

Terrance House Care Limited

# Terrance House

## Inspection report

7-21 Belgrave Road  
Margate  
Kent  
CT9 1XG

Tel: 01843224879

Date of inspection visit:  
23 February 2016

Date of publication:  
31 March 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

This unannounced inspection took place on 23 February 2016 and was carried out by three inspectors.

Terrance House is a privately owned residential care home supporting up to 48 people with mental health issues. The premises comprises of seven terraced houses converted into one home and is located in Margate. There were 46 people living at Terrance House when we inspected.

A registered manager was in post and assisted with our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager was supported by two deputy managers and they all knew people well. They had a good understanding of people's needs and led by example. Staff told us they felt supported and one staff said that the manager was the 'best manager they had ever worked for.'

The registered manager provided leadership to the staff and had oversight of all areas of the service. There was a culture of continuous improvement, so that people would feel increasingly well cared for. Staff were motivated and felt supported by the registered manager and senior staff.

The staff understood the vision and values of the service, such as person centred care, treating people with respect and maintaining their privacy and dignity. Staff told us the registered manager was approachable and they were confident they would not hesitate to raise any issues if they had any concerns. There was a feeling of unconditional positive regard for people by the staff. People were respected and treated with kindness and consideration.

Staff had completed safeguarding training and they knew what action to take if they suspected abuse, and who to report to, such as the local authority safeguarding team. Staff knew about the whistle blowing policy, and were confident they could raise any concerns with the registered manager, who would take appropriate action.

There were sufficient numbers of staff on duty. Staff were checked before they started to work at the service and regularly received training to ensure they had the skills and competencies to provide safe care. New staff were allocated a mentor, received induction training and shadowed established staff before they started to work on their own. Staff met with a senior staff member to discuss their role and practice, and to discuss their training and development needs.

Medicines were stored and administered safely. People had the support they needed to attend health appointments and to remain as well as possible. Staff responded to any changes in people's health needs; people told us that staff always called their doctor if they felt unwell. People made positive comments about the food, there were daily choices and people took part in choosing the menu and food shopping. If people

were not eating enough their food was monitored. If required a referral was made to a dietician or their doctor, and supplements were provided as necessary so that they maintained a healthy diet.

Potential risks to people were identified but staff had not acted in a timely way when some risks were identified. Guidance on how to safely manage the risks was not always available. This left people at risk of not receiving the interventions they needed to keep them as safe as possible. We did find that some areas concerning risks to people needed reviewing and action needed to be taken to make sure people were as safe as possible. The registered manager told us these would be addressed immediately. On the whole there was guidance in place for staff on how to care for people effectively and safely and keep most risks to minimum without restricting their activities or their life styles and promoting their independence, privacy and dignity.

The care and support needs of each person were different and each person's care plan was personal to them. Parts of the care plans recorded the information needed to make sure staff had guidance and information to care and support people in the safest way that suited them. However, there were shortfalls in the care planning when people had specific needs like needing support with their skin or their behaviours.

The complaints procedure was available but could have been more visible and accessible. People felt comfortable in complaining and when they did complain they were taken seriously and their complaints were looked into and action was taken to resolve them. People had opportunities to provide feedback about the service provided both informally and formally. Feedback received had all been very positive.

People had an allocated keyworker who was involved in their assessments and reviews. A key worker was a member of staff who takes a key role in co-ordinating a person's care and support and promotes continuity. Throughout the inspection people were treated with kindness and respect. People told us the staff were kind, and respected their privacy and dignity. People were encouraged to be as independent as possible. Staff were attentive and the atmosphere in the service was calm, and people were comfortable in their surroundings. Staff encouraged and involved people in conversations as they went about their duties.

People were given individual support to carry out their preferred hobbies and interests. Staff were familiar with people's likes and dislikes, such as how they liked their food and drinks and what activities they enjoyed. People were supported to make choices and decisions and staff followed the principles of the Mental Capacity Act 2005.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service could be safer.

Staff had not always taken the action needed to keep risks to people to a minimum. Guidance was not always available to make sure all staff knew what action to take to keep people as safe as possible.

Staff knew the signs of abuse and how to report any concerns.

There were enough staff to meet people's needs and staff were checked before they started to work at the service.

Medicines were managed safely.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People were supported to make choices and decisions and staff followed the principles of the Mental Capacity Act 2005.

Staff were trained and supported and had good knowledge of people's needs and conditions.

People were supported to attend healthcare appointments and staff supported people to remain healthy and well.

People had a choice of food and drinks and thought the food was good.

**Good** ●

### Is the service caring?

The service was caring.

People said the staff were kind, caring, polite and respectful.

People and their relatives were able to discuss any concerns regarding their care and support.

People and relatives said they were treated with dignity and respect.

**Good** ●

People were supported to maintain their independence and to be fully involved in their care.

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

The service could be more responsive.

People's care and support was not always planned in line with their individual care and support needs.

A variety of activities were on offer and people's hobbies were supported.

People knew how to complain and there was a system in place to ensure any complaints were investigated and responded to.

**Requires Improvement** ●

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

The service was well-led.

Staff were motivated and led by the registered manager and senior staff.

Staff had clear roles and were responsible and accountable for their actions.

Checks on the quality of the service were regularly completed. People, their relatives and staff were asked about their experiences of the service.

Records were stored securely.

**Good** ●

# Terrance House

## Detailed findings

### Background to this inspection

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

This unannounced inspection was carried out by three inspectors on 23 February 2016.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications we had received. A notification is information about important events, which the provider is required to tell us about by law. We also looked at information received from health and social care professionals.

We spoke with ten people, members of staff, two deputy managers, the registered manager and the operations director. We observed the lunchtime meal being served and observed how staff supported people. We spent time with people in the activity room and had individual conversations with some people in their rooms.

Before the inspection we had feedback from some relatives and health professionals who visit the service. We looked at the results and comments from the last quality assurance survey carried out in October 2015. Comments had been received from a number of visitors to the service including health professionals, advocates and visiting entertainers.

We checked a variety of records including care plans, medicines records, staff files, training records and quality assurance and audit records.

We last inspected this service on 6 November 2013 when we found that the service was meeting the standards we checked.

## Is the service safe?

### Our findings

People told us that they felt safe living at Terrance House. One person described this feeling as feeling 'warm.'

Staff knew about different types and signs of abuse and they knew how to report any concerns. They were confident that any concerns they raised would be listened to by the registered manager and action would be taken. The registered manager was knowledgeable about safeguarding procedures and said she would not hesitate to report any concerns in order to protect people. Any accidents or incidents were recorded and monitored by the registered manager so she could identify any patterns or trends and take action to prevent further incidents.

People's money was safeguarded with systems in place to record and account for any money spent. People were supported to take as much control of their money as they were able to.

Some risks to people had been identified but other risks had not. The guidance on how risks should be managed varied. Some risk assessments contained the information needed to keep people as safe as possible but other risk assessments did not. When people's physical health was deteriorating this had been identified but the increasing specific risk issues, like the risk of skin problems had not been addressed. Full action had not been taken to make sure their skin remained as healthy as possible. For example, we found that when one person was identified as having a red area on their body, they had been seen by the district nurse who had advised 'apply special spray to the area'. Their care plan had not been reviewed and updated with this information. A skin integrity risk assessment had not been completed. The red area had deteriorated and the outcome was a pressure sore had developed. The staff had not taken action to try and prevent this from happening. Pressure relieving equipment like special cushions and a special mattress had not been provided for the person to relieve the pressure on their skin. On the day of the inspection the person was sitting on a hard chair. We asked staff to give them a special cushion. When the person sat on the special cushion they looked relieved and they said, "Oh, that feels much better".

Some people were identified as being at risk from having unstable medical conditions like 'seizures'. Other people were at risk of choking. There was limited information available to give staff the guidance on what to do if these risks actually occurred. Information on how to manage the risks was not available or was not clear. Staff were unsure about what to do in these risky situations when we asked them.

Care and treatment was not provided in the safest way for people because the provider did not have sufficient guidance for staff to follow to show how risks to people were mitigated and action had not been taken when a potential risk occurred. This is a breach of Regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that there was enough staff to meet their needs. Staffing was planned around people's needs, appointments and activities. If more staff were needed to support people's changing or increasing needs, or if new people moved in there were more staff on duty. There was a chef, kitchen assistants, activities staff,

administration staff and housekeepers on duty every day of the week so that care staff could concentrate on caring for people. Everyone we spoke with said that staff were around when they needed them. Staff we spoke with said they were happy with the staff levels and thought there was enough staff on duty. The manager and deputy managers were on call out of hours to give advice and support.

The manager talked to people, relatives and to staff about the staffing levels and kept them under review. Each shift was planned in advance with staff allocated to different people and to different areas of the service. Each staff member knew what they would be doing that day and staff told us that they worked really well as a team. There were staff around, in all areas of the service so they were available when people needed them. Nobody had to wait and staff had time to sit and chat with people and were not rushed.

Staff were recruited safely to make sure they were suitable to work with people at the service. Staff files were well organised and contained all the information required. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. New staff told us that they were invited to look around the service and meet people before their interview. Written references from previous employers had been obtained and checked. Checks were carried out with the Disclosure and Barring Service, who carry out criminal background checks, before employing any new staff to check that they were of good character. Staff declared any health issues that may need to be supported and any gaps in their employment history were checked. Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their terms and conditions of work.

Some staff were waiting for their employment checks to be completed so had not yet started work at Terrance House. In the meantime they were attending training courses and completing e learning and workbooks so they had some skills when they were ready to start.

There were plans for what to do in an emergency. This included a fire evacuation plan. The fire systems were checked regularly and practice drills were held so that people knew how to respond to the fire alarm. Some people smoked cigarettes so the registered manager had sought advice from the Kent Fire and Rescue service and supported people to smoke in designated areas to ensure everyone's safety.

People said that their medicines were given to them when they needed them. One person said, "Staff always make sure I have my tablets every day, so I don't have to worry about when to take them".

There were policies and procedures in place to make sure that people received their medicines safely and on time. People's medicines were managed by staff. People said they were happy with this arrangements and this was the way they preferred to have their medicines. All medicines were stored securely for the protection of people. People knew when they were supposed to have their medicines and came to the clinic room where the medicines were stored to get their tablets from a member of staff. The medicines 'round' was relaxed and people were not rushed. The staff member administering the medicines spent time with each person and had a chat and checked that they were alright. Staff answered people's questions about the medicines they were taking and explained what they were for. Staff made sure people had taken their medicine before they signed the medicines record. The medicines given to people were accurately recorded. If people did not want to come to the clinic room then the staff member brought their medicines to them.

Medicines were stored in a locked room and were administered from a medicines trolley. The medicines trolley was clean and tidy, and was not overstocked. There was evidence of stock rotation to ensure that medicines did not go out of date. Bottles of medicines were dated when they were opened so staff were aware that these items had a shorter shelf life than other medicines, and this enabled them to check when they were going out of date. Some items needed storage in a medicines fridge. The fridge temperature was

supposed to be checked daily and room temperature was supposed to be checked twice daily to ensure medicines were stored at the correct temperatures. On several occasions throughout the last month the temperatures had not been recorded when they should have been. The temperatures when they had been taken were within the required limits for safe storage but this was an area for improvement.

Hand written entries of medicines on the medicines record charts had been consistently countersigned to confirm that the information was correct and to reduce the risk of errors. Regular checks were carried out on medicines and the records to make sure they were given correctly. If any shortfalls were identified the registered manager took immediate action to address them. When people were taking prescribed dietary supplements to improve their health these had been signed for to confirm that people had received and taken them. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

## Is the service effective?

### Our findings

People told us the staff looked after them well and the staff knew what to do to make sure they got everything they needed. People said they the staff were very good. They said, "We are well looked after" and "I am quite contented and happy. The staff are helpful and kind".

New staff were allocated a mentor and completed induction training, which included shadowing existing staff. The administrator organised training for staff and had introduced the new Care Certificate for staff new to the care profession. The Care Certificate is a recognised qualification from the government backed training organisation called Skills for Care. Two new members of staff told us about their induction and said they had learned a lot. They both said they felt supported by the managers and by their mentor. The registered manager said "We try to invest as much as we can in our staff so we offer training, supervision and support."

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. Each staff member had a personal development plan detailing their training needs. There was an ongoing programme of training which included face to face training, mentoring, work books, competency assessments and distance learning. Completed training was tracked and further training for staff was arranged when needed. The training matrix was clear and organised and showed which courses were completed and which courses were due for renewal. Staff completed work books or answered questions and took tests that required a pass mark. Some training was provided in house, including fire awareness, so that everyone could take part in a drill. The range of courses offered to staff included subjects related to peoples' needs including mental health awareness.

Staff spoke with knowledge about peoples' wide ranging needs and were knowledgeable about age related and health conditions. The manager and deputy managers reviewed the effectiveness of the training by observing staff and talking to people about the staff. The manager gave feedback from their observations to staff at regular one to one meetings with them. Any changes needed to staff practice were discussed at these meetings and the managers supported and coached staff to provide good care. The one to one meetings were planned in advance so that staff could prepare and enabled the managers to track the progress towards the staff member's objectives. All the staff we spoke with told us they felt well supported by the managers.

Staff had been trained about the principles of the Mental Capacity Act 2005 (MCA). Staff asked people for their consent before they offered support. People's capacity to consent to care and support had been assessed but some assessments were contradictory so the outcome for the person was not clear. Some people had two separate assessments that said different things, for example, one assessment said the person had capacity, the other that they did not have capacity. The manager agreed to look into this to make sure that assessments were clear and consistent. The manager knew people well and had a good awareness of people's levels of capacity.

If people lacked capacity staff followed the principles of the MCA and made sure that any decision was only

made in the person's best interests. Some people had to make important decisions, for example, about medical treatment. People's representatives, including advocates and 'best interest assessors' got together with them to help decide if some treatment was necessary and in the person's best interest.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Some people were constantly supervised by staff to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations. Some applications had been considered, checked and granted for some people ensuring that the constant supervision was lawful. Other applications were still under consideration by the local authority DoLS office. The manager said they always used the least restrictive ways to support people and people were free to come and go, as they wished with the right support.

A DoLS assessor had completed a quality assurance survey and said "The staff have a good knowledge of (person) and fully understand their DoLS conditions." Another DoLS assessor stated "Evidence of a person centred approach and least restrictive principles being implemented."

People said the meals were good and they could choose what they wanted to eat. Staff were aware of what people liked and disliked and gave people the food they wanted to eat. Staff respected people's choices about what they did eat. People were supported and encouraged to eat a healthy and nutritious diet. People could help themselves to drinks when they wanted to. A visiting health professional told us "Food is always freshly prepared and the meals look very appetising. I would eat there myself. The lunches look really good".

The registered manager helped to serve the lunchtime meal to everyone. She said she enjoyed doing this as it was an opportunity to see and speak with everyone. There was a choice of two main meals, a variety of vegetables and salad. There was also a choice of dessert; these choices were displayed on a board in the dining room so people knew what the choices were that day. The food was served hot and people said they enjoyed it. The chef was aware of people's individual dietary needs and preferences and was knowledgeable about fortifying foods (adding extra calories) if people needed to gain weight. People often went out to eat in restaurants and local cafés. When people were not eating their meals because their mental health was deteriorating or they were unwell the staff encouraged and supported them to have enough food to maintain their weight to remain as healthy as possible. Some people had specific health needs like diabetes and staff supported them to manage their diets to make sure they were as healthy as possible.

Staff responded to people's psychological, social, physical and emotional needs promptly. Staff were able to identify when people's mental health or physical health needs were deteriorating and took prompt action. People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. The staff actively sought support when they needed it and did not work in isolation. People's health was monitored and care provided to meet any changing needs. When people's physical and/or mental health declined and they required more support the staff responded quickly. Staff contacted local community healthcare professionals and made sure that the appropriate treatment, care and support was provided. When people had problems eating and drinking they were referred to dietitians. If a person was unwell their doctor was contacted. People were supported to attend appointments with doctors, nurses and other specialists when they needed to see them. People had regular appointments with opticians and dentists. If people wanted to they were supported to attend routine screening appointments.

## Is the service caring?

### Our findings

A lot of the people at the service had been there for many years. They said they were very happy living at Terrance House and would not want to be anywhere else.

Staff spoke with people, and each other, with kindness, respect and patience. The atmosphere was calm and relaxed and staff responded appropriately when a person appeared to become anxious. Staff spoke with the person calmly and reassured them and the person became visibly calmer. One staff member said "I really like it here; staff are good at encouraging people to do as much as possible."

Staff spent time with people making sure they had what they needed. People were occupied with activities and were relaxed in the company of staff. There was an atmosphere of equal value and caring for each other's wellbeing and there were no barriers between staff and people. Staff showed a real positive regard for everyone. Mealtimes were social occasions set at a calm pace with everyone involved in choosing their meal and clearing the tables so everyone was supported to be part of the mealtime routine. There was a real feel that everyone worked together to make Terrance House a good place to live. A visiting health professional told us "The staff are lovely and it is well managed. Staff go out of their way to give people the care and support that they need."

People were involved in making decisions about their support at regular meetings and review meetings. If people agreed, staff were in contact with people's care managers, advocates, family and friends who were involved in helping people to achieve their future goals. People were confident about 'having a say' and knew their views would be listened to. Information was presented in ways that people could understand which helped them to make choices and have some control over making decisions. The registered manager agreed that there was opportunity to give people more control for example, by displaying information about who would be supporting them that day or night. Staff communicated with people in a way they could understand and were patient, giving people time to respond.

Advocacy services and independent mental capacity advocates (IMCA) were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf. Some people were supported by advocates and others had the support of family or friends. People could choose who they wanted to be involved to help them if they needed to make important decisions and general day to day decisions.

People's privacy and private space was respected. Staff knew when people wanted some privacy or space and made this happen. There was a day to day practice of knocking on people's doors or asking permission before entering rooms. People were able to choose who they wanted to support them and they had the option of having someone of the same gender supporting them if they preferred this. People had chosen the way their bedroom was organised, the colour scheme and décor.

Staff were aware of the need for confidentiality and personal information was kept securely. Meetings where

people's needs were discussed were carried out in private. The information contained in the care and support plans was agreed with each person, so that they were meaningful and relevant to people's interests, needs and preferences.

## Is the service responsive?

### Our findings

The care and support needs of each person were different and each person's care plan was personal to them. Parts of the care plans recorded the information needed to make sure staff had guidance and information to care and support people in the safest way. However, some care plans did not give the guidance that staff needed to care and support people in the way that they needed and suited them best. Plans for behaviours that might challenge were not based on positive behaviour support.

At times some people could be anxious or angry and they needed support when this happened. Details about people's worries were recorded in their care plans. One care plan we looked at instructed staff to 'deescalate' when the person became anxious or aggressive. It did not detail how staff should deescalate or what they should do. In another part of the care plan it said the person should 'remain in their room as much as possible to protect others'. This strategy was being used without giving thought to the risk to the person of social isolation and without the consideration of what other strategies might work. The registered manager said that there had been no referral for or input to consider the function of a person's behaviour but they were working closely with the person and other professionals to try to find the right support for the person.

Other people's care and support needs had changed. The care plans had not been updated to reflect the changes. When one person was becoming frailer and weaker the changes to their health had not been reassessed. Their skin was at increasing risk of becoming sore and breaking down. There was no care plan in place to give staff the guidance on what to do to try and prevent this from happening. Staff had not been giving the care and support the person needed to keep their skin as healthy as possible.

Some people had specific needs including diabetes. One person's care plan stated that their diabetes needed close monitoring and said to 'document any changes' it did not state what sort of changes staff should be looking for that might indicate low or high blood sugar levels. There was no guidance about what to do in response to any changes in blood sugar levels or if the person appeared unwell. When we asked some staff about this they were not completely clear about what they should do.

One person's care plan noted that they were at 'high risk of choking'. The plan instructed staff to encourage the person to eat slowly and to supervise the person when eating. There was no guidance to tell staff what to do if the person choked and when we asked some staff they were not all clear about what they would do. The manager agreed that some care plans needed to be updated and required additional guidance and sent us an action plan after the inspection.

The provider was not ensuring that person centred care and treatment was meeting the needs of people and plans had not all been reviewed and updated. This is in breach of Regulation 9(1) (a) (b) (c) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People had a key worker. A key worker is a member of staff allocated to take a lead in coordinating someone's care. They are a member of staff who the person got on well with and were able to build up a

good relationship. Key workers were assigned to people based on personalities and the people's preferences. Whenever possible people were supported and cared for by their key worker. They were involved in people's care and support on a daily basis and supported people with their assessments and reviews. Most of the staff had a good knowledge of the people they were caring for. Staff said that they kept themselves updated about the care and support people needed. The key worker system encouraged staff to have a greater knowledge, understanding of and responsibility for the people they were key worker for. Key workers and other staff met regularly with the people they supported to find out what they wanted to do.

People said that they felt listened to and their views were taken seriously. If any issues were raised they said these were dealt with quickly. There were regular meetings for people and staff. There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions. A visiting professional commented "The staff demonstrate very good knowledge of clients, they make every endeavour to always work in a responsive person centred way." Another visiting health professional told us "The staff engage very well with specialist services and contact them promptly if any concerns. Staff take action on any advice given. The staff are very caring and engage well with people. Any staff you speak with have a good knowledge of the people they are supporting".

People confirmed that there were activities that they were supported and encouraged to take part in. Some people could go out on their own and came and went as they pleased. Other people needed support when they went out. One person told us about the voluntary work they had previously done at a local charity shop. Another person enjoyed building air fix models and this was encouraged and supported.

The service employed two staff members throughout the week who organised activities and events for people to participate in if they wanted to. The service had a mini bus so people could go out on group trips. Some people we spoke with were very enthusiastic about what they did. They told us about the various places they had visited, like the zoo and wild life park. People had enjoyed and benefited from these experiences. One person was supported regularly to go and watch their favourite football team play.

There was a dedicated activities room where people went to do various activities likes painting, arts and crafts, chair exercises. There was something happening every day. There was a variety of visiting entertainers who came regularly. There were themed events like Jazz music, and music from the 60's. One person said that they enjoyed the film afternoons, especially the popcorn and candy floss. People went out to places of interest in the local area and there had recently been a trip to the Turner Gallery. If people did not want to join in group activities the activities co-ordinators spent one to one time with them. Sometimes they did one to one things in the service other times they went out. On the day of the inspection a 'Pat dog' was visiting with its owner. People enjoyed interacting with the dog.

A visiting entertainer had completed a quality survey and described the service as "An extremely supportive, friendly environment. It is a pleasure to visit." Another entertainer said "This is one of the very best homes I attend, the staff are wonderful."

There was a written complaints procedure and records of complaints, investigations and resolutions. All complaints were logged, investigated and responded to by the registered manager or by a senior manager.

People said they knew who to go to if they had a concern or a complaint and said they felt that their concerns would be listened to and acted on. There were regular resident's meetings where people could raise their concerns and make suggestions. One of these meetings occurred on the day of inspection and staff encouraged people to attend the meeting.

The complaints procedure was laid out for visitors to see in the visitors signing-in book, and also in the provider's Statement of Purpose, and the tenancy agreement. The document was also available in larger print if required. People could complain by a wide variety of media including email, letter, phone call and in person. The procedure was not displayed anywhere else in the service so that people had could easily see it and refer to it if they wanted to. The registered manager agreed to make the complaints procedure more accessible for people.

The registered manager was currently dealing with one complaint in accordance with the service policy. The registered manager had investigated the concerns raised, responded to the complainant and passed on her findings to staff in a staff meeting about how the service could improve following the complaint. Lessons were also learned by ensuring that messages, information, news and learning opportunities for staff were made available to them using an online tool which allowed the manager to monitor when this was accessed by staff.

The registered manager used surveys to encourage feedback from people, their families and staff. Survey forms were available only in the signing-in book so the registered manager agreed they would make these more accessible to people elsewhere in the service to encourage increased feedback. One person reported via the quality assurance survey "I reported a cleaning issue and it was addressed immediately."

## Is the service well-led?

### Our findings

People told us that they thought that the registered manager was 'good'. They said they could go to her office at any time. One person said, "(The registered manager) always has time. They know what they are doing". Another person said, "I go to the (the deputy manager), they sort everything out".

The registered manager was supported by the provider, senior managers and deputy managers, the care staff team, ancillary staff and an administrator. The managers were experienced and qualified and between them had worked at the service for several years. There was a culture of openness and honesty; staff and managers spoke to each other and to people in a respectful and kind way. Staff knew about the vision and values of the organisation which was based on 'offering professional, supportive care in a friendly, welcoming environment for adults with ongoing mental health issues and making a difference to the people who choose to live with us'.

Staff understood their roles and knew what was expected of them. Staff were supported by the manager and deputy managers who were skilled and experienced in providing person centred care. Staff told us they felt well supported and felt comfortable asking the deputy managers or registered manager for help and advice when they needed it. Staff told us they had regular team meetings and that their views and opinions were listened to. One staff member said the registered manager was the 'best manager they had ever worked for'. They told us "The manager has a good rapport with everyone and real in depth knowledge of people's needs, she always puts people first."

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. The service had links with other organisations and forums to share and promote best practice, the registered manager said she planned to attend these forums more regularly in future as she found them useful.

People, their relatives, visitors and staff were asked for their feedback about the service on a regular basis. A variety of methods was used to gain people's views including sending out surveys, having meetings and requesting feedback about specific topics. At one meeting people had complained about the laundry, in response, the laundry was completely refurbished. People were also invited to give feedback via a website. Feedback from the last survey in October 2015 had been read and considered and the registered manager acted to address any issues that were raised. She had given individual feedback to people. All the feedback we saw was positive, comments included "Any suggestions made about improvements are received positively and constructively," and "Paperwork is always readily available, my client is always appropriately supported" and "Staff have very good knowledge of clients and are all involved in the assessment process."

Although the registered manager had given individual feedback to people who raised any issues, the full results of the survey had not been published. All participants in the survey and others, including the public and people looking for a care service like Terrance House were not aware of the results. The registered manager agreed to consider publishing the results.

Checks and audits were carried out regularly of the environment, records, staff training and the support being provided. The registered manager and another senior manager carried out quarterly and yearly audits and produced reports that had actions allocated to staff to complete to improve the service. One staff member had the role of health and safety representative and took responsibility for checking that the service was safe including the premises and equipment.

Accidents and incidents had been recorded and action had been taken to reduce the risks of further incidents. Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service like serious injury and safeguarding incidents. This is so we can check that appropriate action had been taken. The management were aware that they had to inform CQC of significant events, in a timely way and we had received some notifications from the service. Records were organised and stored securely.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider was not ensuring that person centred care and treatment was meeting the needs of people and plans had not all been reviewed and updated.</p> <p>This is in breach of Regulation 9(1) (a) (b) (c) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in the safest way for people because the provider did not have sufficient guidance for staff to follow to show how risks to people were mitigated and action had not been taken when a potential risk occurred.</p> <p>This is a breach of Regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>