Papillon Care Limited

Sovereign Court

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 18 and 19 June 2018 and was unannounced on the first day, which meant the provider was not aware we would be visiting. This was the first inspection following the change in registration to a new provider for this location. Although the registration of the provider had changed, the service had the same staff and people living there remained the same.

Sovereign Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 12 people with neurological disorders. At the time of the inspection 10 people were living at the service.

The service did not have a registered manager, however, the CQC had received an application from the manager to register and this was in the final stages of being processed. 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.

There were policies and procedures in place to support the smooth running of the service. These included a safeguarding policy which staff told us they understood along with their responsibilities towards protecting people from harm. They told us they would report any concerns without hesitation. People told us they felt safe and relatives confirmed this. We found there were enough staff to support people with their needs at the service. Checks on the safety of the home were routinely carried out when required. Personal emergency evacuation plans were in place and the provider had an emergency contingency which would be used in any crisis.

Medicines were generally managed well in a polite, non-rushed manner by the staff undertaking this task. Risks to individuals had been identified and assessments to reduce the hazards to people had been put in place. Accidents and incidents were recorded and monitored to identify trends, although falls analysis needed to be reviewed and the manager was going to do that. Where people needed additional advice or support, they were referred to external healthcare professionals as necessary.

People were always supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff received an induction and suitable training with ongoing updates. Staff supervisions had been undertaken, more in recent times; and the manager was working their way through appraisals to ensure every member had received one. Staff told us they felt supported by the management team.

People received a mixed and varied menu and their comments were mostly positive about the food and

refreshments they received. The provider had listened to people about any changes to the menu they needed to make. Picture cards showing meals had not always been used with people who may have benefited, but the manager said this would be addressed.

We observed staff respected people, and their privacy and dignity was maintained. Staff displayed caring and kind attitudes and treated people as individuals. The management team had dealt with some recent issues to ensure that this was maintained. We saw staff offered people choices and encouraged them to make decisions about daily life where this was appropriate.

People participated in activities. The service was developing their activities programme to better suit the needs of all the people who used the service. Staff supported people to maintain links by welcoming family, friends and visitors into the service.

People and relatives told us they knew how to complain and would do so if it was required. Complaints had been recorded and investigated. Meetings were used to gather feedback about the service and the care provided to people. The management operated an 'open door' policy which meant any person or relative could speak to them at any time. The management team had a range of checks and audits in place to monitor the care and the overall service provided.

We made two recommendations which we will follow up at our next inspection. One was in connection to the access to outside areas without the need for people to pass through a smoking area. The other was in connection to the storage of care records.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safe. Medicines were safely administered to people and generally managed well.

The home was clean and free from odours. Enough staff were in place.

Regular safety checks were carried out to ensure people lived in an environment where risks were reduced.

Is the service effective?

Good

The service was effective.

Staff had received suitable training and induction and reported they felt supported.

Communications systems were in place to exchange information between staff and between staff and people's relatives.

People's health was monitored and other professionals were contacted as required. People received suitable food and hydration and were supported as required.

Is the service caring?

Good

The service was caring

People's care was delivered by a manager and staff team who were committed to the people living at the service.

People were involved in making decisions about their care. Staff listened to people's wishes and the manager was accountable for them being carried out.

Staff provided a service which respected people's wishes, protected their dignity and privacy and promoted their well-being.

Is the service responsive?

Good

The service was responsive

People's care records were personalised and were in the process of being fully reviewed.

A complaints process was available and any complaints had been dealt with effectively.

Activities were provided and the manager said they were reviewing these to ensure they remained appropriate.

Is the service well-led?

Good

The service was well led.

The manager was in the final process of registering as the registered manager of the service.

The manager had introduced a range of new systems and processes to improve the service and support the staff.

Audits carried out to monitor the quality of the service led to continuous improvements.

Sovereign Court

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 18 and 19 June 2018 and was unannounced on the first day. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). We used information the provider sent us in the PIR to support the planning process. This is information we require providers to send us at least once annually 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 service, including statutory notifications we had received from the provider about deaths, safeguarding concerns or serious injuries. Notifications are incidents which the provider is legally obliged to send the Commission. We contacted the local authority commissioners and safeguarding teams and the local Healthwatch team. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services. We also contacted the fire authority, palliative care teams and infection control lead for care homes who may have been involved with the service. We used any information received to support our planning and judgements.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people who used the service, four family members and one family friend. We also spoke with the manager, the unit manager, two senior care staff, the lifestyles coordinator (activities coordinator) and five care staff (including night and day staff). We observed how staff interacted with people and looked at a range of records which included the care records for four people and medicines records for 10 people. We looked at five staff personnel files, health and safety information and other documents related to the

management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included, "Yes. Safe with shower I have every other day"; "There is a buzzer so if I have mishaps, got someone to help" and "Feel safe, staff keep safe. Not frightened to say if something is wrong either."

Relatives and friends confirmed people were safe and comments included, "Yes, top notch. There was one incident, but the staff member was dealt with straight away, but that was a while ago"; "Yes I am sure [person] is safe" and "I am confident they are very safe."

We observed people moved safely around the service and staff supported people using appropriate moving and handling techniques when they assisted people. The atmosphere in the service was relaxed and had a homely feel.

The staff we spoke with were able to tell us about safeguarding procedures and told us they would not hesitate to report any concerns they had. They told us they were not afraid to question any inappropriate behaviour from other staff. One staff member told us, "The manager is very approachable, I would either go to them or the unit manager. I know they would look into any concerns." Senior staff were aware of their responsibilities to report any concerns to the local authority and to the CQC were relevant. Staff had received training and continuous refresher training was in place. Procedures in connection to reporting concerns were located in the staff room, which included the whistleblowing helpline.

We observed staff administer people their medicines safely and in a caring and gentle manner. One staff member said, "Good morning [person's name], how are you this morning? Can I give you these tablets? There you go sweetheart – glass of water to wash them down…I'll do the washing up (laughing)!" People received their prescribed medicines in a timely manner with staff following best practice guidelines. Information was available to support staff with the safe management of medicines, including details of when 'as required' medicines should be administered. 'As required' medicines are medicines used by people when the need arises; for example, tablets for pain relief. We noted that not all topical medicines had full information on how they should be applied. Topical medicines refer to, for example, applications to the body surfaces of a selection of creams, foams, gels, lotions, and ointments. The manager confirmed that these had been in place and could not understand why they were not present. They addressed this immediately and said they would investigate this issue.

We noticed that some prescribed medicines which needed to be given before food, did not have clear guidance for staff to follow on the medicine administration records (MARs). We discussed this with the manager who immediately contacted the pharmacist to seek their advice.

People comments regarding medicines administered to them included, "No problems with my medicines"; "Never had any problems" and "I get a lot of medicines and they (staff) help me. Everything is okay thank you."

One relative confirmed that separate procedures were in place to ensure they were able to take and administer medicines when their family member was away from the service. They said, "I have to sign the MAR and this keeps it all correct and monitored." Medicines were ordered, stored, administered, recorded and disposed of in a safe manner, and we watched staff washing hands appropriately throughout this process. Although we noted that the medicines trolley was not always locked while not in use in the medicines room. We brought this to the attention of the unit manager and they said they would address this immediately and apologised.

People's individual identified risks in relation to their care needs had been assessed and were recorded. They documented risks which people faced; such as falls risks. If an incident occurred, risks documented were updated to ensure they remained up to date. Other risks had been assessed, for example, in relation to the premises. This included the legionella risk assessment which was in place and up to date. Personal Emergency Evacuation Plans (PEEP's) were in place and accessible to emergency services should they need to be used to support the evacuation of people from the service, for example, by the fire authority. The provider also had an emergency contingency plan in place. This documented what measures staff would take should an unforeseen crisis arise. This included what to do if poor weather conditions arose, or if the provider had electricity or other utilities cut off. The plan also included details of where the people who lived at the service could be evacuated to if an issue arose and could not be dealt with quickly. Staff were able to explain what their role was in the event of an emergency, for example a fire. They could explain what the process was and how they would support people until emergency services arrived. Fire drills were completed regularly at the service to keep the staff team sharp in their responses.

The premises were generally well maintained and cared for, although some parts were a little dated in terms of decoration and some work needed to be completed in the garden area. There were maintenance staff in post who had responsibility for minor repairs and general maintenance. We examined other records related to the safety of the premises. We found for example that mains electrical and fire safety checks were up to date. These checks were carried out by external professional contractors where necessary. The manager kept a service maintenance record which showed when equipment needed to be reviewed and we saw this was up to date.

There were no unpleasant smells and all internal communal areas were clean and comfortable. We did find two leather sofas in one lounge area which were ripped and torn but before we raised this with the manager, staff told us new ones were on order. We looked at information held by domestic staff and found that some data was out of date and in need of review, including data sheets to support staff should a chemical spillage or accident occur. The manager said that they would address this straight away, including locating some of the pertinent information in the kitchen where chemicals may be used. We observed staff used personal protective equipment, such as gloves and aprons to provide people with personal care. We also observed hair protection being used whilst food was being prepared for people by the care and support staff at the service. Some tea towels in the kitchen area needed replacing and after we spoke with the manager about this, they said this would be done.

Accidents and incidents which had occurred in the service were recorded and monitored. Falls were scrutinised separately to support in the identification of any trends or patterns. We saw these were checked by management. This meant the service was able to put preventative measures in place to keep people safer in the future. There had been a small number of falls. However, we noted that the analysis of falls could be completed in more detail and we discussed this with the manager who said they would review this.

We examined staffing rotas and saw that staffing levels were appropriate to meet the needs of people who were living at the service. Comments from people and their family members included, "Yes, they are always

here to help me"; "I think so"; "I have never had trouble finding a member of staff"; "I think there is enough." The people and staff we spoke with did not raise any major concerns with us about the numbers of care staff on duty. We observed staff responded to calls for support extremely quickly and spent time talking with people. One staff member told us, "There is always a senior on duty 24 hours a day and yes there is enough staff I would say."

The provider had safe recruitment procedures in place. Staff files contained evidence of pre-employment checks. Potential employees had completed an application form, been interviewed and had their identity verified. Two references were obtained and full checks from the Disclosure and Barring Service (DBS) were carried out and renewed every three years. The DBS helps employers make safer recruitment decisions and prevent unsuitable candidates from working with vulnerable people.

Good

Is the service effective?

Our findings

Discussions with people and their families indicated they thought the service was effective at providing people with care which was based on best practice. One person told us, "They do a good job I think." Relatives comments included, "The home exceeded my expectations when [person] first moved in" and "Physically they are better than what they were and are mentally stable. Much happier and content"; "We had to find a place for [person] to stay quickly as they wanted [person] out of hospital. We could not get a place here initially, but after visiting a few places, we knew this was the best place. We eventually were offered a bed."

Records contained information taken at pre-admission in order for the service and external health and social care professionals to determine that the service was a suitable place to meet the person's needs. From the information we viewed and from observations within the service, people had been suitably accepted into the service as staff were equipped to meet their needs.

The provider had improved induction processes. Staff had undertaken appropriate induction which included the Care Certificate and shadowing of permanent staff members. The Care Certificate assesses the fundamental skills, knowledge and behaviours that are required by staff to provide safe, effective, compassionate care. One recently appointed staff member explained they had been shown fire safety procedures and other general processes during their first few days of starting work. Proficiency checks were carried out with staff around the fundamental skills as well as routine competency checks on all staff.

A training matrix showed that staff training had taken place and staff files confirmed this with certificates of completion. A staff member said, "We have regular training when it is required." The staff team was made up of varying experience. There were many long-term employees as well as newly appointed staff members and those who had transferred from other provider services. The staff team had a mix of knowledge, skills and qualifications. The provider had identified a number of training courses they considered mandatory for staff. These included dignity and respect, fire safety, moving and handling and health and safety. We could see that staff had completed these with regular updates. Staff confirmed that they needed further mental capacity training and that the manager was looking into this for them.

Supervision had taken place but were a little behind in reaching the expected number by the provider. All the staff files we examined contained recent supervision session notes. Appraisals had not yet been undertaken. However, the new manager had a plan in place and had started to work towards their targets to ensure all staff had regular supervisions throughout the year and had received an appraisal. All staff we spoke with told us they felt supported and that the provider helped them to enhance their skills. One staff member said, "We have all had a meeting with the manager and get supervision regularly."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Care records showed, and the manager confirmed that three people living at the service were subject to a DoLS. We reviewed the records regarding the applications to the local authority and outcomes of these decisions. The provider had also notified the CQC of these applications and decisions. People who lack mental capacity may still have the ability to consent to some aspects of their care and treatment. We observed examples of people being asked their consent, for example, before medicines were administered and before personal care was undertaken. One staff member said to a person, "Hello trouble (in a joking manner), just got your tablets, is that okay" and then continued "Your welcome", when the person thanked them. Best interest decisions had not always been recorded in people's care records. However, the manager was in the process of reviewing all care records to ensure that any best interest decisions made for people were fully recorded, including which relevant people had been involved. All relatives confirmed they had been fully involved. One said, "Any decisions made are discussed with the family at all times."

During the inspection we observed the lunchtime experience and staff showed us how they had set menus which were displayed with the help of people living at the service. People were asked prior to meal times what choice of food they would like. However, we noted there were no picture menus to support this and staff confirmed they did not use these for people currently. However, when we spoke to the manager and unit manager, they produced picture cards of meals to support people with their choices. The management team were disappointed these were not being used, but said they would discuss this with staff. From observations, staff appeared to know people well and seemed to be aware of their likes and dislikes. One person had a separate menu as they only liked particular foods. We viewed this and staff showed us what the person had picked for previous days. People were not rushed at meal times and the atmosphere was calm.

We received some mixed views on the food served to people living at the service, Comments from people included, "Depends who does the cooking. Sometimes it is okay, it's very ordinary though and I like something somewhat different"; "The food is lovely, I like it" and "The food is nice most of the time. We get a choice and asked what we want." Relatives comments included, "[Person] has always been a bit picky. They [staff] do something's they like, but [person] is not that keen on the food. Sometimes it's okay"
One relative told us, "Yes, they are satisfied with the food prepared." People and relatives confirmed that they had a say in the menu available. We were told by one person that a particular meat used was not very palatable. They told us, "The staff are not going to get that anymore, so they do listen."

We were told that people could make their own food and refreshments if they were able. Staff monitored this to ensure that food hygiene procedures were followed and people were safe. One person said that they would like the opportunity to make their own meals. Another person confirmed that this person had already made spaghetti bolognaise for everyone and said, "I enjoyed it." One relative told us their family member baked cakes most Fridays with staff at the service. The cake produced would be brought on their visit to the family home and any remaining would go back to the service for people and staff to use. They said, "[Person] enjoys cooking cakes. The staff encourage them and it gives [person] that additional independence. It's great."

We spoke with staff and examined the kitchen environment, including the food types available. We found good quality food had been purchased, including fresh, frozen, tinned and dry. Staff were aware of people

who had allergies and people who were diabetic when asked. We noted that some food was not labelled or dated after it had been removed from its original packaging. The manager said they would address this straight away.

A very detailed daily handover sheet was used at each staff changeover. This was to ensure information was communicated effectively and incidents or actions to be taken were not overlooked. Relatives told us that staff at the service were very good at letting them know if there were any concerns with their family members health. One relative said, "The staff are open and discuss everything with me. I am confident they would tell me if something was wrong." We noted that not all of the handover sheets had been signed off by the manager in charge to confirm their attendance.

The people we spoke with and their relatives told us that there was good access to external healthcare professionals when the need arose to address any healthcare needs. A relative stated, "They [staff] are very good at letting me know if something is wrong." The records we reviewed showed people had seen, for example, GP's, nurse specialists, podiatrists and opticians if they needed to. Details about these visits and any instructions for care staff to follow were documented in the person's care records. To monitor visits to healthcare professionals, the manager had implemented a healthcare matrix which tracked when the person had last visited any given service (optician etc.) and when they were next due. This meant visits were less likely to be accidently missed.

The service had a secure garden area which was accessible to everyone via an internal smoke room. We found the outside space in need of work and not well designed, which included access points. As we walked around the building we saw the dining area looked out over a small and intimate garden area, although people could not gain access unless they went via the smoke room. One relative said, "It's such a shame there is no patio windows in the dining room." Staff also confirmed that they were unsure why no door was in the dining area to the outside space. One staff member said, "It would make the whole environment so much better."

We recommend the provider review access to outside areas to ensure people have clear access to the outside space without the need to pass through a smoking area.

Good

Is the service caring?

Our findings

We asked people and relatives why they chose Sovereign Court to live at. One relative told us, "I knew as soon as we visited compared to other places, but there were no beds at the time. I was so happy when they phoned and said one was now available." Another relative said, "I met a carer and a patient one day and it was the way they [carer] treated the person. This made me visit and I have not been disappointed." We asked if the staff member still worked at the service and they said they did.

People told us that staff were kind and caring and we observed this to be the case. People's comments included, "Better here. Very nice here and happy. Carers are lovely"; "Staff are nice" and "Staff are a nice bunch. Cannot fault them there." Relatives and friends told us that the current staff team were caring and kind to their family member. Comments included, "Happy with carers they do a great job. Really happy and [person] is happy"; "They love [person]"; "Just like a family"; "[Person] liked music and the staff used to dance with them"; "[Staff name] bend over backwards, always smiling, lovely girl" and "Staff really nice and caring."

We saw 'thank you' cards of praise received from people and relatives. These communications recognised the caring attitude of staff and thanked them for the work they had done. One card thanked the staff for providing a welcomed birthday present of items of clothing.

A list of people's birthdays was available and staff told us they bought presents for people and had a celebration on the day. One person confirmed that cakes were made or sometimes people and staff went out to celebrate for a meal. They said, "It depends what you want to do." Staff confirmed that birthday, Christmas and Easter presents were purchased for people out of the 'residents fund' which included money raised by staff competing in several charity events or via summer fetes; one of which was due to take place soon. One staff member told us, "We bought [person] a butterfly garden as they would not have appreciated smellies." Staff were aware of the receiving gifts policy and the need to follow this. The provider had suitable procedures in place which were understood by staff.

Relatives said that they were contacted immediately should an incident occur or their family member's health decline. One relative said, "They will ring always ring and let me know if something is wrong. It's always been like that."

Staff told us they loved their jobs and really enjoyed caring for the people who lived at the service. One member of staff was new to the care industry when they started work at the service. They told us, "I love working here, it's so rewarding."

Relatives confirmed they were always made welcome. We saw one relative go off to make themselves a hot drink which they were able to do. They told us, "I am here all the time and don't have any problems with the staff on duty." Another relative told us, "I always feel welcome as does the rest of the family. The atmosphere is very good."

Staff were overheard showing compassion and kindness to people with comments such as, "Do you want the heater on [person's name]"; "You look a bit better this morning [person's name] – that's good"; "You okay today [person's name]. Its lovely outside" and "Are you comfortable [person's name], do you not want your slippers on, don't want to be getting cold feet!" When people went out of the service with relatives, staff said goodbye and hoped they had a good time. People were then welcomed back from their visit, often being asked if they wanted a drink or anything else.

Compassion was also shown to people and their friends and relatives at sad occasions or anniversaries in their lives. A friend of one person who had lived at the service, but who had sadly passed away recently told us, "They are always very friendly and have even asked me if I want to still visit and have a cup of tea." Funeral arrangements were being finalised, and staff confirmed that most staff would be attending along with most of the people who lived at the service. One staff member said, "They were seen as a friend and were well liked by everyone. They will be missed." Another staff member said, "[Person] will be a big miss. They were lovely." A friend of the person told us, "We have been given permission to plant rose tree in the garden to remember [person]." Another person told us that staff had supported them to visit the grave of a close relative who was very dear to them.

Staff approached people with a positive and caring attitude. The home had a happy and inviting atmosphere. We saw staff carry out their roles with kindness and thoughtfulness. A list of the fixtures for the current football world cup had been placed in lounge areas to allow people interested a chance to follow their team of interest.

Family members we spoke with confirmed that the provider had gathered information about their relative to ensure that staff had personalised information in order to support them better. We observed people had personalised their own bedrooms, for example, with TV's, photographs and soft toys.

Staff treated people with respect and dignity. One person said, "They [staff] knock on my door as I like to keep it closed. Don't think they have ever came in without my say so." One relative said, "Very respectful. Knocking on doors. Privacy is maintained yes."

Interactions, showed staff were aware of the need to promote equality and diversity. We observed staff treat people as individuals and saw them take people's preferences and different needs and circumstances into account. For example, one person's religious preferences were maintained with visits to a local church with their family.

Care records were held in a separate room used only by staff. The manager had ordered lockable filing cabinets to store these records rather than have them on the shelf they were currently located on. We noticed that at times, this room was left unlocked.

We recommend the provider review storage facilities for care records and ensure that security is maintained.

Family members told us they were fully involved with their relative's care. They told us they were invited to review meetings and one relative told us they had participated in setting out how each of their relative's needs would be met by staff in great detail. We saw copies of letters which had been written out to a range of individuals, including family, healthcare professionals and advocates, inviting them to attend care plan reviews.

Regular meetings took place for people and their families to attend to give feedback. A relative told us,

"They have meetings regularly, think the last one was in April." We viewed the records and saw that most people had attended and a discussion had taken place regarding food, activities and any other business people wanted to raise. The complaints procedure had been explained to people, to ensure they were still aware.

There was information and explanations on display around the service which included details about the care provided, how to complain, how to gain additional support and various information about the provider and the local area. People were also given information upon admission which included information about the service; what to expect and what was on offer.

Advocacy services had been used by some people living at the service. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, in order to ensure that their rights are upheld. We were told that the service could access an advocate if people needed one. The support provided to most people who lived at the service was from family members who acted on their behalf informally. One staff member told us, "[Name of friend] provides help to one of our residents, [Name]."

We observed people moved freely and independently around the service, including those in wheelchairs. Staff helped only when necessary and promoted people to be as independent as possible with tasks such as personal care and eating. One relative told us, "It's important to remain as independent as possible. It's so easy for the staff to say…here let me do that for you…but they [staff] know that that's no good." One person had made a meal for others and although they could not recall this, it had been important to the person at the time as the management team said, "They loved doing the meal and it gave them confidence especially when others enjoyed it."

Good

Is the service responsive?

Our findings

People and their family member's felt that the service was responsive to people's needs. One person said, "They [staff] have helped me when I am feeling down." One relative explained that staff had taken on board requests and comments made to them with regard one person's mobility. They said, "This has had a rippling effect with other people as I can see that they have used those comments to good effect with others too (in relation to helping others with their mobility)."

Care records were in the final stages of being completely updated with the emphasis on much more person-centred information being available about each individual receiving care and support. The manager advised us that they had undertaken the task of reviewing all records as they found that some gaps in information had been found when they started to work at the service. They proudly showed us a completely reviewed care record for one person. We compared information from older records to the new updated records and found them to be much improved.

One-page profiles for each person detailed, at a glance, what was important to them and how staff should support them. Priority needs were listed which included, for example, if the person was diabetic or if they were hard of hearing. It also listed any medical diagnosis, any risks or concerns regarding the person, such as at risk of eating out of date food. People who were important were recorded and what was important to that person, for example, one person liked to go out to a particular place and another enjoyed visiting family.

Care plans were based upon the individual needs of each person and gave in depth detail, for example regarding communication, skin integrity, dietary and personal care needs. Each need had been risk assessed and was reviewed on a regular basis. People's cultural and spiritual needs had been assessed and planned for. For example, one person was a member of the Church of England but chose not to practice this faith at the current time and this was reviewed regularly in case the person changed their mind.

Each person had been given a named keyworker. These staff had the responsibility to ensure people were happy and that they had no concerns or issues that needed to be addressed. Key workers also completed a separate monthly care plan evaluation which management monitored to ensure they had been completed. This information provided an overview of how the person was and any changing needs.

People and their relatives told us they had been consulted over the care planning process. One relative was extremely complimentary and told us, "I have been completely involved in everything. The staff include the family in everything that takes place and have been since [person] moved in. Another relative told us, "We have both been involved and have meetings with staff from time to time."

Monitoring information and daily records were available to record data, for example, relating to weight and food and fluid intake and the actions taken by staff on a day to day basis. We checked this information and found staff were mostly recording and monitoring relevant information fully. However, for one person's records we reviewed, we found that fluid intake had not been fully recorded. This was particularly important

for this person as a GP had recently visited and advised that at least 2800mls of fluid should be consumed. Staff had no way of confirming if the person had reached this target from the information we found. We noted however, that the person's health had recently improved and we also saw the person having regular drink throughout our inspection. We discussed this with the management team and they said they would look into this to ensure records were fully completed in future.

Hospital and dentist passports were held within the service. These documents supported people should they need to go to hospital or visit a dentist. They provided healthcare professionals with an overview of the person and important information pertinent to them, thus assisting external services to provide better quality care to people.

Activities took place at the service and a lifestyles coordinator (activities coordinator) had been employed to support this. During our visit we observed people being taken out by relatives. We also observed a number of people either being taken out for a meal or taken to the bingo by the life style coordinator and other staff. The service received an amount of money per month from the provider to support activities.

While these activities occurred, other people at the home were not involved with any meaningful past times. Activities or visits out of the service were usually recorded in the daily records along with other information about what had taken place on any given day. This made it difficult to monitor if people had been provided with suitable stimulating activities to meet their needs. New paperwork had been introduced and this was to be implemented to capture this information fully. Two relatives explained that they regularly took their family member out for visits home or to other places, events or social activities. One relative told us, "Two weeks in advance I complete a planner (for activities) and staff support this. It works really well. Various carers support the one to one hours we have but have to say the staff are very good."

One relative told us, "[Person] is interested in gardening, they [staff] have given him his own little piece of garden which he looks after with my mum and dad and he waters on an evening. It's given him an interest."

During a visit out with one person, we became aware of an action taken by staff which could have had a detrimental implication the person's health needs. We discussed this with the management team who were unaware and said this had not been reported. We also viewed care records and found it had not been recorded either. The manager told us they would investigate the issue we had raised.

We discussed activities aimed at those people living with dementia with the lifestyles coordinator, including the use of APPS. APPS are 'applications' which are used on a mobile phones, computers or similar devises. One particular APP (Liverpool Museum) was an award winner to be used for people living with dementia. The lifestyles coordinator said they would investigate this further.

We discussed activities with the management team who told us they were working on this area to enhance what was already in place to ensure that an even more tailored programme was available for everyone living at the service.

People told us they were given choices in their daily life. One person said, "I can go to bed when I want and get up when I want." Throughout the inspection we heard staff offering choices to people with regards to food, drinks and other support offered, for example, personal care.

People and relatives told us they had used iPad and computers previously to try and communicate with staff. One relative explained that their family member had used computers but now struggled with the buttons. Another relative told us that their relative did not want to use this technology as staff understood

what they wanted and they could explain themselves via gestures or facial expressions as the staff knew them well.

We asked staff how they communicated with people who were either nonverbal or had little verbal communication. Staff told us they knew people well and were able, through facial expressions, pointing or some noises made, able to identify what people wanted. We observed this in action and found staff were able to establish what the person required due to their smile after the discussion.

The service had a complaints policy in place. This was available in the service. One person said, "I have never had to complain but if I did, I am sure they (manager) would listen." Another person said they would tell staff if they had any concerns. A relative told us, I have had one or two issues over the years, nothing major, but they have sorted out to our satisfaction in timescales." Complaints had been dealt with properly. There had been nine complaints recorded from June 2017. All complaints had been dealt with in appropriate timescales, with investigations undertaken where needed. Outcomes were recorded and communications with various parties involved was seen.

There was no one currently living at the service who was receiving end of life care. We noted that where appropriate, people's care plans contained information about advanced decisions and preferences around emergency treatment and resuscitation. Care plans also included information about any family member, for example, who were lasting power of attorney (LPA) for health. (LPA) is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future or no longer wish to make decisions for yourself. There are two types of LPA; those for financial decisions and those that are health and care related. We were told that if people or families did not wish to discuss this very sensitive issue, then that was respected and revisited during future care plan reviews.

Good

Is the service well-led?

Our findings

There was no registered manager at the service. However, the current manager had applied to register with the Care Quality Commission (CQC) and participated in a final interview and was waiting for a decision to be confirmed. The manager had a learning disability and mental health background and had worked in a range of health and social care services for over 20 years. Since working at the service and being appointed as manager in January 2018, they had made several positive changes. They were extremely passionate about providing good quality care to the people living at the service and appreciated the work the staff team had undertaken in recent months to help bring about some of the changes.

A unit manager was also in place, who was responsible when the manager was not available as they also managed another service at the same time and shared their working week between the two. We spoke with the unit manager who had the same passion regarding providing good quality care to people. It was clear from the conversation we had, that they had people and their families at the heart of whatever they did. They told us, "It's really important to me that everyone has a good life while they live here. I don't like it when anything is not right." One relative told us, "I can see why [unit manager name] got the job over the last one, she's done good."

Everyone we spoke with told us the manager and unit manager were approachable and they had no hesitation to speak with them if required. One relative said, "They have taken on board comments and listened." Relatives said they were confident to approach the staff with any issue or problem they may have. One relative told us, "The management have always listened and acted on any issues I may have had." We observed the management team and staff talked with people and relatives during the inspection, and displayed an open and positive culture. The management team promoted an 'open door' approach and encouraged people and relatives to speak with them.

We asked relatives if they would recommend the service to others. One relative said, "Lovely little unit, lovely size and yes would recommend."

In the passage way near the main entrance was a white board which asked for feedback. The board showed some feedback received from people and their relatives and what actions the provider had taken. For example, the board had recorded on it, '[Person] requested a variety of meats on a Sunday' and 'Men would like a trip to the barbers'. The provider had responded and recorded on the board, 'Chicken, pork and beef have been ordered for Sunday' and 'The men are now to go out to the barbers when a haircut is required'.

We saw the audit system used by the provider had been used to echo the five key questions asked by CQC (is the service safe, effective, caring, responsive and well-led). Audits and checks were routinely carried out, for example, on the safety of the building, infection control and medicine management. These had identified any issues arising, for example, some gaps in medicine administration records, which had been addressed by management at the service.

Policies and procedures were in place and the manager had implemented a 'policy of the month' which was

kept in the staff room. This meant staff were reminded on a monthly basis about a particular policy and asked to read and sign to say they understood its principles.

Prior to our inspection we checked whether statutory notifications were being submitted and we found that they were. The provider had sent several notifications to us about applications for DoLS and notifications of deaths or other incidents which had occurred at the service.

There had been a number of issues with staff, including inappropriate language used whilst on duty and use of mobile phones while at work. This had been addressed by the management team, including during staff meetings held. Regular staff meetings took place which kept staff abreast of any pertinent issues arising. A member of staff told us, "We have been meeting just about every month since [manager name] arrived. We are a good team anyway for passing on information, but it's a chance to discuss things."

The staff we spoke with told us they were happy at work and felt supported by the manager and the unit manager or senior care staff. One member of staff told us, "I won't lie, it's been hard with all the changes, but I can see why they are making them." Another member of staff said, "For the better [changes], for example, we have proper breaks now."

We saw evidence recorded that staff had used the expertise of other healthcare professionals and worked in partnership with other agencies. This showed the provider encouraged partnership working for the benefit of the people they cared for. One relative confirmed this was the case and told us the staff worked well with others outside of the service when they needed to. The relative said, "They have had to work with a number of other staff who didn't work here when [person] was settling in. Yes, it went well and they listened and took note."

School groups had visited the service. The lifestyles coordinator told us that a local school had visited recently. The manager told us they were working for better community engagement within the service and this was something they were going to focus on.