

Freeways

Susan Hampshire House

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?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on the 18 and 24 May 2016. Susan Hampshire House provides accommodation and personal care for 16 people. People who live at the home have learning disability. Three of the sixteen beds were used to provide short stay breaks for people living in the community either alone or with family. There were nine permanent people living at Susan Hampshire House at the time of the inspection. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting.

There was a registered manager in post. They had been working in the home for the last two 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.

Some improvements were required to the environment to ensure it was safe and meeting the needs of people. Maintenance was not always responded to promptly. Some areas of the home were not clean and carpets were heavily stained.

People had access to healthcare professionals when they became unwell or required specialist equipment. Feedback from health and social care professionals was generally positive in respect of the staff's approach to people and delivery of care. However, some professionals had told us that not all their advice and recommendations were followed or shared with the team and the necessary improvements to the whole service in respect of the culture had been slow.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management, checks on the equipment, fire systems and safe recruitment processes. However, people who stayed for short breaks did not have the same documentation in place to guide staff in respect of the delivery of care and keeping them safe. This was being addressed by the registered manager and an action plan had been developed by day two of our inspection.

Sufficient numbers of staff supported the people living at the service. Staff had received sufficient training to enable them to support people effectively. Regular meetings were taken place however, other systems to support staff such as one to one meetings were not happening at regular intervals and there were no annual appraisals of staff's performance.

People had a care plan that described how they wanted to be supported in an individualised way. These had been kept under review. Staff could improve on the recording of the care that was being delivered as this was repetitive and lacked information to enable them to monitor for any changes. Staff were not recording information consistently.

People were treated in a dignified, caring manner which demonstrated that their rights were protected. Where people lacked the capacity to make choices and decisions, staff ensured people's rights were protected by involving relatives or other professionals in the decision making process. The registered manager had submitted applications to the appropriate authorities to ensure people were not deprived of their liberty without authorisation. However, not all staff were aware of these authorisations.

The service was not always well led; the provider was not taking an active role in monitoring the quality of the service and responding to requests in respect of the environment. We have recommended the provider seek advice and guidance from a reputable source, about the how from a provider prospective they can monitor the quality of the service involving people, their representative and other stakeholders.

We found there were 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 version 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?

People were not always kept safe. This was because there was a lack of guidance for staff on keeping people safe when staying in the home for short breaks. Not all areas of the home were kept clean and in a good state of repair.

Staff had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

Recruitment procedures were robust to ensure people were supported by staff that had the right skills and were suitable to work with vulnerable adults.

Medicines were well managed with people receiving their medicines as prescribed.

People were supported by sufficient staff and this was kept under review.

Requires Improvement ●

Is the service effective?

The service was not always effective. This was because not all staff received regular one to one with their line manager and there were no staff annual appraisals. Not all staff were aware of who was subject to a deprivation of liberty safeguard.

Staff provided support which met their individual needs.

People's nutritional needs were being met. They were involved in the planning of the menus and supported to make choices on what they wanted to eat and drink.

People were involved in making decisions and staff knew how to protect people's rights. People's freedom and rights were respected by staff who acted within the requirements of the law. This included the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported by staff who were knowledgeable about their care needs. Other health and social care professionals were involved in supporting people to ensure their needs were met.

Requires Improvement ●

There were some areas of the home that were looking tired and would benefit from refurbishment.

Is the service caring?

The service was caring.

People were cared for with respect and dignity. Staff were knowledgeable about the individual needs of people and responded appropriately. Staff were polite and friendly in their approach.

People's views were listened to and acted upon.

Good ●

Is the service responsive?

The service was responsive to meeting people's needs however staff were not always recording the care delivery or incidents that were happening appropriately.

People were supported to take part in regular activities both in the home and the community. This included keeping in contact with friends and family.

People could be confident that if they had any concerns these would be responded to appropriately.

Requires Improvement ●

Is the service well-led?

The service was not always well led. There had been improvements in the service in respect of promoting care that was tailored to the person and team dynamics. However, the provider had not taken an active role in monitoring the quality of the care provided or acted on areas of concern raised by the registered manager.

The staff spoke positively about the registered manager and the support that was in place.

People's views and their representative were not being sought through annual surveys.

Requires Improvement ●

Susan Hampshire House

Detailed findings

Background to this inspection

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

This was an unannounced inspection which was completed on 18 and 24 May 2016. The inspection was completed by one inspector. The previous inspection was completed in May 2014 there were no breaches of regulation at that time.

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.

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

We contacted three health and social care professionals 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.

During the inspection we looked at five people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed and recruitment, supervision and training information for staff. We spoke with four members of staff, a relative, a visiting health professional and the registered manager for Susan Hampshire House. We spoke with five people and observed interactions between staff and the other people living in the home.

Is the service safe?

Our findings

People told us they felt safe whilst living at Susan Hampshire House. However, we saw their safety had been compromised potentially on two occasions on the first day of the inspection. This was because an agency nurse and a pharmacist had entered the home without ringing the doorbell and walking into the main corridor and office. The front door and the back door had been left open which meant anybody could enter the building unannounced. The home was situated on a busy road opposite Yate shopping centre and anyone could have walked into the building. Staff were not in these areas when the unannounced visitors entered the property. Other health and social care professionals had raised a similar concern with us. We had also received a similar concern from two relatives. This had been fed back to the registered manager and the provider in November 2015 but no suitable action had been taken to reduce these risks to people. The provider told us they would be reviewing the access arrangements ensuring this enabled people the freedom to enter and leave the building. Both relatives told us they were able to enter the home without being challenged. The registered manager told us the doorbell only sounded in the office which was not always staffed.

This was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Premises and Equipment.

We found that carpets in many areas of the home were heavily stained in communal areas, corridors and bedrooms. The bathroom and toilets had white marks from water staining. There were broken tiles in a shower room on the ground floor and a missing stair gripper rod. The latter was a potential trip hazard. This had been repaired by day two of our inspection. In addition the stair rail covering was loose which increased the risk of a fall. Staff told us they had reported this over a week ago and although this was a potential risk to people the repair had not been undertaken. The registered manager told us they had discussed the carpets and reported this to the provider in January 2016 no plan was in place to either clean or replace the carpets. A member of staff told us they could not remember the carpets being deep cleaned in the last twelve months.

Staff told us usually there was a prompt response to repairs and maintenance. A maintenance person visited the home once a month to complete any outstanding repairs or more quickly if these were more urgent. Items such as white goods, for example the dish washer and washing machines were repaired by external contractors and would be replaced or fixed within two to three days. However, the extractor fan in the kitchen had not been repaired for a period of three months. This was the only ventilation in this area as there were no windows in the kitchen as this was in the middle of home. We saw from health and safety audits that light bulbs were continually being identified as needing to be replaced in respect of the wall lights and lighting in the conservatory. Over half of the light bulbs in the conservatory were not working on the day of our visit and some of the wall lights throughout the home.

This was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Premises and Equipment.

Most people received a safe service because risks to their health and safety were well managed. Care records included risk assessments about keeping people safe whilst encouraging them to be independent. People were able to access the community independently, be involved in cooking their meals and were responsible for their own money and medicines. It was evident people were empowered to take control over their own lives where they were able. People's mental capacity had been taken into account when such choices had been made and their right to take informed risks had been respected.

However, people who used the service for short breaks known as respite care did not have any risk assessments in respect of supporting them. The registered manager told us the staff followed the care plan from the person's funding authority. These did not contain information on how to keep people safe. For example we saw some people were at risk of falls, choking and there were risks in relation to people's medical condition such as their diabetes or epilepsy. There was no information to guide staff on supporting these people ensuring their safety. Three of the four of the local authority care plans had not been reviewed and updated since 2007.

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

On the second day of our inspection the registered manager had introduced new documentation to enable the staff to gather information about each person that was staying in the home for short breaks. This consisted of a booking in form which asked about any changes, prescribed medicines and other important information to support the person safely. There was also a record to gather information about any risks to the person. Staff showed us what they had done since the first day of our inspection for the people that had stayed in the home for short breaks. The registered manager told us this would then be used to develop a care plan for each person.

There were areas of the home that were not clean and a potential infection control risk. This included the staff sleep in room and the small kitchenette on the first floor. The staff told us they were responsible for cleaning the home with some people also getting involved. Cleaning schedules were in place and the home had completed an infection control audit. The audit had highlighted the need to have pedal bins and these had been purchased.

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

Staff were confident that the registered manager would respond to any concerns raised about poor practice. A safeguarding adult's policy was available for staff to guide them on the procedure to follow. There was a whistle blowing policy enabling staff to raise concerns about poor practice. These were displayed on the office notice board. Staff told us since the registered manager had taken up post two years ago they were now encouraged to report concerns which had not been previously reported. The registered manager told us there had been a culture of not reporting before and they had worked closely with staff to encourage a more open and transparent service. Where safeguarding alerts had been raised the registered manager had taken appropriate action to minimise the risks to people.

A health and social care professional had raised concerns about how staff were responding to a person in a negative way which was impacting on the way the person was responding to others living in the home and the staff. Whilst they acknowledged this had improved this had taken a long while for this to be embedded into staff practice. The registered manager acknowledged there was a culture where a person was

continually being told 'no' with staff focusing on this person's negative reputation. The registered manager told us some staff had left which had improved the way staff were responding to the individual. However, this was still work in progress and being closely monitored.

This was a breach of regulation 13, safeguarding service users from abuse and improper treatment. This was because the person was being discriminated against. However, the registered manager was taking steps to address this with the staff team involving other health and social care professionals. This included providing training in positive behaviour support and specific training around supporting a person with autism.

Environmental risk assessments had been completed, so any hazards were identified and the risks to people removed or reduced. Many of the risk assessments were dated 2013 and would benefit from a review to ensure they were still current.

Staff had a good awareness of risks and knew what action to take to ensure people's safety. Checks on the fire and electrical equipment were routinely completed. Staff completed monthly checks on each area of the home including equipment to ensure it was safe and fit for purpose. A local fire officer visited the service in January 2016 and recommended that the personal evacuation plans for each person was reviewed and updated. A member of staff told us this was being completed with individual questionnaires for each person to assess their understanding and ability to evacuate the building in the event of a fire or an emergency. Records were seen confirming this.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed by the registered manager or the deputy manager. The registered manager had assessed the risks when people wished to manage their own medicines. Two people had been assessed as being safe to self-administer their medicines. Care plans were in place describing the support the staff gave and what the person could do for themselves.

Each person had a file containing their medicine administration records, an up to date photograph, preferences on how they liked to take their medicines and information in respect of medicines they were prescribed. This included the reason the medicine was prescribed and any known side effects and allergies. Information was available to staff on 'as and when' medicines such as pain relief or remedies for a specific medical condition such as diabetes. This included what staff should monitor in respect of when and how these medicines were to be given.

The provider followed safe recruitment practices. We looked at the recruitment files for two newly appointed members of staff and found appropriate pre-employment checks had been completed. All members of staff had at least two satisfactory references and had received a Disclosure and Barring (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. The two files we viewed were disorganised and followed no logical sequence. The registered manager told us this would be addressed and showed us other files where these had been filed in a binder with information about training, supervision and recruitment being held in separate files.

Staff told us before they started to work at the Susan Hampshire House, they had visited the home, this helped them to ensure they understood what was expected of them and it gave them an opportunity to meet with people and the staff. This enabled the registered manager and potential employees to assess if they had the right qualities for the job. People were asked for their opinion on what they thought of the potential member of staff and two people had been involved in the interview process.

Staff told us there was enough staff working in the home. There was a minimum of three staff working in the morning and four staff in the afternoon/evening. There was a waking and sleep in member of staff working at night. The registered manager and the deputy manager told us they planned staffing flexibly to enable people opportunities to go out. Additional staff were employed to enable people to attend social events, social clubs and health care appointments and provide one to one support. One person had individual support every day from 11 to 4pm. This was being covered by regular agency staff. From our observations on both days this person evidently had built good relationships with the staff and was engaged throughout. Day care workers employed by Freeways Trust organised activities for people during the day and evening.

The registered manager told us the staffing would be reviewed as and when new people moved into the home and when people stayed for short breaks. There were three vacant rooms and three bedrooms, which were used for short stay breaks.

Is the service effective?

Our findings

People told us, they liked the staff that supported them. Comments included, "The staff are ok, I have lived here a long time and we all get on", and "The staff help me when I need it and there is always someone I can talk too". Feedback from professionals included, "Progress has been slow, but now we are seeing improvements", "Staff have not always had the skills to support people in a person centred way but this is improving", and "Communication is not always effective and passed from one staff to another, often I have to repeat my advice". The health care professional told us this had improved and was often better when they were meeting with the registered manager or the deputy manager.

A member of staff told us they had completed an induction which consisted of some face to face training and working through an induction pack. This programme met the requirements of the Care Certificate and consisted of 15 modules. The registered manager and deputy manager monitored progress and completion of the modules. The registered manager told us staff had 12 months to complete the care certificate. However, it is recommended by the Skills for Care that this is completed within a 12 week period. Skills for Care is an organisation that provides practical tools and support to help adult social care organisations in England recruit, develop and lead their workforce.

The registered manager contacted us the day after the inspection to inform us Freeway's policy was for staff to complete this within 12 weeks. Two staff had not completed this within the organisation's timescales as they had started work in October 2015 and as yet not been signed off. We were told this was because they were unable to attend one of the days training but this was being rearranged. Another member of staff who started in August 2015 had only completed this in April 2016. We were told by the registered manager that if staff did not complete this within 12 months then their employment could be terminated.

There was a training programme in place which was monitored by the registered manager and the provider. All staff had to complete annual refresher training. Examples included safeguarding, health and safety, first aid, safe medicines administration and moving and handling, deprivation of liberty safeguards and mental capacity. Specialist training was given to enable the staff to meet people's specific support and health care needs. This training included supporting people with autism and epilepsy, eating and drinking and managing behaviours that challenge. There was a training plan in place which had been submitted to the training department at Freeways.

Staff confirmed they regularly met up with a senior member of staff to discuss their performance and any training needs. The registered manager told us they were aware this was an area for improvement ensuring all staff received supervision in accordance with Freeways' policy. There was an expectation that all staff would receive one to one supervision every four to six weeks. The registered manager told us that staff had not received an annual appraisal since they had been in post. They were unable to find out if any staff had ever had an annual appraisal prior to them taking up post. The registered manager told us they were rolling this out to all staff sharing the responsibility between the deputy manager, the team leader and themselves.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We asked two members of staff who was subject to a DoLS authorisation, staff were not fully aware of who had one in place or the reasons. Both staff had attended training in this area and attended a staff meeting where this was discussed. This was fed back to the registered manager.

Each person had been assessed using a pre-checklist to determine whether an application should be made. The registered manager had notified us about the outcome of the authorisations. Policies and procedures were in place guiding staff about the process of DoLS. Three applications for DoLS had been submitted for reauthorisation. This was because people lacked the mental capacity to make the decision on whether they wanted to live in Susan Hampshire House and required constant supervision. This had been completed within the timescale and they were waiting for the local authority to reassess each person. Usually DoLS are authorised for a period no longer than 12 months. A relative confirmed they had been informed about the process of DoLS and regularly liaised with the authorisation authority on how this was being applied.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. People's care plans described how the staff supported people to make day to day decisions, for example what to wear, to eat and drink and how they wanted to spend their time. Staff confirmed verbal consent was always obtained before assisting a person. Staff were aware of those decisions that people could and could not make for themselves. Examples of these included decisions about healthcare monitoring where people may not be able to understand the relevant information. Other health and social care professionals and relatives were involved in this process. Where a person was regularly refusing personal care, the staff were working very closely with the community learning disability team in trying to resolve this.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist, chiropodist and an optician and attended appointments when required. People had a health action plan which described the support they needed to stay healthy. Staff told us regular checks were being completed to ensure appointments were not overlooked. Where people's needs had changed referrals had been made to other health care professionals. This included the community learning disability team which is made up of nurses, physiotherapists, dieticians, occupational therapist and consultant psychiatrists.

The registered manager told us there were two GP surgeries that the home used. This was because people were offered an opportunity to change their GP practice in January 2016 as it took a long time for a person to receive a correct diagnosis of a skin condition. Two people told us they had chosen to remain with the practice as they had been with them for years. We met with a visiting GP who confirmed that there had been a concern raised with them about the diagnosis of a skin condition but once diagnosed the staff had supported the person and others well in ensuring it was treated quickly and effectively. They told us the staff were caring, knowledgeable and knew their limitations and would make contact appropriately.

People told us they liked the food, there was a choice and there was always enough to eat. If people did not

like the planned meal then they were offered an alternative. The planned menus were varied and showed people were offered a healthy and nutritious diet. People were consulted about the menu at house meetings.

There were opportunities to have takeaways which people told us they regularly enjoyed. People were offered a free choice for lunch usually a snack, with the main meal being cooked in the evening. On the day of the inspection each person had chosen a different meal consisting of a variety of sandwiches and wraps and on the second day people chose to have a MacDonald's. Everyone who remained in the home was offered a choice and a member of staff and a person living in the home then went to collect this.

Susan Hampshire House is a purpose built care home which is registered to accommodate 16 people with a learning disability. There were 10 people living in the home at the time of the inspection. The service also provided short stay breaks for people living in the community either on their own or with family. There were three bedrooms identified for this purpose. There were three vacancies at the time of our inspection. The home opened 17 years ago and a few of the people had lived in the home since it first opened.

The accommodation was set over two floors. There was a passenger lift to the first floor. There was a secure garden to the rear of the property. People told us they enjoyed the gardening group on a Wednesday. Raised flower beds had recently been put into the garden and were being planted with vegetables and flowers.

Each person had their own bedroom which they could personalise. People were involved in making decisions about the décor of their bedroom and communal areas. The registered manager recognised that there was some more work needed to encourage people to further personalise their bedrooms.

Professionals and relatives felt the home was looking dated and shabby in some areas. The registered manager had reported this to senior management in Freeways via their self-assessment in January, February and March 2016. There was no evidence when the senior manager visited on the 31 March this was discussed.

We found that some areas of the home were looking tired and in need of some modernisation. The furniture and carpets were looking worn. We were told much of the furniture had been in the home since it first opened 17 years ago. There was a programme of redecoration which would include the vacant rooms as and when people moved in and the corridors had recently been redecorated.

The kitchen was situated in the middle of the house. This had recently been refurbished however staff raised concerns about the lack of ventilation and that the cooker was too small for the amount of people living in the home.

Is the service caring?

Our findings

People told us they liked the staff that supported them and felt they were caring and kind. People met with their key worker once a month to discuss how their care was going and to plan for the forthcoming month. A key worker is a named member of staff that is responsible for coordinating the care and ensuring care documentation was up to date for an individual person. People attended house meetings where they could talk about the running of the home, activities and menu planning. These happened monthly however there were gaps in the meeting file. They told us sometimes a person would remove the minutes from the notice board.

People confirmed they could make decisions on what support they needed and when. Two people told us they were able to come and go, as and when they wanted. One person was telling us they went to the GP and other health appointments on their own if they chose to. Another person told us they had control over their own money and could go to the bank on their own without staff support. Care records described what the person could do independently and what support they needed from staff. The registered manager told us much work had been undertaken with the staff team to empower and encourage people to have more control over their lifestyle. This included ensuring people had access to all parts of the home as previously the kitchen and the laundry were locked. This was no longer the case and people could access these areas freely.

People were observed making drinks and snacks throughout the day. Where people needed support staff encouraged people to do as much as they were able. For example one person was seen topping the kettle with water and staff gently prompted them to empty some water as it was too full. This was done in a positive and inclusive way.

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.

People were busy planning their holidays, five people were going on a trip to Spain, another four people were going to Butlins and one person was taking a holiday independent from the service. These options had been discussed at a recent house meeting.

A visiting health care professional told us, "This home is very caring towards all the residents, sometimes staff get a bit over-involved". They told us they would recommend this home to other families for either short breaks or for as a permanent home.

People told us they could have visitors to the home. 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. This may include support with transport or access to the house telephone. Some people saw family members regularly.

People kept in touch with friends and attended a number of social clubs in the local area. Some people were planning a trip to a local night club specifically for those with learning disabilities. They told us they had been to this before and it had been fun.

People were supported to develop relationships with each other. The registered manager told us they were working with people to develop positive relationships as previously there was a culture where people living in the home would shout at each other. This was being closely monitored with staff promoting a positive reputation for people. House rules had been developed involving the people in the home. These included no arguing with each other, staff are there to sort out problems, no swearing and be kind to each other and talk to staff when feeling upset.

People told us they got on generally well together. Staff felt this had improved, but there were times when a person's behaviour or mood could have an impact on other people. In people's records we saw plans had been produced which provided guidance for staff to follow on such occasions. This helped to ensure good relationships between people were maintained. We saw that people liked to sit in the front garden together chatting. Three people told us they liked to sit outside and watch everyone pass by.

Everyone had their own bedroom which they could access whenever they wanted. People were observed moving around their home freely. Some people chose to spend time in the conservatory and the dining room speaking with staff. People were relaxed in the company of staff and the atmosphere was friendly. Staff took a genuine interest when a small group of people returned from a picnic engaging them in conversation about what they had done and whether it was enjoyable.

People's privacy and dignity were maintained. Staff were observed knocking on people's bedroom doors prior to entering. On the first floor there was an additional lounge and activity room where people could spend time if they wanted a quieter environment.

Previously a relative had raised concerns that sometimes when they visited their relative they had food around their mouth. We observed this person being offered opportunities to wash their hands and face. People looked clean and well cared for. Staff were observed discussing with people whether they had appropriate clothing for the weather and checking if sunscreen was needed. Support was given to people when they needed it. Where a person had refused personal care we saw staff were gently offering at different times during the day.

Is the service responsive?

Our findings

People told us about the activities they regularly took part in. Day care staff were employed to organise activities for people during the day and evenings. There were two staff that had primarily taken on this role in organising this with people. The registered manager told us this had improved since they had been in post and this area was much more organised with the involvement of the people living in the home.

People were engaged in meaningful activities on both days of our inspection. Five people had been supported to go to a local social club for people with learning disabilities in Bristol in the morning. People told us they had done arts and crafts and then in the afternoon had gone to Bristol Museum. On the second day people had been supported to go to the local park for a picnic to make the most of the weather. One person told us they went out to work and enjoyed this experience.

Other activities included accessing the local leisure centre, participating in a local dementia awareness group that was open to all the community, theatre and cinema trips, gardening, arts and crafts, cookery, photography and sing along groups. Weekly trips were organised based on where people had decided to go. People were asked what activities they would like to participate in at house meetings. We saw one person in December 2015 had wanted to go to Ashton Gate to watch a football match and to try out the sport of fencing. However, when we asked the person if this had been arranged they told us not yet. Staff were aware that this person wanted to do this but confirmed this had not been arranged with no explanation on why this had not happened. There was a risk that this person may not feel listened to, as staff had not supported them in these areas.

People attended a Gateway Club, a social club for people with a learning disability. Recently five people had recently achieved a Gateway award. The award encourages people to gain new skills and experiences, become more independent, make friends, be active in the community and to have better health and wellbeing. The registered manager told us this was a positive achievement for the five people. A special award ceremony was being organised. People had been supported by the two day care workers in organising the activities to enable them to achieve the award.

Many of the people had lived in Susan Hampshire House for a long time. People's needs were assessed before they moved to the home. This included gathering information from the person, their relatives and other professionals involved in their care. The registered manager told us another Freeways home was closing and three people had potentially been identified to move to Susan Hampshire House. The people living in the home had met the three people and they had recently visited. Some of the people knew each other from a day centre that had recently closed. We were told that regular visits would be organised for the three people including an overnight stay to ensure that the home was suitable and the new people were compatible with the existing people living in the home.

People were supported to have care plans that reflected how they would like to receive their care, treatment and support. Care plans included information about their personal history, individual preferences, interests and aspirations. They showed that people were involved and were enabled to make choices about how they

wanted to be supported. One person had written their own care plan with staff support.

However, people who attended the service on short breaks did not have a personalised care plan. Staff told us they followed the local placing authority care plan. In some cases these were dated 2007. When we discussed one person's needs with a member of staff this did not resemble the care described in the local authority care plan. The care plan said the person could become agitated and was at risk of falls. Another person had a medical condition and there was no guidance on how to respond to the person. Another person's local authority care plan stated avoid isolation and build on confidence and independence skills. There was no guidance for staff so therefore these broad statements were open to interpretation which may mean people were not receiving consistent care that was responsive to their needs.

This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person-centred care.

Individual daily reports about people's care and support were written by staff. This should help to ensure that staff were kept up to date with people's needs. The quality of the daily recording was variable and information was similar in content. For example 'person was wandering around and they were in mixed moods'. Mixed moods did not fully describe how or what the person had been doing or why they were in a 'mixed mood'. This would be open to different interpretations. This particular person had been engaged in a variety of activities on both days of our inspection such as reading the paper, arts and crafts and looking through a book with a member of staff. This had not been captured in the daily records. Another person had a conversation about keeping their bank card secure and was prompted to wear sunscreen. None of this information was captured in the daily records.

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

One person was being monitored for incidents in respect of how their behaviour was impacting on others. The staff told us there was an expectation that they should record information on a specific behaviour record and on an incident form. We saw there had been no incidents recorded on the behaviour record since January 2016. Staff told us that the number of incidents had reduced as they were more consistent in their approach. However, we saw that there had been five incidents which had only been recorded on an incident record. This meant there was a possibility for incorrect information being shared with health and social care professionals as they would review the behaviour record.

Daily handovers were taking place between staff. A handover is where important information is shared between the staff during shift changeovers. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. Written records were maintained to enable staff to keep up to date. This was useful if staff had not worked in the home for a period of time.

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. Complaints were recorded with any action taken to address the concerns including providing feedback to the complainant. The service had received six complaints in the last twelve months. One was a complaint from a relative about the security of the building, the lack of staff and the bed linen being in a poor state. This was investigated and new bedding bought, in relation to the staffing there were sufficient staff but some had gone out to support people in the community. The front door remains a concern. The others were raised by people living in the home about relationships and this was being monitored.

Is the service well-led?

Our findings

Arrangements were in place for checking the standards in the home were maintained. The registered manager completed audits and monitored the medicines, health and safety and environment, training, and supervision for staff. These audits had picked up on areas such as the repairs, the poor state of the carpets and maintenance. This included the lighting and the lack of ventilation in the kitchen. These had been recorded in documentation that had been sent to the provider as part of a monthly return. There was no evidence that the provider had responded promptly to these concerns. After the inspection the registered manager emailed our concerns to the operations manager. On our second day, five days after the first day the registered manager told us they had not received a response.

A senior manager carried out bi-monthly visits on behalf of the provider to look at the quality of the service. We saw that the operations manager had visited the service in November 2015, January and May 2016. The operations manager had completed an audit on care plans in November and January 2016. There was no evidence they had spoken with staff, people who use the service or looked around the environment. The report dated the 20 May 2016 stated they would visit the service and spend time with staff working alongside them for half a day. There was no date when this would be completed by. The reports focused on documentation such as deprivation of liberty safeguards and living well booklets. There was a section for what the service was doing well this had not been completed. The registered manager told us that the property manager had visited and made no recommendations and said the carpets needed deep cleaning when this was highlighted to them as a concern.

The registered manager told us surveys had not been sent to people who use the service, their relatives and professionals since 2014. They told us there was an expectation that another manager from Freeways would complete these with each person. They told us they had asked for this to be done but as yet had no response.

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

Staff told us the registered manager was approachable and had made some improvements since being in post. One member of staff told us, "The team get on a lot better now, it is a much friendlier place to work, I enjoy coming to work". They also said the aim of the service was to provide a home for people and for people to be treated in an individualised way.

The registered manager had worked in the home for the last two years. They had worked for Freeways for the past 19 years in various roles. This included the role of a registered manager in another Freeways' home. The registered manager told us the organisation had introduced a three yearly rotation for all registered managers. They were due to be transferred to another home but felt that there was still lots of work to be done at Susan Hampshire in respect of embedding the ethos of person centred care.

The registered manager explained the difficulties they had of changing the culture because staff had worked

in the service for a long time. As a consequence 10 of the 26 staff had left which meant that a recruitment drive had to be completed to fill the vacant posts. There were three staff vacancies remaining and some of those hours would be allocated as day care hours. This was because two people's day care service had closed and they were now planning to receive day care from Freeways with some of the other people living in Susan Hampshire House. The registered manager saw the recruitment of new staff as being positive in driving some of the changes. They now felt all staff were embracing the model of person centred care and were challenging their own and others practice.

The registered manager was supported by a deputy manager and a team leader. It was evident that the registered manager and the deputy manager were enthusiastic and promoted the ethos of person centred care. Health and social care professionals felt the service was well led but acknowledged the improvements required had been slow. Everyone said that the registered manager had been open and transparent with them explaining the difficulties in relation to the attitude of some of the staff. One professional told us it was like walking into a service fifteen years ago but this was slowly improving. What they meant by this comment was the service was institutionalised.

Staff meetings were regularly taking place and they were able to participate in discussions about the running of the service and the care and welfare of people. Any changes to the care practice, the running of the home and key policies were discussed. Meetings ensured staff were kept informed about the service and their individual responsibilities. Records of these meetings were maintained. Staff were able to read these if they were unable to attend the meeting so they knew what was discussed and any agreed actions. In addition to the team meetings staff had a whole team training day away from the home. The registered manager told us this had focussed on meeting people's needs in a person centred way, talking about specific people and their changing needs and included autism training.

Information was displayed about the 'Choice and Voice' Group, which was run by the provider and involved people from all the homes owned by them. This was a group that discussed the provider's policies and new practices. Two people told us they were actively involved in this group and met regularly at Leigh Court at the main office of the provider. This showed that people were involved in the running of the service.

Information in the Provider Information Return showed the registered manager had assessed what the service was doing well and where improvements could be made. There was actions that would help to develop the staff team and ensure that people were given further choices and opportunities. For example the registered manager told us in the PIR that they would review all risk assessments and all reactive and proactive strategies to change them in to positive behaviour support plans. They would be developing and reviewing the key worker role. People confirmed they had recently had a new key worker and they had some choice of who that would be.

From looking at the accident and incident reports we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.

We recommend that the service seek advice and guidance from a reputable source, about the how from a provider prospective they can monitor the quality of the service involving people, their representative and other stakeholders.

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
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People who use services and others were not protected against unsafe care and treatment because there were no care plans for people receiving short stay breaks. Regulation 9 (1)(a) (b) (c) (3) (a) (b) (c) (d) (e) (f)
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 because there were no risk assessments in place to support people who received short stay breaks. Environmental risk assessments had not been reviewed since 2013/14. Regulation 12 (1)(2) (a) (b)
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of the premises were not secure and were not being adequately maintained in respect of carpets, cracked tiles in the shower room, the broken extractor fan, numerous light bulbs not working and the loose stair rail. Areas of the home were not clean putting people at risk of cross infection Regulation 15 (1) (a) (b) (e)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

Daily records were not providing a contemporaneous record of care delivery including a record of the care and treatment provided and of decisions taken in relation to the care and treatment. Staff were not consistent in the way they were recording incidents. Regulation 17 (2) (c)

The provider's systems for monitoring the quality of the service were not effective in driving improvements. People's views were not being sought in respect of improvements to the service. Regulation 17 (1) (2) (a) (b)