

# The Percy Hedley Foundation Leybourne

## 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 took place on 21 and 22 May 2018 and was unannounced. This meant the provider was not aware we intended to carry out an inspection. The inspection was undertaken by one inspector. We also spoke with relatives and professionals during the weeks commencing 28 May 2018 and 4 June 2018.

Leybourne is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide support for up to eight people over two floors. Residential care is provided for people with a learning disability, physical disability or those with an autistic type condition. Nursing care is not provided at the home. On both days of the inspection there were six people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the time of the inspection there was no registered manager registered at the home. The previous registered manager had left the home and cancelled their registration in March 2018. A new manager had been appointed but it had been in post only around three weeks. 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. We were supported on the inspection by the manager, the previous interim manager and the provider's nominated individual.

Prior to the inspection we were aware of a number of safeguarding issues at the home. Some of these are still ongoing and we will monitor the outcome of these investigations. Staff were aware of safeguarding issues and told us they now felt confident in reporting any concerns around potential abuse. They said they felt more confident in reporting any concerns higher up in the organisation as part of the provider's whistleblowing policy.

Checks were carried out on the equipment and safety of the home. The majority of checks carried out on systems and equipment were satisfactory. However, some upstairs rooms did not have window restrictors fitted. It was also unclear if the home had been subject to an up to date fixed electrical check and records were not available to demonstrate that appropriate fire drills had recently been undertaken. Risk assessments linked to people's care were available but not always clearly linked to the delivery of day to day care. Professionals we spoke with told us they felt some risk assessments lacked detail. The home was maintained in a clean and tidy manner.

Staff and relatives told us they felt there were enough staff at the home. Staff told us they were able to

accompany people to access the community and support them with their personal care needs. Proper recruitment procedures and checks were in place to ensure staff employed by the service had the correct skills and experience.

We found some issues with the safe management of medicines. Medicine administration records (MARs) were not always well completed and instructions for the use of creams and lotions and 'as required' medicines were not always available or detailed enough. Management of medicine did not always meet NICE guidance.

The manager told us there was no overarching records of what training staff had completed. Work was ongoing to address this through a review of individual records. Staff told us they had access to a range of training and some certificates were available in staff files. Staff confirmed access to appropriate supervision had improved since the new manager arrived. Staff said they had not yet been subject to an annual appraisal as the services had only been operational for 12 months.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests' it also ensures unlawful restrictions are not placed on people in care homes and hospitals. Appropriate applications for DoLS had been made and there was evidence best interests decisions had been made, when appropriate. Some people had relatives appointed as deputies to help support their decision making. Staff were aware of this and said they wanted to work closely with relatives and court appointees to ensure good care.

Prior to the inspection suggestions had been made that people were not always supported to access appropriate health care. At the inspection we found people had recently accessed health care services to help maintain their physical and psychological wellbeing. People were supported to access adequate levels of food and drink, although some relatives felt staff could promote healthier options more.

The home had been refurbished within the last 12 months and decoration was of a good standard. The manager felt the service needed to be more homely and was working with people who lived at the home and the provider's estates department to address this.

We observed there to be good relationships between people and staff. People looked happy and relaxed in staff company. Staff displayed a good understanding of people as individuals and of treating them with dignity and respect. We found limited evidence to suggest people had been actively involved in their care reviews, although we were told a weekly 'house meeting' took place, to support people to making decisions. The majority of relatives told us they felt involved in care decisions.

People's needs had been assessed and individualised care plans had been developed that addressed identified needs. Some care plans had detailed information for care staff to follow. Other care plans lacked specific detail about how to support people or had not been updated to reflect recent professional advice. Reviews of care plans were not always appropriately detailed or effectively recorded. People were supported to attend various events and activities in the local community. Activities also took place within the home and people clearly enjoyed these.

Prior to the inspection were had been made aware of a number of complaints and issues raised with the service, some of which had been dealt with as potential safeguarding matters. Complaints records were not well completed and did not detail all of the matters we were aware of. It was not possible to be sure these

issues had been appropriately followed up and responded to.

Regular checks and audits were carried out on the service by managers and senior staff within the organisation. These checks had not highlighted the issues identified at this inspection. It was also not clear actions were completed in timely manner or that the quality of these actions was checked. Staff were positive about the new manager and felt she had made a positive impact on the service. Professionals and relatives were hopeful the new manager would be able to improve the service and care standards at the home. They said initial impressions were good. Staff told us there was a good staff team and felt well supported by colleagues. Daily records at the home were variable. Some had good detail about the individual and their presentation, whilst others were less well completed and not always person centred.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the Safe care and treatment, Responding to complaints and Good governance. 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?

The service was not always safe.

Medicines were not always managed in a safe and effective manner. Checks on risks related to the environment, including fire safety, window restrictors and fixed electrical system were not up to date. Risk assessments with regards people's individual care were not always clearly linked to care delivery.

Staff had undertaken training on safeguarding issues and recognising potential abuse. They told us they felt more confident about reporting issues. The service was in the process of dealing with a number of ongoing safeguarding issues.

Proper recruitment processes were in place to ensure appropriately experienced staff worked in the service. Staffing levels were maintained to ensure individualised care.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

A range of training had been provided, although central records relating to training and development had not been maintained. Staff told us supervision processes had recently improved, but they had not yet been subject to an annual appraisal.

The service was complying with the requirements of the Mental Capacity Act 2005. DoLS application had been made or were in progress and best interests decisions made, as necessary.

People were actively supported in making day to day choices, including around activities and diets. Some relatives felt the service could better promote healthier options. People were supported to access a range of health services. Staff were aware of issues related to the Equality Act 2010.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

We observed good relationships between people and staff and

**Good** ●

people looked happy and relaxed in staff company. Staff had a good understanding of people's daily support needs and individual interests. It was not always clear people had been actively involved in reviews of their care, although relatives told us they were kept involved and informed.

There were no current formal meetings between the service and relatives, although the majority of relatives felt this wasn't strictly necessary. Relatives said they could visit the service at any time and speak with the manager.

People's privacy, dignity and independence were actively supported by staff.

### **Is the service responsive?**

The service was not always responsive.

Complaints records were incomplete and did not reflect all the complaints or concerns that had been made aware of prior to the inspection. It was unclear if appropriate processes had been followed.

People had assessments of their needs. Some care plans had good detail, whilst others had not been updated to reflect recent professional advice, although staff were aware of the information.

People were encouraged to engage in a range of activities and events in the local community. Staff had a good understanding of supporting younger adults in activities. People's choices were supported.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

A range of checks and audits were undertaken, although these had failed to identify the issues found at this inspection. Actions were not always followed up or checks made on the quality of work actioned.

Daily records and other care records did not always contain good detail and were not always up to date. Professionals highlighted communication as being an ongoing issue with the provider.

Staff talked positively about the new manager of the services and felt changes were being made. Relatives' early impressions were that the manager was looking to improve the service. Staff said

**Requires Improvement** ●

they were happy working at the service and there was a good staff team. Regular staff meetings took place and staff told us they could actively participate in these.

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# Leybourne

## Detailed findings

### Background to this inspection

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

This inspection took place on 21 and 22 May 2018 and was unannounced. This meant the provider was not aware we intended to carry out an inspection. The inspection was undertaken by one inspector. We also spoke with relatives and professionals during the weeks commencing 28 May 2018 and 4 June 2018.

The provider attempted to complete a Provider Information Return (PIR) but was unable to do so because of technical issues. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local authority prior to the inspection for any information they held about the home. We used their comments to support our planning of the inspection. An overarching safeguarding meeting had taken place prior to the inspection and we attended this for information purposes.

People using the service were not always able, or wished, to communicate with us in detail, but we observed they looked happy and relaxed. We spoke with two members of staff, the interim manager, the recently appointed manager and the provider's nominated individual. A nominated individual is the senior person in a provider organisation we would make contact with. Following the inspection we spoke with five relatives of people who used the service, three professionals and a member of the provider's human resources department.

We reviewed a range of documents and records including; three care records for people who used the service, five medicine administration records, four records of staff employed at the home, accidents and incident records, fire records, training records, minutes of meetings, communication documents and a range of other quality audits and management records.

## Is the service safe?

### Our findings

We looked at how medicines were managed at the service. We found medicine administration records (MARs) contained some gaps, meaning it was not always clear if the medicine had been given. We noted one person's medicine had been unavailable for four days. Some people were prescribed variable dose medicines. Variable dose medicines are those where either; one, two or more tablets or doses can be given at any one time. There was no indication on the MARs as to how many doses had been given at each administration. In some instances people's MAR records were marked showing that medicines had been omitted, but there was no indication as to why this had happened. We counted stock levels for some medicines and could not always tally remaining stock with the numbers indicated as being administered.

Some people were prescribed topical medicines. Topical medicines are those applied to the skin such as creams or lotions. We found instructions on the use of topical medicines were not always detailed, with no clear written instructions about where the creams should be applied and no body maps (pictorial references) indicating where the medicine should be applied. People were also prescribed 'as required' medicines. 'As required' medicines are those given only when needed, such as for pain relief. Not all 'as required' medicines had care plans linked to their administration, identifying when and how they should be given. Some medicines had been treated as 'as required' medicines, although this was not explicitly stated on the MARs. The majority of entries in the MARs were produced electronically by the local pharmacy. Some entries had been hand written by staff. Where this had happened there was no indication these entries had been checked by another member of staff to ensure they had been correctly entered. Some of the hand written entries did not always fully replicate the instruction on the medicines themselves.

The clinical room where medicines were stored was well maintained and kept in a tidy manner. Medicines were stored safely and securely. The manager told us there was no one at the home at this current time who was receiving controlled drugs. Controlled drugs are medicines that are subject to particular legal restrictions on their use and storage. Fridge temperatures were regularly checked and recorded. We noted there was no regular check on the temperature of the clinical room and the environment felt quite warm. Medicines kept in an environment that is too warm may lose their effectiveness over time.

We spoke with the manager about medicines. She told us medicines were an area that required looking at further. She told us the local pharmacy that supplied the home had offered to visit and conduct a full review and provide a report. She said she was going to take up this offer as a starting point for addressing any issues. She said she would take steps to check the temperature of the clinical room to ensure medicines were stored correctly.

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

The manager subsequently wrote to us and told us a pharmacist had visited the home and undertaken a full audit of medicines systems. Additional training had also been provided to staff around the safe handling of medicines.

We looked at how risks related to the environment were managed at the home. When we first visited the property we spent time walking around and checking the safety of the building and the equipment. We noted some of the windows on the upper floor did not have window restrictors fixed. There was inconsistency in how this issue had been addressed. Some rooms had restrictors fitted to one window, but not another, or had restrictors fitted in the main room area, but not fitted to windows in the en-suite areas. We asked the manager about this. She told us she had noted this anomaly and would be contacting the provider's estates departments to address the issue.

We noted in a recent health and safety audit it had been noted there was no current certificate for the fixed electrical system at the home. The provider's health and safety manager had noted this needed to be addressed. We asked the manager if this matter had been dealt with. She showed us an email she had received that day, from the health and safety manager, chasing the matter up with the provider's estates department. We were shown a certificated dated 2016, but this was prior to the building being refurbished and we could not be sure this was a valid certificate.

We also looked at fire safety within the home. Whilst a range of checks were carried out on fire equipment such as extinguishers, fire doors and emergency lighting, we could find no record of any fire drills being undertaken. Staff were unsure if fire drills had been undertaken. They felt they had but could not recall any recent practice evacuations. The manager told us she had planned a drill for 8 May 2018, but this had been cancelled as she had been on training as part of her induction.

This meant there were a number of safety issues that needed to be followed up to ensure appropriate equipment and checks were in place.

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

The manager subsequently wrote to us to advise that window restrictors had now been added to all the windows and that a fixed electrical check had been undertaken at the home.

With the exception of the above issues, other checks on the safety of the environment were undertaken. These included checks on water systems, Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) checks on hoists and other lifting equipment, portable appliance testing (PAT) on small electrical items and gas safety testing. People had in place personal emergency evacuation plans (PEEPs) to aid staff and emergency services in the event of a fire or other urgent situation.

We looked at how risks related to the delivery of care were recorded. We saw care records identified some risk elements directly in individual care plans but also contained a section specifically looking at risks. Whilst the majority of risk were covered in these two areas, it was not always clear how risks directly related to the delivery of day to day care. We spoke with the manager about this. She agreed this would be looked at as care records were reviewed and updated. One professional we spoke with after the inspection told us that when they requested copies of risk assessments and risk plans, following incidents, they felt these plans were not always detailed.

Accidents and incidents at the home had been recorded. We noted that where necessary, appropriate action had been taken, such as referral to, or advice from, the local behaviour support team. We noted there had been some review of individuals, such as the manager noting an increase in certain behaviours from one person and advising staff on how best to approach this. However, it was not always clear whether there had been a more overarching review of such matters. The manager told us she was aware of this and this

would be included in her review of practices as she settled into the role.

We looked at how people's personal records were dealt with at the home. We found the quality of records was variable. Some daily records contained good detail about the person, their mood and presentation, the activities they had participated in and, where necessary food and fluid intake. Other records were less detailed and did not contain appropriate and useful information about people's care. Monthly reviews were also variable in content and the range of information included. We spoke with the manager about this. She told us the format of these documents was something she would be reviewing as part of her overview in her new role.

Prior to the inspection taking place we were aware a number of issues had been raised with the local authority safeguarding team. Some relatives and professionals had previously told us potential safeguarding matters had not always been dealt with or reported in a timely manner in the past. They told us they felt past investigations into potential safeguarding matters had not always been as thorough as they could have been. Some of these matters were ongoing and so cannot be finally reported on. We saw in more recent months, where issue had been raised, the service had reported matters to the local safeguarding vulnerable adults team and taken appropriate action to address or investigate issues. All such matters had been notified to the CQC as the provider is legally required to do so. We will continue to monitor the situation with regard to ongoing safeguarding and associated matters. Staff told us they now felt confident about reporting any concerns, including to people higher up in the organisation.

We spoke with the manager and the provider's nominated individual about these issues and also about plans for reviewing the service. The manager told us she had only been in post approximately three weeks and so was still learning about systems and how the service operated. She told us the recent safeguarding matters had highlighted some issues and she had started to address these and would be looking at this and other areas where lesson could be learned. The nominated individual told us recent events had had a profound effect on staff and action was being taken to address issues and improve systems. Staff we spoke with commented on the support they had received from all levels of management in recent months. They told us they felt things were changing at the home. Staff told us they now felt confident that if they raised any issues or contacted managers under the provider's whistle blowing policy then action would be taken.

The manager told us staff recruitment was handled centrally by the provider's human resources department. She said she had already changed the system, where she could now view prospective staff C.Vs on line, and so had a better idea of their backgrounds and skills, meaning she could better target staff for interview. She said it was her intention to tighten the requirements for staff coming to work at the home and ensure they had some relevant experience of working in a similar or related environment. We spoke with a member of the provider's HR department. They told us eight new staff had been recruited in the previous 12 months. They confirmed that appropriate checks were undertaken prior to staff commencing at the service. They told us they carried out full Disclosure and Barring Service (DBS) checks and requested at least two references. Where staff had had a range of jobs prior to applying to work at the service they would also seek additional references from previous employers.

The manager told us staffing numbers at the home varied depending on what activities people were engaged in. If people were going out then more staff would be rostered for the shift. She said generally there were between four and seven staff on duty. She said the majority of staff were regular to the home although there was still some use of agency staff at times. Staff we spoke to told us the in the main there were enough staff although there were times when additional staff members would be helpful. Relatives we spoke with told us they felt there were enough staff overall and that there always seemed to be staff on hand to help. The manager explained that for one person, if they did not want to attend college on a particular day then

college staff would come to the home to support them there, although they tried to encourage the individual to access outside activities. Professionals we spoke with told us they would welcome a clearer indication as to when people received specific support, such as when two staff supported one person in an activity.

The home had been refurbished and redeveloped around 12 months previous to the inspection. The home appeared to be clean and tidily maintained. Care staff helped maintain the home in a clean manner, either as part of their daily duties, or through undertaking specific housekeeping shifts. Bathrooms and toilets were clean and fresh smelling, kitchen areas were tidy and the laundry areas was well maintained.

## Is the service effective?

### Our findings

The manager told us there was no overall central record for training. She said the form that should have been completed to detail this was currently blank. She said she was working on this with the help of the H.R department and other staff. She said they were currently trawling through personal files and other training records to try and pull together an overall record of what training had been completed and what required updating. The nominated individual told us they were unsure why this had not been completed by the previous registered manager.

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

Staff we spoke with told us they had completed a range of training and certificates kept in their personal files confirmed some courses had been completed recently. We saw up to date certificates for areas such as moving and handling, non-abusive psychological and physical intervention (NAPPI), eating and drinking, epilepsy awareness and safeguarding. The manager told us a range of additional training would be organised in the next few months and further training considered once a full picture of the current status had been developed.

Three of the five relatives we spoke with told us they felt staff had good overall skills and they were well trained to look after their relation. One relative told us they felt the staff team was quite young and did not always have the necessary experience to support their relation, although they felt they were caring.

Staff told us that prior to the new manager taking up post supervision sessions had been sporadic and limited in their helpfulness. They told us the new manager had started to provide more in depth supervision and they now were asked to consider areas they wished to discuss prior to meeting with their supervisor. We saw documentation from both the previous and current supervision sessions. New style supervision records were much more detailed and more comprehensive, The manager told us senior staff would be taking on more of a supervisory role as work progressed. Staff said they felt able to raise any issue in supervisions. As the service had only just been open for 12 months longer serving staff had not yet had an annual appraisal.

The manager subsequently wrote to us and informed us that a full review of training had now been completed and future training was in the process of being planned. They also told us that annual appraisals and supervision sessions had now been booked in for all staff.

Care records showed people's care needs and choices were assessed and support delivered in line with these needs. Records contained information about people's preferences and particular routines. Along with care needs, assessments had looked at personal goals that people wished to develop including developing personal relationships and further expressing their creativity. Staff we spoke with had an understanding of people's needs and abilities. The discussed with us about how they used visual prompts and choice to ensure people were able to express their needs. They talked about trying to stretch people to develop their skills. For example, we noted in one person's daily records a person had been supported to use a self-service

checkout when out shopping.

Relatives talked about ways staff had supported people's particular needs. One relative told us how the service had instigated a photograph system to show their relative which staff members were on duty and supporting them throughout the week. Another relative felt their relation's verbal skills had improved due to prompting from staff. A professional told us staff had been more innovative recently in developing ways to affect choice and meet needs. One relative suggested there were still issues at the home and felt standards of care were not always meeting their relation's needs. One relative told us, "They are good with toileting and bathing but you have to keep pushing with basic care sometimes. It's the little things that get missed occasionally."

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager demonstrated people living at the home had either been subject to a DoLS order or were awaiting the local authority to grant and order. Where granted copies of DoLS documentation was available in people's care files. Staff understood about supporting people to make choices wherever they could. Where they were unable to make choices then there was evidence of a best interests decisions process, involving professionals and family members. Best interests decisions indicated that the eventual outcome was the least restrictive option. Some family members had been appointed a deputy by the Court of Protection. The Court of Protection is a court established under the MCA and makes decisions on financial or welfare matters for people who can't make decisions at the time they need to be made, because they may lack capacity to do so.

People who are appointed as deputies have the authority to make decisions for a person, at times when they are unable to express their own choice or do not have the capacity to understand the choices available to them. Staff were aware of these orders and talked in detail about the need to involve relatives and deputies as much as possible, whilst also continuing to support individuals to make as many decisions and choices, as possible, for themselves. One relative, who held deputyship, told us they did not always feel fully involved in decisions, but had meetings planned to discuss their concerns further. We noted on one person's file a relative had signed a letter to say staff had permission to arrange chiropody appointments. We noted this person did not have formal authority to do this. We spoke with the manager. She agreed this had been an error by staff in the past and action would be taken to ensure the matter was addressed appropriately.

Prior to the inspection we had been contacted by a relative suggesting staff did not always seek medical advice or support when necessary. At this inspection we found that, where appropriate, health professionals had been contacted for advice and treatment. We spoke with the relative. They agreed that in an emergency staff should contact medical services, but would like a more co-operative approach for general health issues. Other relatives we spoke with told us they felt very involved in their relatives' health care and decision making.

People living at the home had diverse needs in respect of the seven protected characteristics of the Equality

Act 2010 namely; age, disability, gender, marital status, race, religion and sexual orientation. We spoke with staff about their understanding of equality and diversity and there was some evidence they had received training around this area. Staff said they had not encountered any issues when accompanying people out in the community. They said they local community was also very supportive and accepting of people living at the home and the neighbouring houses were friendly towards people living there. They said local neighbours had been invited to a recent royal wedding barbecue.

Relatives spoke positively about the process of transfer into the new service. They told us the staff and service had worked very hard to ensure the moves had gone as smoothly as possible. Comments from relatives included, "They have gone above and beyond to make the transition as smooth as possible" and "It's a new service so there have been one or two bumps and hiccups; but that is all sorted out now."

People were supported to access a range of food and drink and, where appropriate a record was kept of people's food intake. Staff told us people living at the home were involved on a Sunday in setting the menu for the following week. They talked about balancing the need to support people making choices with encouraging healthy eating. One relative told us food had been an issue in the past, but they had spoken to staff about this and advised about healthy eating. They said staff were more aware now and more encouraging of alternatives, although they recognised this could sometimes be a challenge. Another relative told us they had ongoing concerns about the diet their relation had and were looking to work more closely with staff on healthy options.

The premises had been redeveloped and refurbished just over 12 months previously. We saw practically it had been well thought out with overhead tracking devices to aid hoisting and lifting, wide corridors and open plan spaces and good access via electrical doors and lifts. We noted the environment did not always look homely, with a lack of colour about the building and was missing pictures or other softening touches, although individual rooms were personalised. The manager told us she had noted this too, as part of her initial review and was looking how this could be addressed. People living at the home had good access to garden space. The manager told us this was in the process of being cleared and updated to make the area a more useable space. The manager told us she wished to develop improved sensory facilities for people using the service, including a dedicated sensory room. One professional told us the manager had discussed this with them and they fully supported this move.

## Is the service caring?

### Our findings

Not everyone who used the service was able to express their views on the care or wished to speak with us on the days of the inspection. During the inspection we spent time observing how staff and people who used the service interacted. We saw there were good positive relationships between them, with people looking relaxed and happy, chatting freely with staff and sharing jokes. The majority of staff were young adults and this seemed to fit well with the needs of the young people supported at the home. Staff told us they often shared the same taste in music or television. They told us older staff were often viewed as a 'grandparent' type influence on the home for both the people who used the service and the younger staff. One professional told us they were able to visit the service at any time, unannounced, and had in the last month seen good interaction between staff and people who lived there.

Relatives we spoke with had a mixed view of the service and how care was delivered. The majority of relatives we spoke with were happy with the standard of care at the home. Positive comments about the home included, "It is very good at the moment"; "They have got a really good care team now, who really understand"; "Generally it is excellent. I am not concerned about [relative's] safety or well-being"; "They seem really settled there; it feels like home for them"; "It's a good team. They are not slap dash" and "It is great; fabulous." One relative highlighted, "A couple of the care staff come in on their own time. I think that says a lot." One professional told us they had recently spoken to another relative about the care at the home they told us, "They are very confident that [person's name] is happy and well cared for." Some relatives felt there was still need for improvement in care and the overall running of the home. They felt staff were often young and inexperienced and may not always read care plans or up to date information. One relative told us, "The day to day care is good, but inconsistent."

We looked at how people were involved in their day to day care. Staff had a good understanding about how they could best support and optimise people's involvement and choices. They spoke about the techniques they used to ensure people were able to exercise choice and participate in plans for the week. People had access to specialist equipment and pictorial reference aids to help them make decisions and express their views. They told us a number of people living at the home were able to actively input into decision making. One professional told us they had witnessed staff looking to actively involve people in care decisions and choices, although said people's capacity fluctuated.

We looked at people's care records. We could see limited evidence to suggest people were actively involved in reviews of their care. There was no clear indication of how staff had made efforts to gain people's understanding of their care and actively sought views about how it could be changed or improved. Staff and the manager told us there was a 'house meeting' every Sunday, although the outcomes and decision made at these meetings were not always recorded. The manager said this was something they would be looking at as part of her overall review of care and documentation. She said they wanted to move the 'house meeting' to a week day so they could attend.

We recommend the provider develops clear systems and a range of communication methods to ensure people who use the service are actively involved in care reviews and changes to their support.

Relatives we spoke with had mixed views on how they were involved in care. The majority of relatives were positive about their involvement. They told us they were kept up to date with any developments or changes, involved in decisions and felt listened to. One relative told us their relation now had a key worker, who's role included communication with the family about day to day matters. They felt communication had improved since this role had been instigated. Comments from relatives included, "Involved? Yes, we are involved. They let us know about GP appointments. If necessary they will contact the GP and then let us know. We are also involved in reviews"; "We have recently been involved in a review of care. Any suggestions are taken on board or we are involved and kept up to date" and "They involve me and they keep me involved. We have a very close relationship, which I love." Two relatives told us they received daily texts from staff updating them on what people had done that day or how they were.

Relatives told us there were no formal meetings, but they felt this was not necessary at the moment, as they felt they could pop in any time and staff and the manager were always happy to speak. One relative told us, "[Manager] invited us in for a personal meeting. She went through things and asked us what we were not happy with. I felt she was listening to us." Another relative told us they did not always feel involved in decision making and wished to improve the involvement process. They told us they had a meeting with the new manager in the coming weeks to further discuss matters. The manager confirmed this was to take place. She told us she was considering the role of a formal meeting with relatives. She said she wanted the home to be open to them and allow them to 'pop in' and discuss any concerns at any time.

The majority of family members told us they felt they were free to visit any time and were always welcomed by the staff. One relative told us, "I feel I can go in day or night; and I do. I feel as if I'm going to [person's] home. They are welcoming. It is the same whoever is there."

We observed staff supported people's privacy and dignity. During both days of the inspection staff supported people with personal care tasks, including baths and showers. We saw they ensured these matters were addressed with the utmost care, ensuring doors were closed and people's dignity protected at all times. Staff we spoke with talked in detail about the actions they took to ensure people's dignity was protected in a variety of situations. People had access to their own rooms at any time during the day and could spend time alone and away from other people if they wished. Staff also spoke about supporting people to maintain their independence. They told us they looked for opportunities to support people to extend their skills and abilities. They told us that within the home people may help with food preparation or make their own meals. They said they also looked to support people in activities outside the home. One relative told us about their relation, "They have come on leaps and bounds. They have increased their socialising. They keep trying new things to keep them interested."

## Is the service responsive?

### Our findings

The provider had a complaints policy and copy of which was available at the service. Prior to the inspection we had been made aware of a number of complaints with regard to previous care. We were aware some of these issues had been dealt with internally and some as part of overarching safeguarding issues. We looked at the home's complaint log and found only one of these complaints had been recorded. Whilst there was evidence this complaint had been dealt with appropriately, this meant the complaint log was not up to date and we could not be certain all other complaints had been fully investigated and responded to in an appropriate manner. The managers acknowledged these records had not previously been kept fully up to date.

This was breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 16. Receiving and acting on complaints.

Relatives we spoke with acknowledged there had been issues at the home in the past, but felt the management were now more open and starting to address any problems. One relative told us, "I've never had to make a formal complaint; I've never felt the need. I don't want to be an overbearing relative. If I've gone in about anything they have said, 'okay' and have been happy to act on it." Other relatives told us that on occasions some clothing or other personal items may have gone missing. They told us the provider would usually offer to reimburse the costs of these missing items. Another relative felt this was not always appropriate and felt a more detailed investigation of the circumstances needed to be undertaken. The manager told us she was keen to develop relationships with relatives so they felt able to come into the home and address any issues as soon as possible.

The manager subsequently wrote to us and told us that a full inventory of clothing and other personal items had been undertaken to address some of the issues previously raised.

We looked at people's care plans and records and how these were updated and developed as people's needs changed. We found that prior to people coming to live at the home they had been subject to an assessment and review process. The staff and manager told us the majority of people living at the home had been supported by other services run by the provider and so were known by staff. They said this helped in the transition, as staff from these other services could support and advise newer staff members.

We found the content of care records was variable. Some care plans contained very good details about the person as an individual and the support people required to live full and active lives. For example, one person's moving and handing plan had good details about how staff should support them and also pictorial references to further aid staff's understanding. Prior to our inspection a relative had contacted us with concerns about foot care for one person. We saw this person's foot care plan had been revised and now contained clear information about how the person feet should be checked and cared for on a daily basis.

Other care records were not up to date. For example, we noted one person had been reviewed by the local behaviour support team (BAIT). The review looked at why this person behaved in a certain way, which staff

had expressed uncertainty about. The report stated that supporting this behaviour was important to the person and staff should react appropriately and positively to it. However, this new advice, although available in a report, had not been transferred into an updated care plan, although staff were aware of the issues.

People were supported to engage in a range of activities both within the home and outside. On both days of the inspection the majority of people spent time away from the home at day centres, work placements or other supported events. Staff spoke about supporting people to follow their interests in music and sport. They told us they would use a range of techniques and equipment to support people, such as the use of pictures or other aids to help people indicate what they wanted to do.

The manager told us that in the past staff had accompanied people to music events or supported them to engage in activities such as swimming. Staff we spoke with told us that having a younger care team was helpful as they often had similar interests or tastes in music or fashion. Relatives we spoke with confirmed people were supported to engage in activities. Comments included, "There are enough activities and college is very stable"; "They can get out and do other things. There is a plan for every evening. (Person) needs to have something to do in the evening" and "They arrange activities for the week. They go out; go to the coast. They are really broadening (person's) horizons." One relative told us how the service had supported them in obtaining a bus pass for a person, which had proved quite difficult, but had eventually been sorted out. This allowed the individual to travel more independently.

Staff and relatives talked positively and enthusiastically about a recent barbecue the home had held to celebrate the royal wedding. Staff told us people had been fully involved in planning and supporting the day and all the people who attended had seemed to enjoy it. Relatives told us they felt it had been a real success. People had been happy and relaxed on the day, had enjoyed spending time with their friends and relatives and it had also been an informal way for relatives to meet and get to know each other. One relative told us, "Last weekend they had a barbecue for the royal wedding. It was a huge success. It was nice to meet other parents and really lovely to use the garden space. It was nice to meet other families."

People's choice was supported throughout the day. People were supported to make choices about activities, meals and how they decorated their rooms. Some people's rooms were highly individual and the manager told us she wanted to ensure all people living at the home had the opportunity to make choices about their own personal space and environment. We witnessed one person, who was preparing for a shower, was supported by staff to choose the clothes they were to wear after. Staff took time to listen carefully to the choice the person made. We later saw this person back in the lounge area wearing the clothing he had described. Staff took time to comment on how smart the person looked.

## Is the service well-led?

### Our findings

At the time of the inspection there was no registered manager formally registered for the service. The previous registered manager had cancelled their registration in March 2018. An interim manager from a sister service had been overseeing this service on a short term basis. A new manager had recently been appointed and had been in post around three weeks at the time of the inspection. They explained they had a significant background in supporting people with a learning disability and were looking forward to the challenge. They told us it was their intention to formally apply to be the registered manager for the service.

The manager and nominated individual acknowledged there was work to be done at the home. They agreed records related to care delivery and the running of the home had not previously been kept up to date. They also acknowledged more needed to be done to develop the work force and ensure training was up to date. They also agreed further work was required to demonstrate that people and relatives were actively involved in running and developing the service.

A range of audit processes and checks were in place. However, it was not always clear actions had been followed up or that the audits reflected what was found at the service. The fixed electrical test had still not been completed, despite having been noted previously in a health and safety audit. A quality improvement plan stated all personal development reviews (PDR) had been completed, although staff told us they had not had PDRs to date. Audit processes had not picked up the issues related to medicines management or the missing window restrictors on some windows. Where audits had highlighted action needed to be completed there was no follow up on the quality of this action. For example, a manager's audit dated January 2018 highlighted one person's monthly reviews for November and December 2017 required completion. Whilst the documents were now in the care records the detail of these reviews was extremely minimal and offered not oversight or information about the individual. There was no indication the registered manager at the time had reviewed the documents to ensure they had been completed satisfactorily. A Head of service audit dated December 2017 had highlighted there was little evidence of user involvement in care reviews, the lack of a fixed electrical certificate and the lack of complaints records. However, these remained an issue at this inspection.

Professionals we spoke with were aware of recent safeguarding concerns and were also aware a new manager had taken up post. Whilst they were hopeful of change they highlighted wider concerns about communication. They told us communication around people's individual care was not always good or timely. They also raised issues about obtaining information from the wider provider organisation. They said they frequently had to request information on multiple occasions and when it was provided it was not always of a good enough quality.

Records maintained at the service were of variable quality. Some daily records had good detail about the individual and their presentation, whilst others were less well completed and not always person centred. For example, one person was described in a daily record as being 'non-compliant.' We spoke with the manager about this. She agreed that this type of description was inappropriate and that she would speak with staff. We found other records at the home were not always complete, particularly relating to medicines, safety

and risk, complaints and care reviews.

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

The manager subsequently wrote to us to advise that audit systems within the home had been reviewed and dated. They also told us that improvements had been made to record keeping in the service.

Relatives and professionals we spoke with were hopeful and positive about the new manager, although one relative told that whilst they felt this was a new page for the service they did not want previous lessons to be lost and forgotten. They told us they felt senior managers at the service had taken a "hands off" approach and so were still unsure about how the service would progress. Comments from relatives about the new manager included, "She is very approachable, personable and does what she says she is going to do"; "The new manager seems more keyed up"; "My first impressions are of someone who is not frightened to call a spade a spade. I think she will address the issues. She seems more concerned"; "It definitely felt that she was listening and we had a positive meeting and conversation" and "The new manager is fantastic. She has come in like a breath of fresh air. She's come in with a big new energy. She's a lovely ethic about her. It feels like things are going to move on. She is very helpful and very motherly." One relative told us they felt staff morale at the home had improved in the short time the new manager had been in post. One professional told us, "She is working hard to ensure things improve. She has a background in this type of service and I believe we are talking the same language. She is very positive and quick to get back to you. I am more confident about the future."

Staff we spoke with were optimistic about the future of the home and felt the new manager was making positive changes. They told us they enjoyed working at the home and supporting the people who lived there. Comments from staff members included, "I try to ensure they have fulfilling lives. They are all treated like the age they are. They do exactly what I would do"; "I think things are going to get better. [Manager] is passionate about the service and has come in with some good ideas" and "[Manager] seems to be really turning things around." Staff also told us they felt well supported by the wider management team of the provider organisation.

Staff told us there was a good staff team at the home and they were supportive of one another. They also said they felt they could raise any issue in staff meetings and these would be addressed or considered by the manager. Staff told us, "We all put ideas forward at staff meetings" and "We are quite an outspoken staff team. At meetings we set actions for the next meeting and follow these up." Records showed there had been two recent staff meetings attended by the majority of the staff.

The provider was meeting legal requirements of their registration. The service had notified the Commission of recent significant events at the home, such as deaths, serious injuries and DoLS applications, as they are legally required to do.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems were not in place to ensure care and treatment was provided in a safe way. Management of medicines was not consistent or safe. Effective processes had to be followed to ensure the safety of the premises and equipment at the home. Regulation 12(1)(2)(a)(b)(d)(e)(g).
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints  Evidence was not available to demonstrate that any complaints received had been fully investigated and proportionate action taken. Regulation 16(1)(2).
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes had not been established to ensure effective monitoring of the service; to assess, monitor and improve the quality of services provided. Systems were not in place to assess and fully mitigate risks associated with the delivery of the service. Accurate, complete and contemporaneous records were not always maintained. Regulation 17(1)(2)(a)(b)(c).

