Milestones Trust

46 Bath Road

Inspection report

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27 July 2017

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This was an unannounced inspection, which meant the staff and the provider did not know we would be visiting. The inspection was carried out by one inspector on the 26 and 27 July 2017.

The last inspection was completed 12 May 2015 where the service was rated as Good.

46 Bath Road provides accommodation, personal care and support for up to six people. People who live at the home have a learning disability. There were six people living at 46 Bath Road, although one person had been admitted to hospital four days prior our visit.

The home is situated in Longwell Green close to shops, links with public transport and other amenities. There was a minibus available to enable people to go further afield.
46 Bath Road is a dormer bungalow with bedrooms situated on the ground floor and an office on the first floor. The building and the garden was suitable for people with physical disabilities. Specialist equipment was in place to assist with personal care including bathing and moving and handling equipment. Each person had their own bedroom which they had personalised.

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

The service has been rated as requires improvement. This was because people's medicines were not always being managed safely.

Staff were not taking part in a fire drill in line with Trust's policy. Hot water, food temperatures were not being checked at the appropriate intervals in accordance with the provider's policies and procedures. These areas were addressed shortly after the inspection with the registered manager taking appropriate action. However, the provider's quality assurance checks had not identified these shortfalls.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse. Staff had been trained to follow these procedures. Systems were in place to ensure people were safe, which included risk management and routine checks on the environment. People received their medicines safely. The registered manager told us about the safe recruitment processes. Recruitment records were held at the main office of the Trust. An inspection will be organised to the Trust's main office to review recruitment information in the near future.

There were sufficient, skilled and experienced staff working at 46 Bath Road. There was always familiar staff on duty. Regular and familiar bank staff were used to cover any shortfalls in staffing.

Staff were caring and supportive and demonstrated a good understanding of their roles in supporting people. Staff received training and support relevant to their roles. Systems were in place to ensure open communication, which included team meetings and daily handovers. A handover is where important information is shared between the staff during shift changeovers. This ensured important information was shared between staff enabling them to provide care that was effective and consistent.

People were treated with kindness and compassion by staff. The atmosphere was relaxed and we saw that staff knew people well. People appeared relaxed around staff. People's views were sought during care reviews, resident meetings and annual surveys. Complaints were responded to and, learnt from to improve the service provided.

People were involved in a variety of planned activities in the home and the local community. These were organised taking into consideration people's interests and hobbies. Good links had been built with the local church where some people attended regular services and coffee mornings.

We found there were two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full copy 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?

Requires Improvement

The service was not always safe. Some areas of medicine management required improvement to ensure the systems were safe.

People received safe care. The home provided a safe environment for people and risks to their health and safety were well managed by the staff. .

People could be assured where an allegation of abuse was raised the staff would do the right thing. Staff felt confident that any concerns raised by themselves or the people would be responded to appropriately in respect of an allegation of abuse.

People were supported by sufficient staff to keep them safe and meet their needs.

Is the service effective?

Good

The service continues to be effective.

Is the service caring?

Good

The service continues to be caring.

Is the service responsive?

Good

The service continues to be responsive.

Is the service well-led?

Requires Improvement

The service was not always well led. The quality of the service was regularly reviewed by the provider/registered manager and staff. However, the checks that been completed had not identified some shortfalls in the monitoring of medicines and health and safety.

People's views were sought to improve the service. Staff were clear on their roles and aims and objectives of the service and supported people in an individualised way.

The staff and the registered manager worked together as a team. Staff were well supported by the management of the service and

were clear about their strengths and areas for improvement.

46 Bath Road

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 an updated rating for the service under the Care Act 2014.

This was an unannounced inspection, which was completed on 26 and 27 July 2017. One inspector carried out this inspection. The previous inspection was completed in May 2015 and there were no concerns.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. This was returned to us.

We reviewed the information included in the PIR along with information we held about the home. This included notifications. Notifications contain information about important events, which the service is required to send us by law.

We contacted the local community learning disability team, two health professionals and the GP to obtain their views on the service and how it was being managed. You can see what they told us in the main body of the report.

We spoke with two people living at 46 Bath Road, four staff and the registered manager. We looked at two people's records and those relating to the running of the home. This included staffing rotas, policies and procedures and training records for staff. We spent time observing people and their interactions with staff. After the inspection, we contacted three relatives to seek their views of the service.

Requires Improvement

Is the service safe?

Our findings

Some people were unable to tell us about their experiences of living at 46 Bath Road and whether they were safe due to their communication difficulties. People we observed were actively seeking staff's company and were relaxed with them. This demonstrated people felt secure in their surroundings and with the staff that supported them. One person told us they felt very safe and 46 Bath Road had been their home for a long time.

People's medicines were not always managed safely. This was because staff were not recording when liquid medicines and creams were opened. Some medicines when opened have a short expiry date. This meant people were at risk of receiving medicines that were out of date. Some medicines that had been handwritten on the Medicine Administration Record (MAR) had not been signed by the member of staff and countersigned by another member of staff. This meant there was nothing to show that the entry had been checked for accuracy in accordance with the provider's policy. One person's medicine had been amended however, this change was not dated and it was difficult to track back when the medicine had changed to enable staff to effectively monitor the effects of this change. One person had been prescribed a medicine, which should not be given with certain foods and drinks as there may be adverse effects. There was no information with this person's medicine record or in their care plan telling staff about this. When we checked this person's fluid chart, they had been given a drink that would have interacted with their medicine. This person was at risk of unsafe care because of the lack of guidance.

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

Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed annually by the registered manager. There were clear plans on how people liked to take their medicines, what they were for and the known side effects. Medicines had been kept under review with the GP.

Medicine records were checked by the staff during the staff shift handover. This enabled staff to monitor for any errors. The registered manager told us there had been five medicines errors in the last twelve months. This information was shared with us before the inspection. Appropriate action had been taken to reduce the risk to people. This included contacting the person's GP and South Gloucestershire Council who commissioned the service.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. There were arrangements in place to deal with foreseeable emergencies. We saw from records of checks that the hot water temperatures had not been checked since March 2017, the first aid boxes not checked since May 2017 and food probing had not been done since 9 July 2017. We brought these shortfalls to the attention of the registered manager. They confirmed via an email after our visit that these checks had been completed. A senior member of staff had also left a message in the communication book

reminding staff to complete these checks.

People were protected from the risk of unsafe premises. The building was well maintained. Appropriate measures were in place to safeguard people from the risk of fire. We saw evacuation plans had been written for each person, which outlined the support they would need to leave the premises in the event of an emergency. Routine fire testing was undertaken at the service. However, four staff had not participated in a fire drill in the last 12 months. The Trust's policy stated that staff should complete a fire drill every six months or if they worked nights then this should be completed every three months. The registered manager told us this would be addressed immediately and sent us a plan of how this was to be completed by the 1 August 2017.

Other checks were completed on the environment including moving and handling equipment and routine checks on the electrical and gas appliances. Certificates and records were maintained for these checks.

Where people required assistance with moving and handling, the equipment used was clearly described in care plans, along with how many staff should support the person to ensure their safely. Staff confirmed they received training in safe moving and handling procedures. Where people required assistance with moving and handling using a hoist, we were told there would always be a minimum of two staff to support the person, which ensured their safety. Staff told us there was sufficient moving and handling equipment. Staff were regularly observed in respect of moving and handling by the moving and handling assessor to ensure they were competent and safe in this area. Each person had their own sling. This was important as this ensured that people had the correct size sling and minimised risks in respect of infection control.

People were protected from the risk of harm because staff understood their responsibility to safeguard people from abuse. Staff had received training in safeguarding adults so they were aware of what abuse is and the different forms it can take. A member of staff said if they suspected any abuse, then they had a duty to report it to the registered manager. They told us they had no concerns and all staff were committed to providing safe care to people. They said they would have no hesitation in reporting to external agencies such as the Care Quality Commission or South Gloucestershire Council's safeguarding team if appropriate action had not been taken. A whistle blowing and safeguarding adult policy was in place to guide staff. Contact details of the local safeguarding team were clearly displayed in the office.

Care records included specific information about any risks to people such as assistance with personal care, risks when in the community, moving and handling and those relating to a specific medical condition. Staff had taken advice from other health and social care professionals in relation to risks such as choking, eating and drinking. A dietician and speech and language therapist had been involved and their advice was incorporated into the plan to reduce the risks to the person. These had been kept under review.

The home was clean and free from odour. Cleaning schedules were in place. Staff were observed washing their hands at frequent intervals. There was sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Staff had completed training in this area.

The registered manager clearly understood her responsibilities to ensure suitable staff were employed in the home. Recruitment information was held at the main office of Milestones Trust so we were unable to check the correct records were in place. We will be making arrangements to check on this to ensure safe recruitment procedures are in place to protect people across the Trust.

Staff told us there was always three staff on duty during the day and one waking member of staff providing

cover at night. Additional staff were rostered if people had planned activities or healthcare appointments that required additional support. Staff told us at the beginning of the year additional staff had worked the nights due to two people being unwell. The registered manager told us they would always allocate additional staff when a person was unwell or if the member of staff was new. This would be either a waking night or a sleep in member of staff depending on the needs of the people and the experience of the staff. This showed that staffing was kept under review taking into consideration the needs of the people and the skills and experience of the staff.

The registered manager told us they were continually monitoring the care at night to ensure there were sufficient staff. This was because four people required two staff when personal care was delivered as they needed to use a hoist. The registered manager said it was very rare that people required assistance at night but it was important to keep this under review. The registered manager and a senior manager from the Trust told us they were now liaising with people's placing authorities to increase the funding to be able to provide a sleep in member of staff in addition to the waking night staff. They recognised that people's needs were changing, as they were getting older. They said there were no risks at present but wanted to put this in place before people's need changed significantly.

The registered manager was able to demonstrate they had a regular group of four bank staff to ensure consistency and familiarity for the people living in 46 Bath Road. We were told this was important for some people as they became anxious when new people visited the home whether they were professionals, visitors or new staff. The registered manager told us they had one staff vacancy, which they were actively trying to recruit to, and a further member of staff was working their notice period.

Good

Is the service effective?

Our findings

The home continues to provide an effective service to people. Staff were competent in their roles and had a good knowledge of the individuals they supported, which meant they could effectively meet their needs.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People had a health action plan, which described the support they needed to stay healthy. There was good links with the local community learning disability team with appropriate referrals being made. A health professional told us, "I have witnessed that staff are supportive, responsive and proactive at meeting X (name of person) identified health needs".

Some people were at risk of developing pressure wounds because of their lack of mobility. Clear plans of care were in place to guide staff on the prevention of pressure wounds and the specialist equipment required. Staff had received training in this area to enable them to monitor people's skin condition. Daily records included information about any concerns and what action had been taken, including seeking advice from district nurses, physiotherapist and occupational therapists. People's needs in relation to suitable wheelchairs was kept under review. For example if a person had lost weight and their comfortable chairs or wheelchairs was no longer suitable advice had been sought from the appropriate professional. Staff had reported that one person's chair had caused some bruising. A referral was made to the both the physiotherapist and an occupational therapist. This ensured suitable equipment was in place including a specialist sling and pressure mattress. The registered manager told us they had also obtained a special gel cushion for the person to use whilst they were waiting for a new wheelchair.

Staff linked good diet, mobility and management of continence as a means of reducing risks to people. They also took into consideration the time people may spend in the car on long trips. Staff told us, for one person it was important to break up long journeys such as when they went on holiday. This showed that staff considered people's wellbeing when planning activities.

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People had been assessed where required by a continence advisor and staff were working within the guidelines. Staff said that if people required additional continence aids then these would be purchased from the home's budgets.

Care records included information about any special arrangements for meal times and dietary needs. Other professionals had been involved including speech and language therapists, dieticians and the GP. Their

advice had been included in the individual's care plan.

Meal times were flexible and organised around people's activities. There was a weekly menu, which included all the food groups and offered people variety. Staff supported people every Sunday evening to plan the menu for the following week. The menu included the name of the person who had chosen the meal that day.

People were weighed monthly and any concerns in relation to weight loss were promptly discussed with the GP and other health professionals. The registered manager told us they were looking into introducing a nutritional tool on the advice of a health care professional. They were planning to introduce a malnutrition universal screening tool (MUST). MUST is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines, which can be used to develop a care plan. The registered manager recognised that as people were getting older this was important area to monitor to ensure the wellbeing of the people living at 46 Bath Road.

Applications in respect of Deprivation of Liberty Safeguards (DoLS) had been submitted for four people. Three had been authorised and one person was in the process of being assessed. DoLS provides a lawful way to deprive someone of their liberty in the least restrictive way, provided it is in their best interest or is necessary to keep them from harm. Each person had been assessed using a pre-checklist to determine whether an application should be made. Policies and procedures were in place guiding staff about the process of DoLS. There was a matrix to enable the registered manager and staff to monitor these to ensure that when further authorisations were required these could be applied for promptly. Usually DoLS are authorised for a period no longer than 12 months. The registered manager had not notified us of the re-authorisations for the four people.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. This provides a legal framework for acting on behalf of people who lack capacity to make their own decisions. People's care plans clearly described how the staff supported people to make day to day decisions, for example about what to wear, to eat and drink and how they wanted to spend their time. Staff were aware of those decisions that people could and could not make for themselves. Examples of this included decisions about health care monitoring when people were not able to understand the relevant information.

Meetings were held so that decisions could be made, which were in people's best interests involving the person's relative, advocate and other health and social care professionals. Records were maintained of these discussions, who was involved and the outcome. Relatives confirmed they were asked for their opinions and involved in the care.

Newly appointed staff were subject to a probationary period at the end of which their competence and suitability for their work was assessed. Staff had completed a programme of training, which had prepared them for their role. Milestones Trust ensured staff new to care completed the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification. Staff confirmed they were not counted in the numbers for a period of five days enabling them to shadow more experienced staff. They also told us they an opportunity to read people's care plans and the policies and procedures.

Bank and agency staff received a short induction when they started working in the home. This ensured they were aware of the needs of the people living in the home and policies they may require in the event of an emergency. Staff confirmed they only used bank staff that were familiar to the service. This was confirmed

on the duty rota.

Staff received ongoing training enabling them to support people effectively. Training included health and safety, moving and handling, safeguarding adults, fire training, first aid and infection control. Other training included supporting people with epilepsy, diabetes, pressure wound prevention and other training specific to individuals. Staff told us a new trainer had been recently employed who provided staff with clinical updates most recently on diabetes, Parkinson's and epilepsy. They said these discussions were motivating and interesting. Further training had been planned for this trainer to provide bespoke training on a particular syndrome associated with a learning disability. Staff told us training was a combination of face to face training and electronic. On the day of the inspection, staff were receiving training from a health professional on supporting a person with a percutaneous endoscopic gastrostomy (PEG). This is a means of delivering nutrition and fluid through a tube into the stomach.

Staff confirmed they received supervision with their line manager and found these useful. The registered manager told us these had not been as frequent as they should be. This had been picked up during a recent check by a representative from the Trust. The registered manager told us they had now developed an action plan and this would be addressed to ensure all staff had two monthly supervisions in line with the Trust's policy. Staff told us they felt well supported by the manager. The registered manager told us she regularly worked alongside the staff where there was opportunities for informal discussion and recognised that it would be good practice to record these discussions.

46 Bath Road is set in the village of Longwell Green close to Bristol. Public transport links were close by with a bus stop being adjacent to the home. People had access to a minibus for trips further afield.

The accommodation was wheelchair friendly with level access to the front of the property. There were raised flowerbeds in the garden and handrails leading up to the property. Most of the accommodation was on the ground floor of the dormer bungalow. There was an office on the first floor, which was used by staff. There was an open plan lounge/diner and bedrooms were situated of a short corridor either side of this area. Everyone had their own bedroom, which they had been supported to personalise. Sufficient bathrooms were available to people with specialist equipment to assist with personal care including a specialist bath and a wet room. Attention had been taken to ensure the accommodation was homely and inviting.

The registered manager told us there were plans to replace the boiler, as this did not always meet the needs of the service in respect of hot water especially during the winter months. The registered manager also told us in their provider information return they were also planning to move the sluice closer to the laundry. During the inspection, they told us this had been part of their business plan for the last two years. They told us this would improve infection control measures within the home. There was an ongoing programme of decoration.

Good

Is the service caring?

Our findings

People told us the staff they liked the staff that supported them. Feedback from relatives was positive. They told us they were always made to feel welcoming, the staff genuinely cared for people and they were knowledgeable about the people they supported. A health care professional told us, "People appear happy when we have visited. The staff take the people out regularly and appear to live a good quality of life. They certainly have resident's best interest at heart". Another visiting health professional had complimented the service stating, "Best residential care home, I feel we have a really good rapport. The residents are well cared for in a calm and relaxed atmosphere. I would be happy to be a resident here".

The relationships between people at the home and the staff were friendly and informal. People looked comfortable in the presence of staff and chose to be in their company. Staff sought to understand what was wanted and how they could help people. Staff were observed using a number of different methods to assist people to communicate. Where people were unable to express their choice, for example with drinks, staff were observed showing them a tea bag, coffee and the juice bottle. This was repeated later at lunchtime with two options being shown to a person to enable them to make a choice of what they wanted to eat. The staff member was patient and waited for the person to respond.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date and they spent time with them individually. Staff were knowledgeable about the people they supported. This included knowing what the person liked, disliked, their personal histories and interests. They described people as individuals and spoke positively about their personalities and how they supported them.

Staff were aware of people's routines and how they liked to be supported. People were supported in a dignified and respectful manner. People were asked how they wanted to be supported, where they would like to sit and what activities they would like to participate in. Staff were aware of who liked to remain in bed and who liked to get up early and this was respected.

People were given the time when they needed it. Staff told us that one person required a lot of support during the meal time. They told us to encourage the person's independence they supported the person hand over hand when eating. They said whilst this took longer it was important for the person to maintain this level of independence but it also gave them some control. People were seen taking their plates and cups out after lunch. One person accessed the kitchen to make their own tea and coffee. The registered manager told us in their provider information return that, "staff support and focus on what people can do rather than what they cannot".

People were involved in the recruitment of staff. New staff were encouraged to visit the service before they started work. This enabled the people at 46 Bath Road to meet potential staff before they started working with them. People's views were sought on whether they felt the potential staff had the skills and one person was involved in the interview. The registered manager said it was a good opportunity as it allowed them to observe the new staff and how they interacted with people.

Personal care was delivered behind closed doors. Staff were observed knocking on people's doors prior to entering. Where people were unable to respond staff waited a while before they entered their bedroom. People looked well cared for. Staff praised a person on how they looked including complimenting a member of staff on how they had blown dried a person's hair. This showed staff ensured people's privacy and dignity was respected.

Some people attended church on a regular basis and went out to luncheon clubs and coffee mornings. Staff told us there were good links built with the church and positive relationships had been established with some of the congregation visiting people living in the home on a regular basis.

People told us they could have visitors to the home. Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. Some people saw family members regularly. However not everyone had the involvement of a relative. Social events were organised so that people could invite their friends and family to their home. It was evident the staff were committed to support people to visit their relatives. One person told us they were going to Brighton to see a relative. Another person had been supported by staff to attend a family wedding in Devon. The registered manager told us they now had to consider the distance people travelled especially where they was a risk of pressure wounds for people. In response, they were planning to break up longer journeys with an overnight stay. It was evident they had the best interests of the people they were supporting. The person and their family had been consulted about the arrangements.

People were able to personalise their bedrooms. Anew person and their relative had been consulted about the décor of their bedroom. The registered manager said this had been important, as they wanted their bedroom to feel like it was their home, which would help with the transition from home to 46 Bath Road. Similar wall paper had been chosen that had reflected their bedroom at the family home. They also ensured there were family photographs and pictures.

People's end of life wishes were recorded in their plan of care in respect of funeral arrangements, any special songs and requests and who should be contacted. Where a person lacked the mental capacity their relatives had been involved. The registered manager told us most of the staff had completed bereavement training and they were exploring training options on end of life care to build on the skills and knowledge of the team. From talking with the registered manager, it was evident that a person's wishes would be respected and other health and social care professionals would be involved. This would ensure that the appropriate equipment and any pain relief was in place to make the person comfortable.

Staff described how they had been committed to provide end of life care for one person at the beginning of the year. From the conversations it was evident it was the person's wish to die in their own home. Additional staff had worked in the home to support the person during this period. The registered manager commended her staff team for their dedication during this time to provide a person centred service to enable this person to remain at 46 Bath Road. The staff had organised the funeral, which included music that was important to the deceased and a member of staff spoke about the life of the person. The people living in 46 Bath Road were supported to attend the funeral and celebrate the life of their friend. A member of staff described the loss of this person and how much they were missed. This further demonstrated that staff were caring and fond of the people they supported.

A representative from the Trust had commended the staff for the support given to this person at the end of their life. They had written stating, 'The staff are passionate about providing person centred care their genuine warmth and care shone out'. They said that staff had followed the end of life wishes and the service

provided was exemplary.

Good

Is the service responsive?

Our findings

We observed staff responding to people's needs throughout the inspection. This included spending time with people engaged in conversations. Staff were observed promptly responding when meeting people's needs. Staff told us often everyone would prefer to sit around the dining room table because this was the hub of the home. Some people were offered bed rest in the afternoon to enable people to change position. This was because some people were at risk of their skin becoming sore. One person asked to spend time on their bed in the afternoon because they were tired. Staff ensured that when people were in their bedrooms they had a choice of music, relaxation/sensory equipment, television or peace and quiet.

Staff were observed responding to a person who was unwell. Staff were observed checking the person regularly to check on their wellbeing. The staff were aware of the care the person needed. For this person they needed to have fluids encouraged and needed to remain at home for 48 hours.

Five of the six ladies had lived in 46 Bath Road for a number of years. One person told us they had lived at Bath Road for twenty years. They said it was their home but they did miss living in Stoke Park as they had more freedom there. This was because they could visit all the wards and meet up with friends independently. Another person told us they had moved to the home when their home (another Milestones Trust service) had closed. They told us it was alright and they liked living at Bath Road. One person had been part of a film production when they first moved to the home as part of documentary of life in the community from a hospital setting. This person told us they were again going to be a film star and continue the story 20 years later.

People had been assessed before they started to live in the home. This enabled the staff to plan with the person how they wanted to be supported and how to respond to their care needs. From the assessment, care plans had been developed detailing how the staff should support people.

The person, their relatives and health and social care professionals where relevant had been involved in providing information to inform the assessment. The registered manager told us the care plan for the new person was evolving as they were getting to know them. They told us because the person had lived at home there was very little information on how the person wanted to be supported. From reading this person's care file it was evident the staff were consulting with other professionals and family to enable them to meet their needs. This included ensuring appropriate equipment was in place to meet the person's changing needs. The registered manager told us this person had moved to the home as an emergency due to the health of their main carers. A visitor told us, "The home is lovely, X has settled in really well, we cannot fault the service. They went onto say that the relative of X had wanted to move into the home because they were really impressed about the service being so homely and caring.

Comprehensive care plans clearly described how people should be supported in all aspects of daily living and their personal preferences. The information recorded was individualised and evidenced the person had been involved in developing their plan of care. Staff confirmed how people were being supported in accordance with the plans of care. These had been kept under review when care needs changed and were

updated involving the person, their relatives and their key worker. Some information may benefit from being archived to ensure there was clear guidance for staff. This was because a person required a flush for their PEG and it was not clear because of old care plans whether this was 50ml or 400ml twice a day. PEG feeding is a means of delivering nutrition and fluid through a tube into the stomach. The registered manager confirmed this was would be rectified immediately. Staff told us they were following the more recent guidelines. Records were maintained of the flushes showing this was done twice a day. We recommend the service review the recording of the flushes to ensure following recommended practice guidelines. Relatives confirmed they were kept informed of any changes and consulted about the care. A relative told us the staff were very good at keeping the family informed.

People told us about the activities they regularly took part in. This included coffee mornings, luncheon clubs and activities organised in the home. One person attended a day centre four days a week and another had a day care worker that supported them with activities on a weekly basis. Two people had been supported to attend an afternoon of entertainment at another service, which they visited weekly. One person told us this enjoyed the afternoon but it had been noisy with people dancing.

People told us holidays had been organised and day trips to places of interest. From the conversations with people, activities were organised based on each person's interests and hobbies. Where people had paid for their holidays agreement had been sought from the person or where they lacked capacity their relative or appointee. Some people had been to the Calvert Trust in Devon, which is an activity centre for people with disabilities. Staff commended one of the ladies for trying new activities.

One of the ladies told us about an art exhibition they had been involved in. The registered manager said this had been really positive. They had secured funding for an external person to come to the service to complete arts and crafts for eight weeks to help put some items together for the art and exhibition. Another member of staff told us some of the ladies had attended a local college where they completed arts and crafts and they were looking for further courses in the Autumn.

Written and verbal handovers took place at the start and end of each shift where information about people's welfare was discussed. A handover is where important information is shared between the staff during shift changeovers. Staff told us this was important as it was an opportunity to discuss any changes to people's care needs and ensure new staff or agency were aware of people needs. They told us this ensured a consistent approach. There was a file which included a summary of important information about people so that agency or bank staff did not have to read the full care plan, enabling them to respond to people's needs promptly.

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. A copy of the complaint procedure was available in easy read format and made available to people. A person told us they would tell staff if they were unhappy.

There had not been any complaints raised by people or by their relatives in the last twelve months. However, the staff had supported people to raise concerns about other services in the past such as a person's treatment at hospital. This showed staff were a positive advocate for people ensuring they received services they had a right too. Staff knew how to respond to complaints if they arose. One person told us if they were not happy, they would speak with a member of staff. Relatives confirmed they knew how to raise concerns. A relative said, "I would just them (staff) and it would get sorted". They went on to tell us they had no reason to complain.

Some people in the home were unable to communicate verbally. Staff told us it was important they

monitored their body language to ensure they were happy with the activities they were taking part in including personal care. There were communication dictionaries in people's care files, which described how they expressed whether they were happy, sad, in pain, hungry or thirsty. This enabled the staff to communicate and understand what people were expressing, ensuring they were responsive to people's needs. Staff clearly described how people showed they did not want care or support whether that how the person held their head or waved their arm in a certain way.

Requires Improvement

Is the service well-led?

Our findings

Some improvements were required to ensure the service was well led. This was because the checks that were being done on the quality and safety of the service were not always effective. We found there were shortfalls in some areas such as medicine management and health and safety. For example, staff had not taken part in regular fire drills, there were incomplete food safety fridge temperature checks, checks were not always completed on the hot water in line with the provider's policy and checks were not completed to make sure the first aid boxes were fully stocked. These checks had also not identified medicines such as liquids had a clear date of when opened. We also saw that staff were completing fluid charts but had not added up the fluid intake to enable staff to be proactive in encouraging additional fluids.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

Prior to the inspection, we reviewed the notifications the service had sent to us. We found the service had not notified us of any authorised Deprivation of Liberty Safeguards since 2014. This was discussed with the registered manager who responded promptly after the inspection and completed the relevant notifications for the three people who had an authorisation in place. All other notifications in respect of any incidents and accidents had been sent to us promptly. A notification is information about important events, which had happened in the home, the service is required to send us by law. The CQC used information sent to us via the notification process to monitor the service and to check how any events had been handled.

The registered manager demonstrated a good understanding of the care and support needs of people living at the home. They worked alongside the staff to support people as seen during the inspection. The registered manager and the staff described a team that worked together in meeting the needs of the people living at 46 Bath Road. Staff were committed to providing care that was tailored to the individual. Feedback from a health care professional was positive in respect of the management of the service. They told us, "Management are good and communication with them is often productive". Relatives confirmed they knew who the manager was and found them approachable. A relative told us, "Name of manager, is very lovely and very supportive". However, another relative said sometimes there was a delay in the manager replying to emails especially when they were on annual leave as no one else can access the emails.

Staff and the registered manager told us it had been a difficult six months, with the death of one of the people living in the home, another being unwell now having made a recovery and a new person moving in. The registered manager told us, "I have an amazing team; they are all here for the people that live at 46 Bath Road and want to provide them with a service that meets their individual needs". Staff told us they enjoyed coming to work.

Observations of how staff interacted with each other and the management staff of the service showed there was a positive and open culture. Staff were clear about their roles and responsibilities as well as the organisational structure and who they would go to for support if needed. Staff told us the management team were supportive and approachable should they have any concerns. Staff were very passionate about

their role in supporting people to lead the life they wanted. It was evident the service was set up around the individual with the emphasis on encouragement to enable the person be independent including building links with their local community. There was a group of people that regularly visited people. This included people from the local church, friends of the ladies and a person whose relative had previously lived in the service. They continued to keep in contact on a weekly basis. The registered manager said the ladies looked forward to the visits.

People were supported to share their views on the quality of the service at house meetings. At the last inspection, we were told these happened four times a year. Only one meeting had happened this year. Minutes showed that each person was asked if there were any improvements that could be made and whether there were any concerns. People were also consulted about any new activities they would like to take part in. It was noted from a meeting held last year a request had been made for a Punch and Judy show and a trip to Burnham on Sea. When we asked the registered manager and staff if these had been arranged they could not recollect this having taken place. There was a risk that if suggestions were not acted upon people would not continue to voice their opinions or make suggestions. Some people attended a Trust wide service user forum enabling them to meet with other people and to share their views with the senior management of the Trust.

Annual observational audits were completed by another registered manager working for the Trust. These looked at the quality of the care delivery ensuring it was effective and responsive to people's needs. Surveys had also been completed by three people living at 46 Bath Road. Feedback was positive in relation to the environment, staffing, food and activities.

Regular staff meetings were taking place, enabling staff to voice their views about the care and the running of the home. Minutes were kept of the discussions and any actions agreed. Staff had delegated responsibilities in relation to certain areas of the running of the home such as checks on medicines, care planning and health and safety.

The registered manager completed a monthly report on a number of areas including complaints, staffing, accidents and incidents and finances. This enabled the Trust to have an overview of the service and any risks so these could be jointly managed. In addition, the registered manager told us they received supervision from their line manager who visited monthly to discuss care delivery, staff and the general running of the home. They also met up with other registered managers on a monthly basis, which enabled them to keep up to date with any organisational changes and to share good practice. The Trust also sent out a monthly team brief, which was shared with all the staff. Copies of the minutes of these meetings and the team brief were made available to staff.

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 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with the unsafe use and management of medicines. Regulation 12 (2) (g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager had systems but these had failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. This included checking whether staff had taken part in a fire drill, the checking of hot water, food probe temperatures and the monitoring of fluid charts. Regulation 17 (2) (a).