the legal requirements to make a Deprivation of Liberty (DoLS) application where it was clear that a person was subject to a specific deprivation of their liberty, such as use of monitoring equipment due to a health condition.

The service had not carried out mental capacity assessments for three people, who management confirmed, were not free to leave the service without supervision. This was because the people had been assessed by another agency as having capacity to understand and consent to their care plan. However, we found no evidence of discussions with people about this, consent to the arrangements or of review having taken place about the ongoing supervision.

This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

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. At the time of our inspection three DOLs applications had been completed and submitted to the Supervisory Authority for their review.

Staff supported people to maintain a balanced diet in line with their dietary needs and preferences. People were happy with the food and received suitable support with eating and drinking where this was necessary. Staff regularly monitored people's food and drink intake to ensure all residents received sufficient each day.

Staff monitored people's weight regularly to ensure they maintained a healthy weight. People were provided

with drinks throughout the day of the inspection and at the lunch tables. People were involved as much as their needs enabled them, in meal preparation. On the day of the visit some people were helping to prepare the food for their lunch.

Some people had special dietary requirements and these were catered for individually. Where necessary, people had eating and drinking assessments in their files. Where a person was at risk of malnutrition, dehydration or choking suitable approaches were in place to minimise risks. For example, by providing a soft or pureed diet and thickening fluids. Where appropriate, people had one to one support to eat their meals. We observed staff were attentive and caring in their support to assist a person to eat their meal.

Some people received support preparing food and also with eating. The people we spoke with said they enjoyed their meals. People were involved in meal planning and each person chose a favourite meal which people shared during the week. Meals were freshly prepared and hot

At the time of the inspection there were no people with any specific cultural or religious preferences about the food they ate. People told us they enjoyed their meals and they were able to choose what they wanted each day.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were, "caring" and "helpful" and that staff understood their needs and preferences well. People said they were able to choose when they wanted to get up in the morning and when they wanted to go to bed at night; one person said they were trying to go to bed a bit earlier, as they got quite tired and had been to the GP about their tiredness. They told us they liked to listen to classical music at bedtime to help them relax and were able to do this.

Throughout the inspection we observed that people received good care. There was a calm and relaxed atmosphere at the service. We saw that people had positive relationships with staff and approached them without hesitation.

Staff had developed good relationships with people and clearly understood their needs. Staff we spoke with said they had enough time to work with people. People and their relatives told us they did not think staff were rushed. We were told people's privacy and dignity was respected. A relative told us, "The staff are kind and very caring."

Some people living at the service had a diagnosis of dementia or memory difficulties and their ability to make daily decisions could fluctuate. The service had supported all of the people who lived at Treseder House for many years and had worked closely with relatives to develop life histories to understand the choices people would have previously have made about their daily lives. A comprehensive package of care had been put in place to ensure a person whose health had deteriorated could remain living and being cared for at the service. This was agreed by relatives and professionals following a best interest process and respected what it was recognised the person would want for themselves.

We received only positive comments about the attitudes of staff. For example, relatives and professionals we spoke with described staff as, "attentive and caring," "Very helpful," and "Efficient." Other comments included, "My [relative] has been at Treseder House for many years. The staff I've found very considerate for the needs of [person's name], the place has an air of serenity which [person's name] needs. When I've visited, it's been easy to talk to the staff. I'm in e-mail contact with the manager. I am contacted if there is a problem."

Staff supported people to maintain contact with friends and family. Relatives we spoke with said they were always made welcome. People were able to see their visitors privately if they chose to and the staff were very accommodating and respectful of family relationships.

The staff we spoke with all said they thought the care standards of the provider were good and all the people who used the service were well cared for. Staff comments included, "I believe people have a good life here. We try our best to make them happy" and "The staff seem to be happy and the people we support are happy."

Staff also said they had confidence in their colleagues practice, for example, "We work well as a team. I

cannot fault the staff team in anyway," and "I am very happy to work here. The people we support are like a family and it is a privilege to support them."

Care plans contained information about people's preferences, personal histories and backgrounds. This assisted staff to know the people they were caring for and supporting. People's choices and preferred routines were recorded in their care plans. People chose how they spent their day and there was a good balance between time spent in organised activities during the week and time spent relaxing at their home.

People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. People told us that staff always asked them how they wanted their care given. We observed that staff were respectful of people's privacy and ensured people's dignity was upheld at all times. For example, bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff consistently asked people's permission before carrying out any tasks.

We were told when care plans were drawn up managers met with the person, or their relative, and discussed with them their needs so information within the care plan was accurate. Where they were able, people had signed their care plans once these had been written.

Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people feel at home.

Good

Is the service responsive?

Our findings

People who lived at Treseder House received personalised care, treatment and support which reflected their needs, choices and preferences. Care and support was planned in a proactive way with people's involvement. Each person was supported by a key worker who was responsible for reviewing and updating care records and ensuring people attended important healthcare appointments. A staff member told us, "As a keyworker I'm responsible for checking risk assessments, checking changes to care plans are kept up to date. Key workers are also responsible for keeping on top of any healthcare appointments."

People had their needs assessed before they moved into the service. This helped ensure the service was able to meet their needs and expectations. There were regular reviews of people's care plans to ensure changes to people's needs were appropriately planned for. These happened at least twice a year or more often if there were any significant changes. For example, as people's health needs changed the service had ensured appropriate healthcare support was sought.

People had regular opportunities to share their views about living at Treseder House. Monthly 'tenants meetings' were held that provided a regular opportunity for people to share their views about what was going well for them or any areas of the running of the service they would like to change.

External professionals visiting the service fed-back that the service was focused on providing a person centred service. A professional commented, "The team are good at communicating and taking on board our feedback."

Care plans were detailed, current and gave staff the guidance they needed to support people effectively. For example, one person's deteriorating health condition meant a high level of support was required to provide their care and allow them to stay at their home surrounded by friends at Treseder House. The service worked closely with healthcare professionals and in collaboration with the person's family to fulfil the person's wish to stay at Treseder House. Appropriate end of life care planning was recorded to respect people's wishes.

Relatives of people who lived at Treseder House told us staff understood their relative's needs, knew how to meet them and were proactive in suggesting additional ideas helpful to the person. A relative of a person who lived at the service told us, "I am very grateful for the care shown to my [relative]. [Person's name] is very well cared for. I have no concerns at all."

The service was flexible and responsive to people's individual needs. For example, one person's regular day placement had come to an end because the service closed. Staff at Treseder House had worked closely with the person and alternative providers to find suitable alternatives that the person would enjoy.

People who used the service were encouraged and supported to engage in a wide range of social activities and events both inside and outside of the home. For example, one person enjoyed going to the library and hunting for books at local shops. People enjoyed taking part in community activities such as going to the

local pub, going into town for shopping trips and to carry out tasks such as banking. Staff told us, "The thing I enjoy most is getting people out in the community. We sometimes go out for an ice-cream and to the pub to socialise" and "Quite a few of the guys love to go out to eat so we do that. And a couple of people enjoy swimming too." We heard that one person enjoyed going along to watch another person swimming and would enjoy a coffee and a cake whilst watching the other person swim.

One person who staff told us did not go out very often, due to their health needs, had activities they enjoyed made available to them at the service. For example, a massage therapist regularly visited them. Staff made sure the person was included in activities that were going on such as birthday celebrations and sharing mealtimes with others. People regularly took part in domestic tasks to keep their home clean and tidy and took part in preparing meals.

People who were able to were involved in planning and reviewing their care. Where people lacked the capacity to make a decision on a particular area for themselves, staff ensured best interest processes were followed and involved family and appropriate professionals in these decisions. Relatives told us that by request, support plans were shared with them and there was regular on-going communication between the service and families about support plans. A relative told us, "I am very much involved in my [relative's] care plan and reviews. The [registered] manager is very good at making sure we are kept up to date with all decisions involving [person's] life."

The service upheld people's human rights and ensured people's individual choices were respected. For example, the service sensitively handled major changes to a close relationship between two people who lived at the service as a result of the deteriorating health of one person. The work which was carried out enabled the person to better understand and come to terms with the changes in their relationship. Staff showed great respect for the history and ongoing relationship shared between the couple.

Staff respected people's right to privacy. People had locks on their rooms which they could choose to use if they wanted to. We saw that staff were respectful of people's privacy and always knocked and asked permission to enter their rooms. When supporting people with personal care, staff ensured doors were closed and people were not rushed.

The service recognised when people required more support to enable them to continue to do things they had always enjoyed. For example, two people were supported when out in the community with the use of wheelchairs when they became tired. This enabled them to continue being involved in community activities.

People's religious preferences were upheld; people could attend church services if they wanted to. From our observations and from what we were told, no one was subject to any form of discrimination.

Daily records detailed the care and support provided each day and how people had spent their time. Staff were encouraged to provide feedback about people's changing needs and how people were feeling. This helped ensure information was available to update care plans and provide effective communication between staff.

People and their relatives were asked for their views of the service on a regular basis through quality feedback surveys and by communicating with keyworkers to discuss their ideas. Relatives told us their ideas were listened to and they felt involved in how the service operated and developed.
The service had a policy and procedure in place for dealing with complaints. Relatives told us they were aware of how to make a complaint and would feel comfortable doing so.

The service had taken action to meet the Accessible Information Standard. This is a legal requirement which aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. The service had assessed people's communication needs and recorded these clearly in care plans. Each person had a 'What Matters Most' plan which outlined their communication needs and how these would be met. Information was shared in a range of formats such as the rota identifying who was on shift, which was also provided pictorially.

Appropriate sharing of people's information and communication needs with other NHS and care providers was undertaken when required. For example, people had hospital passports to ensure that if they had to go into hospital it was clear what their communication needs were. Wherever possible, people received information in a style which they could access and understand. For example, information was provided in an easy read format. People received communication support when they needed it.

Requires Improvement

Is the service well-led?

Our findings

The service was registered and provided by Royal Mencap. The service is required to have a registered manager in post to hold responsibility for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

The service had undergone a number of management changes in recent months including a new service manager and an interim Area Operations manager. We found that certain aspects of the quality assurance processes were not effectively managed. For example, use of the monthly management audit tool had not identified some recording issues with medicines management and there was insufficient action taken to address some required maintenance issues at the service as outlined under the effective domain of this report.

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

People we spoke with and their relatives commented positively about how the service was managed. Comments included, "The current manager seems ok. They are doing their very best to keep on top of things. On the whole I am happy with the service." Staff were positive and supportive about the way the service was led. Staff commented, "I feel I get good support. I can go to the manager if I need to. We all support each other as well" and "I can go to the manager if I need to. Mencap are a good organisation to work for."

The culture of the service was kind and compassionate and put values, such as kindness, compassion, dignity, equality and respect into practice. Staff clearly understood these, and were committed to them. All of the people who lived at Treseder House had done so for many years and it was clear that they were respected and valued. We observed staff interacting regularly with people they supported and we saw these qualities demonstrated consistently.

Documentation relating to the management of the service was clear and regularly updated. For example, people's care and support records and care planning were kept up to date and relevant to the person and their day to day life. This ensured people's care needs were identified and planned comprehensively and met their individual needs.

The service regularly shared and discussed events that took place as a staff group informally and in regular staff meetings. Management and staff were professional and friendly towards each other, visitors and the people they supported.

Prompt attention was given to the management of incidents, and accidents, and where required, investigations were thorough. There was a proactive approach to investigations and matters were dealt with

in an open, transparent and objective way.

There were regular feedback opportunities including monthly 'tenant meetings' which used a range of methods to gather people's feedback including adapted easy read formats. These formats included the use of pictures, photographs and symbols to provide a simple method of gathering people's views. Relatives and other professionals were asked to complete annual surveys to give their feedback about the service which we saw was positive.

The service understood and complied with their legal obligations, from CQC or other external organisations, and these were consistently followed in a timely way. For example any notifications that we required were received promptly and contained appropriate information.

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 11 HSCA RA Regulations 2014 Need for consent The provider had not ensured that staff had the necessary knowledge and understanding of the principles of the Mental Capacity Act (2005) to be sure they were acting in accordance with the Act with regard to consent.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The premises had not been properly maintained.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes to assess, monitor and improve the quality and safety of the service were not effective.