

HICA

Woodlands - Care Home

Inspection report

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Ratings

Overall rating for this service**Requires Improvement** ●

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

Summary of findings

Overall summary

This inspection was carried out on 10 and 11 November 2016 and was unannounced. This meant the registered provider and staff did not know we would be attending. The service was last inspected on 8 December 2014 and the service was found to be in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was compliant with all other regulations at that time.

Woodlands Care Home is part of the HICA group of homes. It is purpose built. It provides accommodation for up to 54 people some of whom may be living with dementia. It is situated on the outskirts of Drifffield, within walking distance of local community facilities. There are 46 bedrooms for single occupancy (15 with en-suite toilet and wash hand basin facilities) and four bedrooms for double occupancy with wash hand basin facilities. Bathrooms and toilets are shared. There are lifts to the upper floor. There are various communal areas including lounges and dining rooms for people to use.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 registered manager was able to demonstrate they had an understanding of Deprivation of Liberty Safeguards (DoLS) and The Court of Protection. However, we found that Mental Capacity Act (2005) guidelines were not always followed. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider had a quality assurance system in place, but the system was not effective in assessing, monitoring and improving the quality and safety of the service. We also found record keeping at the service to be inconsistent. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had their health and social care needs assessed and care and support was planned and delivered in line with their individual care needs. Care plans were individualised to include preferences, likes and dislikes and contained detailed information about how each person should be supported. However, not all care plans were fully reflective of people's current needs.

People enjoyed a good choice of food and drink and were provided with snacks and refreshments throughout the day. Health care professionals were consulted when concerns had been identified in respect of people's weight loss.

We saw that staff completed an induction process and they had received a wide range of training, which

covered courses the home deemed essential, such as safeguarding, medication and Mental Capacity Act 2005 (MCA).

Staff had been employed following appropriate recruitment and selection processes. We found that staff had a good knowledge of how to keep people safe from harm. Accidents and incidents were recorded appropriately and we found that the recording and administration of medicines was being managed appropriately.

Assessments of risk had been completed for each person and plans had been put in place to minimise risks for most people. The service was clean, tidy and free from odour and effective cleaning schedules were in place.

People told us they were well cared for and we found people were supported to maintain good health and had access to services from healthcare professionals.

People were offered a variety of different activities to be involved in. People were also supported to go out of the home to access facilities in the local community.

The registered provider had a complaints policy and procedure in place and there were systems in place to seek feedback from people and their relatives about the service provided.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Accidents and incidents were well recorded.

Staff displayed a good understanding of the different types of abuse and had received training on how to recognise and respond to signs of abuse to keep people safe from harm.

Staff had been recruited safely and there were sufficient numbers of staff employed to ensure people received a safe and effective service.

Is the service effective?

Requires Improvement 

The service was not always effective.

The registered manager was able to show they had an understanding of Deprivation of Liberty Safeguards (DoLS). However, we found the Mental Capacity Act (2005) guidelines had not been followed.

People had access to adequate food and drinks, but this was not always well recorded by the staff. The action taken by the service when people experienced weight loss was inconsistent.

Staff received an induction and training in key topics that enabled them to carry out their role.

People's health needs were met. People who used the service had access to additional treatment from healthcare professionals, when needed.

Is the service caring?

Good 

The service was caring.

We observed good interactions between people who used the service and the care staff throughout the inspection, although relatives we spoke expressed concerns in relation to some aspects of care.

People were treated with respect and staff were knowledgeable about people's support needs.

People were offered choices about their care, daily routines and food and drink whenever possible.

Is the service responsive?

Good ●

The service was responsive.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people. However, the care plans were not always reflective of people's current needs.

People had access to a range of activities and were able to access the local community.

There was a complaints procedure in place and people knew how to make a complaint if they were dissatisfied with the service provided.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The service had a quality monitoring system in place; however, it was not effective and failed to identify areas of concern.

Staff and people who visited the service told us they found the registered manager to be supportive and felt able to approach them if they needed to.

There were sufficient opportunities for people who used the service and their relatives to express their views about the care and the quality of the service provided.

Woodlands - Care Home

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 and 10 November 2016 and was unannounced. On day one of the inspection the inspection team consisted of one adult social care inspector and one adult social care inspection manager. On the second day of inspection, the inspection team consisted of one adult social care inspector.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authorities that commissioned a service from the home. Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also contacted the local authority safeguarding adults and quality monitoring teams to enquire about any recent involvement they had with the Service.

The registered provider was asked to submit a Provider Information Return (PIR) prior to the inspection, as this was a planned inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with five members of staff, the deputy manager, the registered manager, the regional director, seven people who used the service, four people's relatives and two health and social care professionals. We spent time observing the interaction between people who lived at the service the staff and any visitors.

We looked at all areas of the service including bedrooms (with people's permission) and office accommodation. We also spent time looking at records, which included the care records for five people, four people's medication records, handover records, supervision and training records for three members of staff and quality assurance audits and action plans.

Is the service safe?

Our findings

Accidents and incidents were recorded both in people's files and electronically on 'share point' a computer-based system. This enabled external monitoring of incidents, accidents and any safeguarding concerns by the regional director. This helped ensure any patterns or increased rate of incidents were identified and action could be taken to reduce these. We saw that when people suffered repeated falls this information was recorded in a falls dairy that included information such as the date, time, description of fall, any injury that was sustained and the action taken. For example, when people sustained head injuries, a member of staff had contacted the appropriate service to seek advice. We noted that the accident/incident document did not provide an opportunity for staff to record what lessons had been learnt and how they intended to reduce the recurrence of incidents in the future. The regional director assured us that that this would be amended.

We reviewed the services own falls records and found that several people had experienced a high number of falls in the last year. We checked to see what action had been taken in response to these falls. We saw that one person had experienced a number of falls and the service had discussed this with both the district nurses and more recently the person's GP. Another person had experienced several falls from their wheelchair. These had all been thoroughly recorded, advice had been sought from health care professionals and a review had been undertaken by managers to check that appropriate action had been taken.

The service had policies and procedures in place to guide staff in safeguarding people from abuse. We saw the registered manager used the local authorities safeguarding tool to decide when they needed to inform the safeguarding team of an incident, accident or an allegation of abuse. Safeguarding concerns were recorded and submitted to both the local safeguarding team and the Care Quality Commission (CQC) as part of the registered provider's statutory duty to report these types of incidents.

We spoke to staff about safeguarding, how they would identify abuse and the steps they would take if they witnessed abuse. The staff provided us with appropriate responses and told us that they would initially report any incidents to either the senior member of staff on shift, or the registered manager. They also told us they knew how to escalate the concerns if they felt the issue had not been appropriately addressed. One member of staff told us, "The safeguarding training is updated annually. If I saw anything of concern, I would report it to the necessary people. I would speak with the manager, report to safeguarding or call the police." We saw from the safeguarding notes that when concerns were raised these were thoroughly investigated and appropriate action was taken.

We looked at the recruitment records for three members of staff. We found that application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and ensured that people who used the service were not exposed to staff that were barred from working with vulnerable adults. Staff were provided with job descriptions and terms and conditions of employment. This helped to ensure staff knew what was expected of them.

We observed that there were sufficient numbers of staff on duty to enable people's needs to be met. There was always a staff presence in communal areas of the service and during the inspection we found that people did not have to wait for attention. The deputy manager told us that the standard staffing levels on day shifts were six personal carers plus one or two senior personal carers. Overnight, there was one senior personal carer and three personal carers on duty. The registered manager and deputy manager were on shift in addition to care staff. We checked the staff rotas and saw that these staffing levels had been consistently maintained. A small number of agency staff were used; the registered manager told us that this was to cover for annual leave and sickness. The staff rota evidenced that regular agency staff were used so that they knew the people who lived at the service. In addition to care staff, there were two activity coordinators, a cook, two domestic / laundry assistants on duty each day and a maintenance person Monday to Friday. This meant that care staff were able to concentrate on supporting people who lived at the service.

We discussed staffing numbers with staff. They told us, "Yes, I think there are usually enough staff. We have good and bad shifts, sometimes you can feel stretched, but when we all work together then everything gets done."

We asked people who used the service and visitors if they felt there was enough staff on duty. The majority of people felt that there were sufficient staff telling us, "Yes, there seems to be enough staff, they come quickly, usually within five minutes", "I'd say they were enough staff, if I ring my bell they come." However, other people who lived at the service told us, "It can sometimes take the staff a little while to come, it depends on what time of the day it is and how busy they are" and, "I ring for help with my shoes, it took them 3 minutes this morning but 48 minutes last week ." One relative told us, "On a weekend the staff don't seem to be as thorough, I'm unsure why, perhaps it's because of numbers." We discussed these concerns with the registered manager and they told us they would ensure that people living at the service were consulted in relation to waiting times to ascertain whether people had to wait longer at a specific time of day, or day of the week. This would enable them to ensure this was appropriately addressed.

We saw care plans contained risk assessments that were individual to each person's specific needs. For example, one person had bed rails in place to prevent them from falling from their bed. We viewed their care plan and saw that the use of bed rails had been assessed to ensure they were safe for the person to use. We saw Personal Emergency Evacuation Plans (PEEP) were in place for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. This showed the registered manager had taken steps to reduce the level of risk people were exposed to.

We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the electrical circuits, gas services, water temperatures, electrical items and all lifting equipment including hoists and the passenger lift. We saw that a suitable fire risk assessment was in place and regular checks of the fire alarm system, fire extinguishers and emergency lighting were carried out to ensure that it was in safe working order. We also saw that regular fire drills took place to ensure that staff knew how to respond in the event of an emergency. This showed that the registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We were told that management and senior care staff had received training in the safe handling of medication from the pharmacy that provided their medication and in-house by the registered provider. This was confirmed by our checks of the staff training plan and staff training files. Staff also told us that regular medication competency checks were carried out as part of on-going supervision, although we found these

were not always dated.

We observed a medication round and saw that the member of staff completed this task in a polite and patient manner. The service used a monitored dosage system with a local pharmacy. This is a monthly measured amount of medication that is provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the GP. It allows for simple administration of medication at each dosage time without the need for staff to count tablets or decide which ones need to be taken and when.

We looked at how medicines were managed within the service and checked a selection of medication administration records (MARs). We saw that medicines were stored safely in a secure cabinet, obtained in a timely way so that people did not run out of them, administered on time, recorded correctly and disposed of appropriately.

We found that the controlled drugs (CDs) held in the service were regularly assessed and stocks recorded accurately. CDs are medicines that are required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001. Checks of the CD record book showed that these were all accounted for and the records were accurate.

We saw that the medicines fridge required cleaning as some medicine had spilt in the bottom. The registered manager and staff took action to address this immediately.

We saw that medication was audited on a monthly basis by staff and we found the pharmacist that provided the medication completed regular audits and at the last audit in May 2016, they made just two minor recommendations that had been addressed by the registered manager. People living at the service told us they received their medication on time. One person said, "The staff look after my tablets, I get them morning, lunch and at night." Another told us, "They look after my tablets for me."

Is the service effective?

Our findings

At the previous inspection completed on 8 December 2014, we found that people were not protected from the risks associated with unsafe or unsuitable premises because of inadequate maintenance. At this inspection we found that the previous issues identified had been addressed by the registered provider and the service was now providing care in premises that could meet the needs of the people living at the service.

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).

The Care Quality Commission (CQC) monitors the operation of the DoLS which applies to care services. DoLS are part of the MCA legislation, which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected. 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. The registered manager told us they had submitted DoLS applications for 26 people who were currently using the service. We saw the local authority had authorised fifteen of these, with the others awaiting assessment. It is a requirement of the conditions of registration that the registered provider notifies the CQC of all DoLS authorisations and checks confirmed these had been completed.

We reviewed care plans and saw that some capacity assessments had taken place on admission and when people deteriorated in relation to general care planning. We saw that a best interest meeting had taken place in relation to the need for one person to have regular skin integrity checks. As the person lacked capacity and had no family representative the service had requested an Independent Mental Capacity Advocate (IMCA) to be involved in the decision making process. We saw that all of the people involved in the meeting were in agreement that the regular skin inspections were required.

However, we saw that capacity assessments did not always take place before decisions were made by people or on their behalf. For example, we heard from one person's relative that they were unhappy that their family member had attended hospital for a procedure to be completed, without gaining their consent. Through conversations with both the relative and the registered manager there was some confusion over whether the person had capacity or whether this was variable. As no capacity assessment or best interest meeting had taken place it was difficult to determine whether the person had consented to attending hospital at the specific time.

We saw that one person had experienced a number of falls, we checked to see if a referral had been made to the falls team and found that a relative of the person had indicated that they did not feel this was necessary. We were told the relative had Lasting Power of Attorney (LPA). However, when we checked the person's care

plan we found there was no record of the LPA document in the persons file and the registered manager was unable to evidence they had seen a copy of this document. An entry in the persons care file indicated the family member had LPA for the person's finances and not for health and welfare. This meant that decisions in relation to the person's health had been made on their behalf without legal authority. We asked the registered manager to address this and ensure they held copies of these documents within the persons care plan.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they had completed MCA training and records we viewed confirmed this. During our discussions with staff, we found that they had the appropriate levels of knowledge regarding MCA for their roles. The registered manager told us that restraint was not used in the service and the staff we spoke with supported this view. We were told that some people who lived at the service could display distressed and anxious behaviour. We saw that care plans provided clear advice and instructions on how to manage these behaviours and the staff we spoke with were able to describe the techniques they used to help de-escalate these episodes of distressed behaviour. One member of staff said, "It's all about approach, one person doesn't always like to get washed and dressed, so we just keep going back until they are ready. It's all in their care plan."

We observed lunchtime and saw tables were set with tablecloths, table runners, cutlery, condiments and crockery. People were offered a choice of hot and cold drinks both during and after their meal. Lunch consisted of a choice of two hot meals and there was a light bites menu on offer. If people did not want either of the choices, the cook would offer an alternative. For example, one person chose to eat scrambled eggs each day. The cook told us that although they were originally resistant to Apetito, they found that they now had time to provide alternatives where necessary. Apetito provide nutritiously balanced frozen meals that are reheated by the service. They also provide high-density foods for people at risk of weight loss and a variety of textured foods for people who have swallowing difficulties. There was also a choice of dessert. We saw staff showed people a choice of each meal as it was served at the table. This ensured they got the meal they wanted and allowed them to decide once they had seen what was on offer. A choice of vegetables were also available for selection, this meant that people were not served food they did not want.

On both days of this inspection people who required assistance with eating and drinking received this in a patient and dignified manner. However, we spoke with one person's relatives who told us that their family member had previously received assistance that they felt was undignified and resulted in their relative being covered in food following the assistance they had received. They had raised this with the registered manager and the area director and had been reassured this would be addressed. We discussed this with the registered manager and they told us that the service had now implemented a 'tools down' approach at mealtimes, which meant all staff on duty would support across mealtimes. They had also arranged 'coaching' for staff around mealtimes to ensure that they had the correct skills to ensure that people's nutritional needs were met in a dignified and respectful manner.

We spoke to people regarding the food on offer and received a mixed response. One person told us, "The food is fine; you get a choice so no complaints from me." Others told said, "I have a good appetite and the food is usually good", "The food is good, you can always ask for seconds if you want it and the staff will go out of their way for you" and, "There is plenty to eat and drink and the food is fairly good, you get a choice. I don't care for breakfast much, the toast isn't buttered properly, just a lump in the middle. You can have a cooked breakfast if you want, but I don't bother." A relative told us, "[Name] likes their food and tells us he is well fed. I've been for a Christmas meal and came to the cheese and wine night." However, people also

commented, "The food is not very good. The meat and fish are poor, we never have a joint of meat, it doesn't taste of anything" and, "There is a choice though, if you want you can order something else." We discussed this with the registered manager who told us that all feedback regarding the quality and choice of meals was fed back to the registered provider to ensure that food offered was of a high quality.

We saw that people's weights were monitored and people deemed to be nutritionally at risk were weighed more frequently and had their food and fluid intake recorded. However, we found that the recording of food and fluid was not always accurately completed and in some cases, the food and fluid charts had not been completed at all. We found that the recording of charts was completed by staff at the end of the shift. This meant that the person who may have assisted them with food and drink did not always record the daily intake and the quality of recording was significantly reduced. On the second day of the inspection, we asked to check the food and fluid charts and the staff were unable to locate them.

We discussed the above concerns with the registered manager and regional director. They issued an immediate staff bulletin reminding staff of the importance of accurate recording of food and fluid charts across all of the registered provider's services.

We viewed people's weight charts and found the majority of people had put weight on during the time they had lived at the service. However, we saw that one person had lost a significant amount of weight during a short period. We discussed this with the registered manager who told us that the person had been unwell, they were refusing to eat and that the person's GP had been involved in their care during this period. We reviewed this person's care plan and found this information had been recorded, although we noted that the person's care plan in relation to food and drink had not been amended since January 2015 although it had been signed as current in November 2016.

Staff told us they had completed an induction before they started working in the service. One member of staff said, "I completed my induction at the head office and then spent some time shadowing other staff before I was included on the rota." The registered manager told us that all new employees had to complete a five day corporate induction which provided staff with the key skills to effectively carry out their duties. This included training the service deemed important including, safeguarding, moving and handling, infection control and health and safety. Staff were then required to complete the care certificate over a 12 week period. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working lives.

We viewed training records and saw that staff had completed training in a variety of topics that would enable them to effectively carry out their role. Staff told us they were also required to achieve NVQ level 2 with some staff then choosing to complete level 3. This meant that staff had the necessary skills to enable them to safely and effectively carry out their roles.

We viewed staff meeting records and found that although these were planned to take place on a monthly basis the August meeting had been cancelled and no staff had attended the September and October meetings. The registered manager told us that staff were sent written bulletins when they were unable to attend staff meetings, and that daily 'tactical' and handover meetings took place to keep staff informed. We did see that group supervisions had taken place in April and in July. A member of staff told us, "We have supervision and staff meetings but if I have any concerns I can speak with the manager or the deputy."

Most of the people we spoke with felt the staff had the necessary skills to effectively carry out their roles. However, one person told us they thought that staff training could be better. They told us they had raised concerns in relation to staff knowledge of moving and handling. We checked the complaint record and saw

this had been thoroughly investigated by the registered manager and both members of staff had received supervision and were required to shadow the deputy manager for a short period to ensure they had the necessary skills.

Peoples health needs were supported and were kept under review. We saw evidence that individuals had input from their GP's, district nurses, chiropodist, optician and dentist. Where necessary, people had also been referred to the relevant healthcare professional. All visits or meetings were recorded in the person's care plan with the outcome for the person and any action taken (as required).

When people needed to attend the hospital we saw they had patient passports in place. Patient passports explained how to care for people should they be admitted to hospital. These included key information regarding whether the person had any allergies or any particular needs that would enable the hospital staff to provide more personalised care.

Is the service caring?

Our findings

All of the people we spoke with who used the service told us that they felt the staff were kind, caring and respectful. Comments included, "The staff are very good to me, I've not had a bad one yet", "The staff are good, very good. I can't complain about them at all, they all like a laugh and a joke", "It's all pretty good here, the staff are friendly and polite and my room is cleaned daily" and, "I'm happy here, they look after me. A relative told us, "The staff are nice; they are caring and always respectful. [Name] seems to talk with them all; I don't think they have any favourites" and, "I know [Name] is happy, he would tell me if he wasn't." Another relative said, "It's lovely here, the staff are great and they couldn't look after [Name] any better." A visiting health and social care professional told us, "It seems like a nice home, the staff appear caring and I've overheard them talking with people and they are always polite and pleasant."

Staff told us they treated people with dignity and respect. One member of staff said, "I always make sure doors are closed, curtains are shut and that people are covered up during personal care." However, one relative told us, "There are some good staff here and we know when they have been on because [Name] is always well turned out, but some of them just don't seem to care." They also explained how their relative had been left in an undignified way after they had been supported by staff at mealtimes. Another relative told us, "I noticed [Name's] nails were dirty and I asked the staff to make sure they were cleaned regularly, they are much better now but I still need to remind them every now and again."

We saw that staff were quick to intervene when people showed distressed or anxious behaviour. For example, we saw two people who lived at the service have a disagreement. Before the situation was allowed to escalate, a member of staff quickly distracted one of the people and was able to encourage them to move away to another area of the service. A relative told us, "[Name] gets on really well with staff; they know how to speak with [Name] so they are understood." We noted that one person who used the service spent periods shouting out. We discussed this with the registered manager and they told this was the person's usual behaviour and that they shouted for help even when they were being assisted by staff.

People's independence was promoted. We observed staff supporting a person to move from their dining chair into their wheelchair. We saw staff showed patience as they encouraged the person to do as much of the transfer themselves, whilst maintaining their safety. Staff talked them through the process explaining where they were positioned and what they needed to do next to complete the manoeuvre. This showed the staff understood that people needed to continue to attempt to do things for themselves to enable them to maintain their independence. One member of staff we spoke with told us, "It's use it or lose it. I try to encourage people to do as much as they are able to for themselves. Sometimes it would be quicker for me to button their shirt, but if they are able I let them get on with it." Another said, "I try to prompt people, rather than coming in and taking over."

We observed staff interacted positively with the people who lived at the service. They showed a genuine interest in what they had to say and responded to their queries and questions patiently, providing them with the appropriate information or explanation. We saw people who lived at the service approach staff with confidence; they indicated when they wanted their company and when they wanted to be on their own and

staff respected these choices. For example, whilst we were interviewing a member of staff one person living at the service sat beside the member of staff and gently held and stroked their arm.

People told us they were given a choice about how their care was provided. They told us they were able to choose what time they got up in the morning and what time they went to bed. They told us they were given a choice of where they sat and whom they spent their time with and were provided with a choice at mealtimes. Staff explained how they ensured that even when people were unable to effectively communicate they were still offered a choice. For example, one member staff explained, "I will show people a choice of clothes and then let them decide. If they can't choose, I will try and make sure that they are wearing clothes that match and they are comfortable in." Another member of staff told us, "I think we all try to offer as much choice as possible. People change from day to day, so what they wanted yesterday might not be the same as what they want today. I just make sure I always ask what they want, or show them different choices."

Relatives who we spoke with told us they were free to visit people living at the service as often as they liked and they were kept informed of any issues regarding their family member. They said they normally spoke with the registered manager or staff when they visited, but would receive a telephone call if anything unusual or urgent occurred. We saw that positive relationships were encouraged and found that some people had developed friendships with other people living at the service. We saw that people chose who they sat with and this enabled them to find things they had in common. One person told us, "I've made one or two friends here."

Staff had completed training in equality and diversity and discussions with the staff revealed there were people living at the service who had different needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there: age, disability, gender, marital status, race, religion and sexual orientation. We were told that people from all backgrounds were welcome at the service and that steps were taken to ensure that all people were treated with dignity, respect and without discrimination.

Is the service responsive?

Our findings

We saw that pre-admission assessments had been completed prior to people moving to live in the service on either a permanent or temporary basis. This ensured that the service was able to meet the needs of the person and to also assess any impact there could be on staffing levels. A 'focus assessment' was undertaken which identified people's support needs and care plans were then developed outlining how these needs were to be met. Risk assessments were also developed for those aspects of care where potential risk was identified.

Care plans included information regarding people's likes and dislikes, daily routine and life histories. The deputy manager told us this information was collected either from the person themselves or from a family member or friend. This provided staff with insight into what people used to do for a job, what hobbies they enjoyed and what things/people were most important to them.

We saw that a review of each care plan was scheduled each month; however, this did not always guarantee they were fully reflective of people's current needs. For example, we saw one person's nutritional needs had changed significantly; however, their plan of care for food and drink had not been amended to reflect this. We also saw that one person's essential lifestyle plan had not been updated since 2013 and did not reflect changes to their mobility and nutritional needs. We saw these changes had been noted elsewhere in the care plan. Care plans containing contradictory information could lead to staff providing inappropriate care. We addressed this in the well-led section of this report.

We discussed these concerns with the registered manager and they told us that care planning had been identified as an area requiring improvement and the registered provider was in the process of streamlining care plans to make them more functional and also increasing the frequency of audits to ensure they remained reflective of people's needs. We saw a sample of the new style of care plan that was awaiting approval.

Two activity coordinators were currently in post and they offered a range of activities for people living at the service. On both days of this inspection we saw that there was a full activity programme on offer and this included both group and individual sessions. We were told that the service tried to offer a variety of activities and this included arts and crafts, pat dogs, zoo labs, monthly entertainers, HICA in bloom and 'Boccia', a type of indoor bowls. One activity coordinator told us that they had completed activity specific training including a two-day 'Oomph' course that enabled them to deliver exercise and group activities that encouraged people to move around and be as active as they could. They told us they tried to incorporate exercise into as many activities as possible due to the many benefits associated with keeping people moving. We observed this activity taking place in one of the lounges and saw the twelve people in attendance thoroughly enjoyed both the movement and the music. One person said, "I love dancing and love the music so this is the next best thing."

The activity coordinator explained that the service had tried to forge positive links with the local community and had developed a good relationship with the local supermarket that had provided hampers, red roses on

Valentine's Day, Easter eggs, fruit to make smoothies, garden furniture, arts and craft materials and Pumpkins at Halloween. Positive links had also been made with a local clothes shop that had brought clothes into the service for people to purchase and had agreed to keep the shop open longer on specific days to enable people who may require more support to do their clothes shopping time to choose their own clothes. They were also hoping to arrange a clothes show for the people living at the service.

People who lived at the service told us, "I've been out this morning with [Name of activity coordinator]. He will take me if I ask him; we pop to get snacks and supplies. I like to keep topped up." We also that one person had been taken out by the activity coordinator to meet a relative for lunch. We spoke to the person's family who told us this was the first time this had happened and hoped it could become a regular outing. Another relative told us, "Yes, there is always something going on, although [Name of relative] doesn't generally get involved."

The service had policies and procedures in place to manage any complaints that they received. A copy of the complaints procedure was available in the reception area of the service and people living at the service and their families were provided with a copy in the service user guide. We saw that complaints were fully investigated and the outcome was recorded in the complaints file and on 'share point,' the computer based audit system. There was evidence that appropriate action had been taken in response to the complaints received, and that complaints were discussed during staff meetings and used as an opportunity for learning. For example, when people living at the service or their relative raised concerns, we saw that staff supervision was held and additional training was offered when this was deemed necessary. We also found that when any investigations discovered staff misconduct, that the registered providers disciplinary policy was followed.

People we spoke with knew how to make a complaint. One relative told us, "I've got no concerns. I know who the manager is so could speak with them but I have not had any reason too." One person who used the service said, "There is nothing I am unhappy about, I'm happy with everything." However, some people told us they had complained about different elements of the service and we received varying degrees of satisfaction with the response they had received and whether their complaints had led to any change in practice.

Other opportunities were available for people to offer feedback on the service they were receiving. We saw 'Resident' meetings were held and we viewed the notes from the last meeting in June 2016. Different topics were discussed, including menus, activities, refurbishment, care, the garden and some concerns in relation to ants been found in a bedroom. Additionally, annual surveys were distributed to key stakeholders including people who lived at the service, relatives, professionals and staff. This information was collated and improvement plans were put in place to address any concerns raised. This year's surveys had recently been distributed. We were provided with a copy of the relatives and friends survey from December 2015. The response was generally positive, although suggestions were made in relation to where improvements could be made. For example, some relatives indicated that there were not sufficient numbers of staff on duty especially at the weekends. We saw that this prompted the service to review staffing levels and ensure that agency staff had been fully utilised to cover any shortfalls. This had also led to additional staff been recruited to help alleviate any staffing pressures. This showed the surveys helped shape the way the service was delivered.

Is the service well-led?

Our findings

We saw audits were carried out to ensure that the systems at the service were being followed and that people were receiving appropriate care and support. These included the environment, medicine systems, care plans, maintenance of equipment, health and safety, infection control and accidents/incidents. We saw that when audits identified any areas for improvement, actions were taken to rectify the problem and where necessary, systems were altered to prevent any reoccurrence of the shortfalls.

The registered provider utilised an Early Warning Audit Tool (EWAT). This meant a regional director or a manager from another service carried out a quarterly audit to check how the service was performing. This provided useful information and feedback regarding areas the service needed to improve in and recognition of what they were currently doing well.

Despite this, we found that the quality assurance system in place had failed to help identify that care plans were not always reflective of people's current needs. This meant that staff did not have access to accurate records in respect of each person using the service, which potentially put people at risk of harm. Food and fluid charts were also not well maintained and in some cases had not been completed at all. We also found that audits failed to identify that the service was not following the principles of the Mental Capacity Act 2005 (MCA). This meant that people could have decisions made about the care they received, without their consent.

This was a breach of Regulation 17 (2) (a) (b) (c) Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider is required to have a registered manager as a condition of their registration. There was a registered manager in post on the day of this inspection; this meant the registered provider was meeting the conditions of their registration and that there was a level of consistency for people using the service and for staff.

Visitors to the service told us that the registered manager was visible and they could approach them if needed. They also said that the service kept them up to date with any changes pertaining to their relative. One relative told us, "They always call and let me know what is happening." Another said, "If there have been any changes to medication then they always let me know about it." However, two of the relatives we spoke with expressed concerns in relation to the care their relatives had received. We viewed records and saw that action had been taken by the registered manager in response to the concerns raised and when we discussed these concerns with the registered manager and regional director they both confirmed their commitment to improving the service and ensuring that people's concerns were not just listened to but appropriate action was also taken.

Staff told us they felt well supported by the management team. Staff felt they could approach the registered manager but as the deputy manager worked alongside them for three days per week, they would usually approach them first. Staff felt having the deputy manager working alongside them ensured they always had

somebody they could discuss any concerns with or go to for advice. One member of staff told us, "I generally don't speak with the manager, it's not that they are unapproachable I just mainly go to [Name of deputy manager] if I have any concerns. Another said, "The manager has been really supportive to me with some personal issues I have had. [Name of registered manager] is very compassionate and goes the extra mile for you." It was clear that people using the service enjoyed the company of the registered manager. The office door was open throughout the inspection and people were free to enter and talk with any of the management team.

Staff spoke positively of the service and explained how they felt the service they delivered was improving. One member of staff told us, "I feel the service is improving. There has been a lot of work done to the environment and this has made it a nice place for us to work and for people to live." However, they also commented, "There has been a lot of paperwork implemented and when we are busy this doesn't always get fully completed. I will always prioritise people's care over the paperwork." Another member of staff said, "To me it feels like we are all one big family and that's the way I approach my job. All the staff get on really well, we help each other out and in return I am happy to help them out" and, "I love working here, I wish I had moved into the care sector years ago." A third member of staff commented, "I feel the atmosphere is improving. However, if some staff are not pulling their weight then this can make things more difficult. We are using less agency staff now and that will hopefully mean things get a bit better as everybody will know exactly what they are doing."

The records we viewed evidenced that the registered manager was aware of the need for action to be taken when staff had acted in an inappropriate manner. The registered manager explained that the safety and well-being of the people living at the service was paramount and that any actions by staff that could negatively affect this would be addressed and disciplinary action would follow when necessary.

We saw that as part of the registered providers ongoing quality assurance they had developed a quality improvement plan that spanned 2015-2017 and was underpinned by the SHINE initiative, a philosophy for all staff to work towards, enabling them to 'make a difference'. This document followed a comprehensive survey of key stakeholders across the range of services the registered provider delivers. The report acknowledged the challenges ahead, identified areas for improvement and set out how these areas were to be addressed. We saw this had led to new developments in the services quality assurance and in the care plan framework, which was due to be implemented across all services.

We were told how the service had established links with the local community and this was an area that continued to be developed. The registered manager told us, "We have links with the local college. We have provided advice in relation to what it takes to work in the care sector and have also provided mock interviews to help prepare the next generation for the world of work."

The service kept records on people that used the service, staff and the running of the business that were in line with the requirements of the regulations and we saw that they were appropriately maintained, up to date and securely held. This meant that people's personal and private information remained confidential.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>People who used the service were not protected against the risks associated with receiving care and treatment they had not consented to or which had not been agreed in a best interest forum.</p> <p>Regulation 11 (1)(2)(3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have in place effective systems to assess, monitor and improve the quality and safety of the services provided in the carrying out of the regulated activity. The quality of record keeping at the service was inconsistent.</p> <p>Regulation 17 (1)(2)(a)(b)(c)</p>