St Anne's Community Services

St Anne's Community Services - Calderdale Supported Living

Inspection report

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Ratings

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

Overall summary

We carried out this inspection on 11 November 2014. This was an unannounced inspection. At the last inspection in November 2013, the service was found to be fully compliant.

Calderdale Supported Living provides personal care and support for people with learning disabilities in the Brighouse area. People using the service live in tenancies agreed with housing providers. The personal care and support element of the service is separate from the provision of accommodation. At the time of our inspection Calderdale Supported Living was registered to provide care services in three locations: - Brook House 1, Brook House 2, and Hawthorne Street. During this inspection, we visited Hawthorne Street, which could

Summary of findings

provide care and support for up to seven people. On the day of our inspection, six people were using the service. Calderdale Supported Living is part of St Anne's Community Services, a Voluntary Sector Service.

It is a condition of registration that the provider has a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The registered manager was present on the day of our inspection.

We found the service ensured people were protected from abuse. However, we found issues in several areas including; people's freedoom being unlawfully restricted staff training, where updates or refreshers were required, the unlawful use of restraint, risk assessments and care plans not being kept up to date, trend analysis of safeguarding concerns not carried out, medication temperature checks not being carried out and one medication administration record (MAR) that contained a gap, where administration had not been recorded. We spoke with the manager about temperature checks of medications and they told us they would commence this with immediate effect. The manager also told us they would investigate the gap on the MAR. We carried out a walk around of the service and found personal hygiene products were not made available for people at the service, including paper towels and hand wash.

We found the service did not ensure staff were up to date with all required training, particularly around the Mental Capacity Act and Deprivation of Liberty Safeguards. We found people were supported to maintain a balanced diet; however, we found issues in this area due to the kitchen door being locked throughout the day so people could not enter and leave to get snacks and drinks as they wished. We found people were well supported to access relevant healthcare professional services. We found issues with the décor at the service, where some areas required decoration.

We saw that people were cared for and supported by staff who spoke with them with kindness and compassion and who clearly knew them well. We saw evidence of people being asked for their opinions and any suggestions on how to improve the service. In care records we looked at, we saw evidence people were involved in the planning of their care and support. Throughout the day, we carried out observations and saw staff ensured people's privacy and dignity were protected and promoted.

In care records we looked in, we saw evidence that people were provided with personalised care. However, we found that care records were not regularly reviewed and maintained in order to identify and manage people's risks and needs. We saw evidence that the service sought people's views of the service and responded to them. We also saw evidence that, where complaints had been raised, steps were taken to ensure the complainant was happy with the outcome. However, we found there was no trend analysis carried out of complaints received at the service.

We found there was a person-centred, open, inclusive and empowering culture at the service, where people felt able to raise any issues, concerns or complaints that they had. Staff told us they were supported by their manager and that they felt comfortable raising any issues they had. We saw regular audits were carried out by the registered manager and the area manager and these were used to identify areas of improvement at the service. We found a repairs log at the service, although there was no follow-up to show that these repairs had been completed.

We found breaches in; Regulation 20 - Records; Regulation 23 - Supporting Workers; Regulation 15 - Safety and Suitability of Premises; and Regulation 18 - consent to care and treatment of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe and we found several issues in this area that require improvement.

We found the service followed safeguarding procedures and ensured people were protected from abuse and avoidable harm.

We found some staff training was not up to date and records at the service were not maintained, including risk assessments, care records and medication administration records (MAR).

We found, in some bathrooms there were insufficient handwashing facilities

Is the service effective?

Requires Improvement

The service was not always effective and we found several issues in this area that require improvement.

We found several staff members required updates or refresher training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

We found people were unlawfully restricted of their freedom by not being allowed to enter the kitchen without supervision from a staff member, although there was no authorised Deprivation of Liberty Safeguard assessment in place.

We found in care records people were supported to attend any medical or healthcare appointments and were able to access services provided by healthcare professionals.

We found several communal areas that required decoration at the service.

Is the service caring?

Good

The service was caring.

Staff at the service ensured that positive caring relationships were developed and maintained with people who used the service.

People were supported to express their views and were actively involved in making decisions about their care, treatment and support.

We saw that people had their privacy and dignity respected.

Is the service responsive?

Requires Improvement

The service was not always responsive and we found several issues in this area that require improvement.

We saw that people received personalised care. However, we found evidence that people's care and support plans were not regularly reviewed and maintained, including relevant risk assessments.

Summary of findings

We found that people were encouraged to complain and these complaints were listened to and dealt with. However, we found no trend analysis of these complaints to assist with continuous service improvement.

Is the service well-led?

Good

The service was well led.

We found the culture at the service to be positive, person-centred, open, inclusive and empowering.

We asked staff about management and leadership at the service. All staff we spoke with gave positive feedback and said they felt very well supported by their manager.

We saw there was opportunity for people to raise concerns and complaints in regards to quality of care at the service and about the service itself, including property matters. We saw audits were also carried out to maintain the quality of care provided. We found a repairs log that had not been signed when repairs had been carried out. However, during our walk around of the service, we were able to see where repairs had been identified in the repairs log and completed at the service.

St Anne's Community Services - Calderdale Supported Living

Detailed findings

Background to this inspection

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

This inspection took place on 11 November 2014 and was unannounced. The inspection team consisted of one Adult Social Care inspector. At the time of the inspection a Provider Information Return (PIR) was not available for this service as we had not sent requested one from the provider. 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.

During our inspection, there were two people who used the service present, whom we spoke with, three support workers who were on duty and the registered manager. We observed staff interactions with people throughout the day and reviewed records kept by the service.

We looked at the care records of three people who used the service and the staff personnel records of three staff members. We were unable to find evidence relating to Disclosure and Barring Service (DBS) checks so asked the provider to send us this information electronically. We received this information two weeks after our inspection.

Requires Improvement

Is the service safe?

Our findings

We asked two people who used the service if they felt safe. Both people told us they did. One person told us; "It is safe. I know [staff] make sure I'm safe."

During our inspection, we spoke with one support worker about safeguarding. We asked the support worker how they ensured people were protected from abuse and avoidable harm, including breaches of people's dignity and respect. The staff member explained to us different types of abuse and the signs that they would look for in order to protect people. For example, they told us that one sign of psychological abuse may be if the person became withdrawn and 'not themselves'. Staff told us if they had any concerns they would speak to their manager. We checked staff training records and found all staff were up to date with training in safeguarding. In one care file we looked at, we found an entry that stated; "[Person] needs support from staff to maintain his dignity and privacy; he needs to be reminded to close doors when using the toilet or bathroom." We also saw another entry stating; "Staff and visitors should knock on his bedroom door before entering." This demonstrated people who used the service had their privacy and dignity respected and were protected from abuse and avoidable harm.

We looked at the safeguarding log kept by the service and found this to have been maintained. We saw the log included the providers safeguarding policy, a leaflet titled 'What do you do if you suspect abuse?' that contained contact details of the local authority safeguarding team and the Care Quality Commission and a copy of the 'West Yorkshire Multi-Agency Safeguarding Adults' policy. This demonstrated the service had appropriate arrangements in place to deal with safeguarding concerns.

We checked staff training to see if staff had been trained in equality and diversity, to support in protecting people from discriminatory abuse, including discrimination on the grounds of age, disability, gender, race, religion, belief or sexual orientation. Although we found training in equality and diversity had been carried out for some staff, we also found five staff needed refresher training in this area. We also found four staff members had completed training in equality and diversity but there was no date inputted to show when this training had been undertaken. This meant it was not possible for us to evidence that staff were up to date with training in equality and diversity, to ensure people were not discriminated against.

We asked the registered manager about the use of restraint at the service. They told us restraint was not used, but distraction techniques were adopted instead. Staff were able to explain how and when this was carried out. We spoke with the registered manager about locked internal and external doors being a possible use of restraint, if appropriate assessments had not been conducted. In one care record we looked at, we found an entry that stated; "As a result of [person's] vulnerability, there are locked doors in the house. [Person] does have a front door key and a bedroom key, but he is unable to use these. Staff keep them safe in the sleep in room." We found a completed Mental Capacity Assessment; however, this was not specific to keeping doors locked and restricting the person's movement around the service. This meant that this persons movements were being unlawfully restricted and was a breach of Regulation 18 of The Health & Social Care Act 2008 (Regulated Activities) Regulations 2010.

We checked to see how people were supported to understand what keeping safe means and if they were encouraged to raise any complaints or concerns. In care records we looked at, we found copies of the complaints policy, written in an easy-read format. We also saw evidence of weekly 'residents meetings', where people were able to raise issues, concerns or complaints.

We looked at the care records for three people who used the service to see what arrangements were in place for managing risks and ensuring people were involved in decisions regarding risks they may take. In each of the care records we looked at, we found risk assessments had been completed with the involvement of the person who used the service, where possible. Risk assessments covered several areas including; medication, moving and handling, money and possessions and personal care. However, we found some of these risk assessments were out of date or had not been reviewed with appropriate frequency. For example, in one care record we looked at, we found a 'medication risk assessment' had been completed in November 2013. However, no reviews of this risk assessment had been documented. We also found a risk

Requires Improvement

Is the service safe?

assessment for moving and handling that had been completed in April 2013 but no reviews had been carried out. This meant the service did not ensure risk assessments were up to date to manage risks appropriately.

We checked to see what plans were in place for responding to emergencies of untoward events. We found evidence of Personal Emergency Evacuation Plans (PEEP) for people who used the service had been completed, stating what should happen in case of an emergency. This meant the service had documents in place to provide information to staff when responding to an emergency.

We also found in people's care files 'hospital passports', which were documents containing details of the person's medical history and other relevant healthcare information. These hospital passports were to be taken with the person, should they have had to attend hospital. On one 'hospital passport' we looked at, a review date had been identified as July 2014, however, we found no evidence that this review had been carried out. This meant the service did not maintain documents that would be used when dealing with an emergency hospital admission and so exposed people to the potential risk of harm through incomplete information being available about their care needs.

We looked at documents in place used to identify and manage risks at a service level. We looked at the agenda for 'residents meetings'. We found items including 'property issues', 'repairs' and 'household issues'. We also saw on the staff meeting agenda items including 'property matters'. We saw evidence of a 'tenant's premises survey' being carried out by the registered manager on a monthly basis, identifying areas in the service that required attention and, where this was the case, a record was kept of action taken. This demonstrated the service had measures in place to identify issues at service level.

We looked at the accident and incident log kept by the service and found this to be completed. However, we found no trend analysis of accidents and incidents at the service. We also found no trend analysis carried out regarding safeguarding concerns. This meant it was not possible for us to evidence the service had measures in place to continually review and identify themes around accidents, incidents or safeguarding concerns.

We found there were sufficient staffing levels at the service. We asked the registered manager what staffing levels were at the service and looked at staff rotas. We found there were always (at least) three support workers on duty at all times. The registered manager told us that, if people had planned to go out on activities, an additional member of staff would be on duty to cater to this. We asked the registered manager if they used agency staff at the service. The registered manager told us they very rarely used agency staff. However, if there was a need for agency staff, the same agency was used to ensure consistency of staffing for people who used the service.

We looked at three staff personnel files to ensure staff on duty had the appropriate mix of skills, competencies, qualifications, experience and knowledge. We found all staff received regular supervision, which was used to identify any areas where personal or professional development was required in order to maintain good practice at the service. However, we found some staff were out of date with their training, meaning staff skill, competencies, qualifications and knowledge may not have been as up to date as required.

We were unable to find evidence that all pre-employment checks had been carried out before staff commenced employment at the service. We asked the registered manager about this, who told us these records were kept centrally at their head office. We asked the registered manager to send this information to us following the inspection. The registered manager sent this information and we found all pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks. This meant the service ensured safe recruitment practices were followed.

We asked the manager to show us how people's medicines were managed at the service. We saw all medicines were kept in peoples' rooms in a locked facility, to which only staff had access. We checked to see if temperature checks were carried out where people's medicines were stored. However, we found temperature checks were not carried out. We spoke with the registered manager about this who told us they would ensure measures were put in place to enable temperature checks to be taken.

We carried out a stock checks of four different medicines and found these all tallied with the amounts shown on the Medication Administration Records (MAR). On one MAR we found a gap, where medication had not been signed for. We

Requires Improvement

Is the service safe?

spoke with the registered manager about this, who told us they would look at who was on duty at that time, address the issue with them and provide additional training, where required.

In care records we looked at, we found a list of medicines people were prescribed, details of the medicines name and the dose and frequency of administration. However, in one care record we looked in, we found the 'Record of daily medication' had not been reviewed or updated since April 2013. This meant the service did not follow relevant professional guidance regarding the reviewing of medications.

We found people's preferences were recorded. For example, in one care record we looked at, we read; 'Staff dispense the correct dose of medication into a medicine pot and then hand this to [person] explaining that it is his medication. [Person] gives consent by taking the medication.' This meant people were given relevant information when required, choices and preferences regarding their medicines.

On the staff training logs, we found evidence that all required staff had received training in medicines and the administration of. We also saw that refresher training in medicines was required every two years and that all staff were up to date with these. This demonstrated the service made training available for staff to effectively and safely administer medications.

During our walk around of the service, we found there were no paper towels or hand wash dispensers in two of the bathrooms we looked in. We asked the registered manager about this who told us; "If we put paper towels in, they put them down the toilet and block it." We also found in one of these bathrooms that there was no toilet roll for people to use. This meant the service did not have products available to reduce the risks of infection.

Requires Improvement

Is the service effective?

Our findings

One person we spoke with on the day of our inspection told us; "I do allsorts of things. I like footballs and I like playing football. I've got lots of footballs." They also told us; "I like to go away [on holiday]. And I like Christmas so we talk a lot about Christmas."

We looked at the care records of three people who used the service and found their preferences, choices and aspirations were present. For example, in one care record we looked at, we found; "[Person] has lots of interests; football, balloons, kites, theatre shows, pantomimes, cinema, music, dancing and singing." This meant staff were able to find out necessary information to provide personalised care and support.

We looked at the staff personnel files of three staff members. We found staff received regular supervisions and appraisals. This demonstrated the service regularly and effectively supported staff.

We looked at staff training at the service and found many areas where staff were out of date with training. We found three staff members required refresher training in health and safety, one staff member required refresher training in infection prevention and control, eleven staff members required refresher training in manual handling, five staff members required refresher training in equality and diversity and eleven staff members required refresher training in emergency aid. We also found some areas where it was not possible for us to evidence if staff were up to date with training due to no date being recorded on training records when training was completed. We found two staff members with no dates recorded for training in infection prevention and control and four staff members with no dates recorded for training in equality and diversity. This meant staff knowledge and skills were not up to date, as required by the service and was a breach of Regulation 23 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We checked staff personnel files to see if staff were trained and up to date in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found all relevant staff were up to date with training in this area. However, we found through discussions with staff and the registered manager that the Deprivation of Liberty Safeguards may not have been fully understood. We spoke with the registered manager about one person who used the service who was deprived of their liberty by staff locking internal doors (to the kitchen, for example) and external doors (to the garden, for example). The registered manager told us there was not a completed DoLS assessment for this person and they would speak with the local authority about a possible DoLS assessment. This meant staff at the service did not fully understand the relevant requirements of the MCA 2005.

In some peoples files we found evidence of appropriate and safe care delivery in line with the legislation of the MCA 2005. For example in one care record we looked at, we found a mental capacity assessment had been completed to assess whether the person had the mental capacity to manage their own finances. The assessment showed the person lacked capacity in this area and alternative arrangements had been made to support this person to do this. We also found a full mental capacity assessment for the person, including capacity to consent to care and treatment. We saw a support plan that stated; 'When making major decisions in [person's] life regarding [person's] health, welfare and finances, it is necessary to complete a mental capacity assessment and from there, a best decision meeting will be required. [Person] can obtain support from the IMCA service to assist with big decisions'. We also saw evidence of people who used the service giving consent to and being supported to attend healthcare appointments. This demonstrated the service ensured people's capacity around finances, care and treatment was appropriately assessed.

We spoke with staff about people who used the service, One staff member told us that one of the people who used the service could, at times become agitated and physically violent. The staff member was able to tell us how they dealt with situations like this. The staff member told us they would try to calm the person down and utilise learned distraction techniques to diffuse the situation. This demonstrated staff were able to deal with behaviour that challenges others, whilst ensuring people's rights were protected.

Requires Improvement

Is the service effective?

We carried out observations of the interactions between staff and people who used the service to see how people were asked for their consent to care and treatment. We saw that staff sought consent from people throughout the day. For example, we observed one staff member asking one person who used the service if they would like to go to their bedroom to assist them in putting their laundry away. The person said they would like to do that. We observed as the staff member interacted whilst carrying out this task and saw staff spoke with the person with kindness and compassion, always ensuring the person was happy with the topic of conversation. We also observed staff asking people what they would like to eat for lunch. We saw people were able to choose the food they wanted and staff ensured this was met. Throughout the day, we saw staff knocking on people's bedroom doors before entering, ensuring their consent was sought whilst maintaining their privacy and dignity.

During lunchtime, we observed that food was adequately portioned, with good nutritional value. We observed people were offered a choice of what they wanted to eat and a choice of drink. However, throughout the day, we found the kitchen door to be locked so that people who used the service could not enter. We asked one staff member about this, who told us this was because one person who used the service would enter the kitchen and eat large amounts of food. However, this meant that the kitchen was unavailable for everyone who used the service and was restricting people's movement and freedom. We found no assessments in place to adequately support this restriction for each person at the service.

We asked the registered manager how they chose the food that would be served at the service for people's evening/ tea time meal. The registered manager told us this was discussed at the weekly residents meeting. We looked at the minutes from these meetings and found this to be an item that was discussed during each meeting.

We asked the registered manager if anyone was on weight management charts, usually used when someone is at risk of becoming nutritionally compromised. The registered manager told us people who used the service were all weighed on a regular basis. We looked in care records and found a 'personal support plan' in place in each file containing a section titled 'support with healthy living'. These sections contained details of people's weights and their body mass index (BMI) score. This showed the service ensured people's nutritional needs were monitored and managed.

During our walk around of the service, we found several areas that required decoration; in one bedroom (we were told was a spare bedroom), we found breaches in paintwork on the windowsill and scuff marks on the door; in a downstairs bathroom we found breaches in the plasterwork; in a kitchen, we found breaches in paintwork above the sink; and in a bathroom upstairs, we found there was no plug available for the bath and there were breaches in tile-work, where tiles were missing. This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service caring?

Our findings

We asked people who used the service if they felt cared about. One person told us; "Yes, well, I know [staff] care about me because they like me and I like them and [staff] are always nice to me."

We carried out observations at the service throughout the day and found staff treated people with kindness and compassion. We saw people were supported to carry out tasks for themselves, where possible and we observed staff assisting, where required.

We asked the registered manager how they ensured people felt they mattered and that they were listened to. The registered manager told us they had an 'open-door policy', so people could enter and leave their office at any time throughout the day. The registered manager told us they also discussed any issues people had at the weekly resident meeting. We looked at the minutes from these meetings and found items on the agenda included; visitors, household issues, tenant relations, menus and 'any other business'. We also saw an agenda item titled 'repairs reported' and 'repairs carried out'. This demonstrated the service gave people chance to give feedback and discuss any issues they had during resident meetings and actions identified were achieved and fed back on. However, we found through our walk around of the service that these meetings did not always identify areas where the service required improvement i.e. decoration.

We spoke with staff about people who used the service. Staff were able to tell us what people's individual interests were, what their preferences were and brief details of their past history. For example, one staff member we spoke with told us about the interests of one person who used the service, including football, balloons, kites, theatre shows and pantomimes. We looked in this persons file and found this corroborated with information the staff member had told us. Staff were also able to tell us people's needs and how those needs were met. This demonstrated people were cared for by staff who knew them well.

In care files we looked in, we found people had been involved in the planning of their care. We found information in files that detailed people's favourite foods, pastimes and activities. For example, in one care record we looked it, we found; "[Person] attends the local Methodist church on a weekly basis and is fully integrated into their community. This is an important part of his life". This demonstrated people were involved in the planning of their care, listened to and had their cultural needs supported .

We found in one care file details on how to administer medication to the person. The instructions read; "Staff dispense the correct dose of medication into a medicine pot and then hand this to [Person] explaining that it is their medication". This demonstrated the service gave people information and explanations that they needed, at the time they needed them.

We looked in care files to see if people had been given information about, or already accessed advocacy services. An advocate is a person who is able to speak on people's behalf, when they may not be able to do so for themselves. In one care file we looked at, we found recorded on a support plan for health needs; 'Staff will need to act as [person]'s advocate and give relevant information to the professional.' We also found information in one care file pertaining to an Independent Mental Capacity Advocate (IMCA). IMCAs are a legal safeguard for people who lack the capacity to make specific and important decisions, including making decisions about where they live and about serious medical treatment options, where there are no family or friends able to represent them. This demonstrated people who used the service were supported to access advocacy services.

During our walk around of the service, we saw people had their privacy and dignity maintained. We saw that people's bedroom doors were closed and before staff entered, they knocked and asked for the person's permission to enter. In one of the care files we looked in, we saw; '[Person] needs support from staff to maintain his dignity and privacy; he needs to be reminded to close doors when using the toilet or bathroom.' We also found; 'Staff and visitors should knock on his bedroom door before entering.' This demonstrated the service ensured people had their privacy respected and were treated with dignity and respect at all times.

Requires Improvement

Is the service responsive?

Our findings

We spoke with people who used the service about whether the service was responsive. People we spoke with told us; "[Staff] always ask me what I want. So it's me who decides what I do and things, not [staff]. We always go out to places."

During our inspection, we looked at the care records of three people who used the service. We found in each care record that the person who used the service, or those acting on their behalf, had contributed to their assessments and care planning, where possible. For example, in one care record we looked at, we found evidence of a meeting that had taken place with the person to discuss their 'activity objectives', where activity objectives were discussed and identified for the following year. We saw in this record that the person wanted to "go to Blackpool twice a year", "go to football fun days", "have a weekly baking session" and "go to an art class".

In one care record we looked in, we found evidence to demonstrate peoples likes, dislikes and interests were recorded and reflected in their care and support planning. For example, in one care record we looked at, we read; '[Person] has favourite topics of conversation which he will frequently repeat. These are around balloons, roundabouts, holidays, going out, torches, Christmas'. During our observations throughout the day and whilst speaking to this person, we found the topics of conversation listed in the care record were all interests of the person. This demonstrated staff knew people well, had resources available to find out this information and supported people to follow their interests.

One person we spoke with who used the service told us they liked to go out with staff and they were able to do this on a regular basis. We looked in this persons care file and found an entry that stated; 'He loves to be out in the community and attends any parties, activities or functions that he can'. This demonstrated the service encouraged involvement in the wider community and took steps to avoid social isolation for people who used the service.

We looked in care records to see if people's needs were regularly assessed, reviewed and recorded. We found records of care and support planning in place but the support plans and risk assessments were not reviewed on a regular basis. For example, in one care record we looked at, we found a personal risk assessment (PRA) for the person around 'leisure activities'. However, we saw that this risk assessment had been completed in January 2014 and there had been no review since. We also found this to be the case with several other PRA's, including 'money and possessions' and 'personal care'. This meant the service did not regularly assess, review and maintain care records and was a breach of Regulation 20; Records.

In one care record we looked at, we found evidence that there had been issues around the person's sexual orientation and behaviour. We also found this information matched records in safeguarding logs. Following these issues being identified, we saw evidence that the provider had taken appropriate action by attending meetings with the local authority safeguarding team and risk assessments had subsequently been put in place to safely support this person. This meant the service supported people to maintain appropriate relationships with others in a way that respected their individual diversity.

We asked the registered manager how they encouraged, explored and responded to concerns and complaints raised by people. The registered manager told us people were able to discuss any issues at residents meetings, held on a weekly basis. We saw the minutes of these meetings and saw issues were raised. The registered manager also told us they had an open-door policy, where people could enter and leave their office to discuss any concerns. We asked one person who used the service what they would do if they weren't happy with something. They told us; "I would tell [staff] and they'd help me sort it out." This demonstrated people knew how and when to raise issues or concerns they had.

We looked at the complaints log and found evidence that the service logged complaints, stated what action was taken and the outcome of the complaint investigation. We also saw evidence that these complaints were signed off by the registered manager and the area manager to ensure they had been dealt with appropriately.

We asked the registered manager if any trend analysis of complaints and concerns was carried out. The registered manager told us there was no official recorded trend analysis take place. This meant it was not possible for us to evidence that concerns and complaints were used as an opportunity for learning and improvement.

Requires Improvement

Is the service responsive?

We asked the registered manager how they encouraged relatives and friends of people who used the service to provide their feedback. The registered manager told us that an annual survey was sent out, asking people their opinions on the care their relatives or friends received. We saw evidence that these surveys had been sent out and found four surveys had been received back. On one of the feedback forms we looked at, we found a comment made by a relative that read; 'I have nothing but praise for the organisation and staff.' We also saw another feedback form that read; 'The care and devotion has been (and still is) second to none.' This demonstrated relatives and friends were encouraged to provide feedback to the service.

We asked the registered manager if any trend analysis of complaints and concerns was carried out. The registered manager told us there was no official recorded trend analysis take place. This meant it was not possible for us to evidence that concerns and complaints were used as an opportunity for learning and improvement.

Good

Is the service well-led?

Our findings

We spoke with people who used the service about the registered manager. One person told us; “Oh yes, I like [registered manager]. I always go into her office and talk to her.” We also asked this person if they felt able to speak with the manager, should they have had any concerns. The person told us; “Well I do speak to her if I’m worried. And I always tell her if I want to complain.”

We looked at the minutes from staff meetings to see if staff were able to make suggestions on how to improve the service. We found there were items on the agenda including; property matters, staff matters, learning and development, progress against team plan objectives and area manager matters. As part of these agenda items, staff were able to raise issues and make suggestions on how to improve and develop the service.

We spoke with staff and asked them about the registered manager. They told us the registered manager was approachable and, should they have any issues, they felt comfortable in raising these. This demonstrated there was an open and transparent culture at the service for staff.

We asked about links with the local community. The registered manager told us about one person who regularly attends the local Methodist church and other events, activities or functions in the local community. We looked at the persons care records and found details in notes of activities the person had taken part in. We also saw a record titled ‘monthly review of activities and outings done’ that stated what each person had done, as part of their planned activities. We saw evidence that people had carried out activities identified in their care and support plan. This demonstrated the service made and maintained links with the local community.

We asked staff and the registered manager about the aims and objectives of the service. Both staff and the registered manager were able to tell us what aims the service had, as part of their service improvement plan and statement of purpose. This included staff ensuring the service maintained their clear vision and set of values that included involvement, compassion, dignity, independence, respect, equality and safety.

We asked the registered manager how they ensured the day to day culture at the service was appropriate. The manager told us that, as part of staff supervision, staff attitude, values and behaviours were discussed and any issues or concerns raised. We looked in staff personnel files and found supervision records reflected this. We looked to see if feedback given to staff was done so in a constructive and motivating way. We found evidence to show that, where staff issues or concerns had been identified, staff had been given appropriate feedback and, where required, actions identified to be met before the next supervision.

We asked the registered manager how they communicated with, and maintained relationships with stakeholders. The registered manager told us they attended safeguarding meetings and other meetings that had been arranged by staff working for the National Health Service (NHS) and Clinical Commissioning Groups (CCG’s). We looked in care files and the safeguarding log to see if relevant professionals were involved in any reviews or concerns at the service. We found evidence that the local authority were involved in care plan assessments and reviews. We saw in safeguarding logs details of relevant professionals that had been involved, including social services, the police and the Care Quality Commission. We also found evidence that annual questionnaires were sent out to stakeholders for them to provide feedback. The results from the last questionnaires sent out showed that there had been four returned from stakeholders, all containing positive feedback. This demonstrated the service sought the views of key stakeholders to assist with improvement of the service.

We asked the registered manager if they felt they were supported by senior management. The registered manager told us they felt very well supported by their manager, who visited the service (at least) monthly to carry out their audits of the service. The registered manager told us that, where there had been issues raised and brought to the attention of the area manager, actions had been put in place to resolve these issues and improve the service. We looked at the latest area manager’s monthly audit and saw items including; staffing levels, improving client dignity and safeguarding. We saw that these audits involved people who used the service and staff members and actions that had been identified were recorded on the audit and followed up during the area manager’s next monthly audit.

We looked at records kept at the service regarding auditing and quality assurance. We found there were annual safety checks carried out at the service by external contractors. These checks included; gas service checks, emergency

Good

Is the service well-led?

evacuation plans, fire detection and warning systems checks and water hygiene checks. We also found there was a bi-annual fire drill carried out. Other audits included; monthly tenants premises survey, monthly emergency lighting checks and weekly fire equipment and fire door checks. This demonstrated the service ensured their approach to quality was regularly monitored, recorded and used for service improvement. We looked at the 'repair log' held at the service and found there were details of repairs required at the service, although there was no record of when these repairs had been completed.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises 15.—(1) The registered person must ensure that service users and others having access to premises where a regulated activity is carried on are protected against the risks associated with unsafe or unsuitable premises, by means of— (a)suitable design and layout; (b)appropriate measures in relation to the security of the premises; and (c)adequate maintenance and, where applicable, the proper— (i)operation of the premises, and (ii)use of any surrounding grounds, which are owned or occupied by the service provider in connection with the carrying on of the regulated activity.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment 18. The registered person must have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them.

Regulated activity	Regulation
Personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

This section is primarily information for the provider

Action we have told the provider to take

20.—(1) The registered person must ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of—

(a)an accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user; and

(b)such other records as are appropriate in relation to—

(i)persons employed for the purposes of carrying on the regulated activity, and

(ii)the management of the regulated activity.

(2) The registered person must ensure that the records referred to in paragraph (1) (which may be in paper or electronic form) are—

(a)kept securely and can be located promptly when required;

(b)retained for an appropriate period of time; and

(c)securely destroyed when it is appropriate to do so.

Regulated activity	Regulation
Personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff 23.—(1) The registered person must have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard, including by— (a)receiving appropriate training, professional development, supervision and appraisal; and (b)being enabled, from time to time, to obtain further qualifications appropriate to the work they perform. (2) Where the regulated activity carried on involves the provision of health care, the registered person must (as part of a system of clinical governance and audit) ensure

This section is primarily information for the provider

Action we have told the provider to take

that healthcare professionals employed for the purposes of carrying on the regulated activity are enabled to provide evidence to their relevant professional body demonstrating, where it is possible to do so, that they continue to meet the professional standards which are a condition of their ability to practise.

(3) For the purposes of paragraph (2), "system of clinical governance and audit" means a framework through which the registered person endeavours continuously to—

(a)evaluate and improve the quality of the services provided; and

(b)safeguard high standards of care by creating an environment in which clinical excellence can flourish.