Heathcotes Care Limited

Heathcotes (Blackburn)

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?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 21 and 22 August 2018 and was unannounced.

Heathcotes (Blackburn) is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The values of the service reflected those that underpin the Registering the Right Support and other best practice guidance. These included choice, independence and inclusion. People with learning disabilities using the service could live as ordinary a life as any citizen.

Heathcotes (Blackburn) is registered to provide accommodation and personal care for 13 people. On the day of our inspection there were 12 people residing in the service who were living with a learning disability and/or mental health diagnosis and complex needs.

The service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We undertook a comprehensive inspection of Heathcotes (Blackburn) on the 6 and 7 June 2017. The overall rating from this inspection was 'Requires Improvement', with 'Good' in responsive. There were three breaches of the Regulations in relation to unsafe management of medicines, lack of induction, training and supervisions for staff and the provider had not notified the Commission of incidents which affected the safety of people using the service. We also made recommendations about infection control and quality assurance audits.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question(s), is the service safe, is the service effective and is the service well led? During this inspection we found the necessary improvements had been made and the overall rating has therefore improved to Good.

Risk assessments were in place to keep people safe. We saw individual risk assessments were in place in relation to people's health care needs. We also saw risks in the environment had been considered to ensure the safety of people who used the service, staff and visitors.

Medicines were managed safely. Staff had received training in administering medicines and their competencies were checked regularly. We found medicines were stored safely, the medicine administration records were completed without any gaps and controlled drugs were safely stored.

Recruitment systems and processes in place were robust. We saw references, identity checks and Disclosure

and Barring Service checks were completed before staff were employed. People who used the service told us and records we looked at showed adequate numbers of staff were on duty.

We have made a recommendation in relation to the cleanliness of the service.

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

All new staff members were expected to complete an induction when they commenced employment. Training courses were available to staff which were relevant to their roles. Staff members told us and records confirmed that staff members received supervisions and appraisals on a regular basis. All staff members told us they were able to discuss any training requirements they had.

During our inspection we noted an incident which we felt required bringing to the attention of the registered manager. This was around the lack of communication between one staff member and a person who was visually impaired when mobilising around the service. However, we also observed lots of positive interactions where staff displayed a caring attitude and kindness.

Staff members knew people very well, including their preferences, background and history. People's care records contained information relating to their sexuality, cultural/spiritual needs and relationships.

Support plans that were in place were person centred and evidenced the person had been involved in the development and review of these. These were detailed and contained information about people's likes and dislikes.

Throughout our inspection and from records we looked at, we saw people were encouraged to be independent. This included people being supported to make their own drinks or food in the kitchen.

The registered manager had acted on our recommendation and robust auditing tools were in place within the service. The provider's quality assurance managers also audited the service on a regular basis.

We saw regular staff meetings were held. Staff told us these were regular and they were able to bring up topics for discussion.

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.

Medicines were managed safely within the service. Only staff members who had received training were permitted to administer. Paperwork we looked at had been completed correctly.

Staff members had received training in safeguarding and knew their responsibilities to report any concerns. All the relatives we spoke with felt their family member was safe.

Recruitment systems and processes were robust. There were policies and procedures the guide the registered manager when recruiting new employees.

Is the service effective?

Good

The service was effective.

All the staff we spoke with confirmed they had completed an induction when commencing employment. The registered manager confirmed all staff were required to complete the Care Certificate.

All the people we spoke with who used the service told us the food in the service was good. We saw all dietary needs were catered for, including cultural.

We saw the service gained people's consent to care and treatment in line with the Mental Capacity Act 2005. Capacity assessments and best interest meetings had been undertaken for specific decisions.

Is the service caring?

Requires Improvement

The service was not always caring.

During our inspection we noted an incident which we felt required bringing to the attention of the registered manager. This was around the lack of communication between one staff

member and a person who was visually impaired when mobilising around the service.

Throughout the inspection we also observed caring and sensitive interactions from staff. There was a calm atmosphere within the service.

We observed throughout our inspection, that people's privacy was respected. Curtains and doors were closed when people were being supported with personal care.

Is the service responsive?

Good

The service was responsive.

All the people we spoke with who used the service told us they regularly accessed the community to undertake activities. We observed a number of activities being undertaken throughout our inspection.

People had been involved in the development and review of their support plans. These were detailed and gave staff a clear picture of a person's likes and dislikes.

Support plans also identified people's cultural and spiritual needs. We saw one person was supported to attend church on a weekly basis at their request.

Is the service well-led?

Good

The service was well led.

Since our previous inspection, there was a manager in place who had registered with the Commission.

Audits in place within the service were sufficiently robust to identify issues and concerns. We saw action plans were in place to address findings of audits.

Policies and procedures were in place to guide staff in their roles and were reviewed to ensure they remained current. There was also easy read policies and procedures for people who used the service.

Notifications the registered manager should submit to the Commission had been made. This meant we were able to see if appropriate action had been taken to ensure people were kept

safe.

Heathcotes (Blackburn)

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 the 21 and 22 August 2018 and was unannounced on the first day. The second day the registered manager was aware we were returning. The inspection team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, in particular learning disabilities.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make.

Before the inspection, we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We obtained the views of the local authority safeguarding and contract monitoring team and local commissioning teams. We also contacted Healthwatch to see if they had any feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We carried out observations in the public areas of the service. We spoke with five people who used the service and three relatives. We also spoke with the registered manager, regional manager, quality assurance manager and three members of care staff.

We looked at a sample of records including three people's care plans and other associated documentation, three staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, six medication records, maintenance certificates, policies and procedures and quality assurance audits.

Good

Is the service safe?

Our findings

At the last inspection in June 2017, this key question was rated as 'Requires improvement'. At this inspection, the rating has improved to 'Good'.

We asked people who used the service if they felt safe living at Heathcotes (Blackburn). Whilst we received mixed responses to this question we noted it was centred around their physical or mental well-being that they did not feel safe. We also asked relatives if they felt their family member was safe. They told us, "Oh god yes, she is my girl I wouldn't leave her if I didn't think she was safe", "I think he is safe", "I feel she is safe here, she has quite complex needs but they seem to manage it well" and "As far as I am aware she is safe. She has not said she feels unsafe."

We reviewed how people were protected from abuse, neglect and discrimination. Staff told us, and records we looked at showed, that staff had undertaken training in safeguarding. We asked staff how they would respond if they had any concerns about the safety of people using the service. They told us, "I would go straight to the manager and inform them. Then I would speak to the safeguarding team and if I felt that something was not being done I would go to regional managers. There is also CQC I can go to" and "First of all I would report it to my team leader and I would expect them to report it. If they did nothing I would go to the house manager and so on until I got a result."

We saw safeguarding and whistleblowing policies and procedures were in place within the service and the appropriate notifications had been submitted if safeguarding concerns had been raised. The service protected people from abuse, neglect and discrimination.

We looked at how risks to people's individual safety and well-being were assessed and managed. Care records contained risk assessments in relation to areas such as diabetes, medicines, dehydration, choking, mobility, moving and handling and accessing the kitchen. The assessments in place showed the service was committed to positive risk taking; people could still do things they wanted to whilst steps to reduce risks were taken. Risks within the environment had also been considered.

At our inspection of 6 and 7 June 2017 we had concerns in relation to the safe management of medicines within the service. During this inspection we found the necessary improvements had been made.

One person we spoke to about their medicines told us, "The doctor checks that I have the right medicines. Staff give me my medicines morning and night. I have no worries about my medicines. The chemist comes here and brings my drugs to the staff to give me."

All the staff we spoke with told us they had been trained in the administration of medicines. One staff member told us they were shadowing staff and going through the required training. We asked staff how their competence to administer medicines was assessed. One staff told us, "They observe us giving out medicines and go through files to ensure we are doing what we should be." Records we looked at showed that staff had undertaken training and competency assessments were undertaken on a six-monthly basis, or more

frequently if required. A signature list was also in place so the service was able to identify the staff members administering medicines.

People were supported with the proper and safe use of medicines. All the people who used the service had been assessed in relation to self-medicating. However, no one using the service was currently able to administer their own medicines. We looked at the medicine administration records (MARs) for six people who used the service. We found these had been completed correctly, there were no gaps and signatures were legible. For MARs that had been handwritten, there were two signatures present. This was good practice and reduced the risk of errors.

There was a separate sheet for 'as required' (PRN) medicines. This gave staff details which included the name and strength of the medicine, the dose to be given, the maximum dose in a 24-hour period, the route it should be given and what it was for. This helped prevent errors.

We looked at the arrangements for the safe storage of medicines. Medicines were stored in a designated locked medicines room and only people who had been trained in administering medicines had access to these. The temperature of the room was monitored on a daily basis to ensure that medicines were being stored in accordance with manufacturer's guidelines.

We checked to see that controlled drugs (medicines which are controlled under the Misuse of Drugs legislation) were safely managed. We found records relating to the administration of controlled drugs were signed by two staff members to confirm these had been administered as prescribed; the practice of dual signatures is intended to protect people who used the service and staff from the risks associated with the misuse of certain medicines. We checked the stock of two people's controlled medicines and found these matched the records within the service.

Staff recruitment procedures protected people who used the service. The service had a recruitment policy in place to guide the registered manager on safe recruitment processes. We reviewed three staff personnel files. We saw that all the files contained an application form and two references. Any gaps in employment had been checked by head office. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not.

We reviewed how the service managed staffing levels and the deployment of staff to support people to stay safe and meet their needs. Relatives we spoke with gave us mixed views about the staffing levels within the service. Comments we received included, "There seems to be enough staff. I can only say what I see when I am there. [Family member] never says that there aren't enough staff when I speak to her", "No not really. They do not take [family member] out much because they are always short of staff. Staff change all the time (referring to leaving)" and "I can only say what I see and that is there are too many staff leaving or new ones coming."

We also asked staff if they felt there was enough staff on duty to meet the needs of people who used the service. They told us, "There has been times where it has been difficult but quite recently the staffing levels have been good" and "Yes I think there is enough staff. Obviously, you can't anticipate staff phoning in sick but we just get on with it. We work as a team." All the staff felt they had enough time to spend with people without being task orientated.

During our inspection the registered manager told us there had been some changes in staffing during recent

times. This was due to the provider opening a new service and staff wishing to move. This also meant new staff had needed to be employed. The registered manager told us the minimum staffing levels during the day was seven staff and three staff at night time. However, they confirmed that if staffing levels needed to be increased for any reason, they would do so. On the first day of our inspection, there were 10 staff on duty and we noted a calm and relaxed atmosphere; staff did not appear rushed and we saw people could get up when they wanted. We also looked at a selection of rotas covering a period of two months and found these reflected what the registered manager had told us; we noted on a large number of days there were above the minimum levels of staff on duty, such as nine or ten. The service made sure there were sufficient numbers of staff to support people to stay safe and meet their needs.

We reviewed how people were protected by the prevention and control of infection. None of the people we spoke with told us if their room was clean, however, they did comment, "I am happy with my room" and "I have a nice room, I like my bedroom and I have my own bathroom." We received mixed views from relatives about the cleanliness of the service. Comments we received included, "I think the place is unclean; it is actually quite dirty. I don't know who does the cleaning but it has never been clean. When you go to the toilets they are dirty and never look like they have been cleaned properly", "Generally it is ok, it always seems clean to me. Her room is not tidy but that is her fault and not the staff" and "I have not really taken much notice if I am honest."

The service did not employ a housekeeper and staff members were expected to undertake all the cleaning duties within the service. At our last inspection we made a recommendation about having adequate supplies of paper towels and hand wash for people and staff. During this inspection we saw plenty of supplies in place in bathrooms, laundry and kitchens.

During our inspection we looked at the kitchen which was clean and tidy. We looked in a small 'quiet' room and found some areas were dirty and had not been cleaned properly, such as windows and a leather sofa. A number of windows throughout the service were dirty and the registered manager informed us this was due to the previous window cleaner no longer attending. A new window cleaner was found during our inspection. We looked in a total of five bedrooms and found these were clean and tidy; we observed one staff member was supporting a person to tidy their room. There were other minor cleanliness issues within the communal areas of the service. We spoke with the registered manager and the regional manager about our findings in relation to the cleanliness of some parts of the service and questioned why a housekeeper was not in place. Both recognised there was an issue and told us this would be addressed as a matter of importance. We recommend the service considers the needs of the service in relation to infection control and ensures the cleanliness of the service is improved.

All the staff we spoke with told us they had undertaken training on infection control and knew their responsibilities, including wearing personal protective equipment (PPE). We saw PPE was available throughout the service and observed times when staff were wearing this. The service had an infection control policy and procedure in place for staff to refer to.

We looked at the processes in place to maintain a safe environment for people who used the service, visitors and staff. We saw that the electrical and gas installation and equipment had been serviced. There were certificates available to show that all necessary work had been undertaken, for example, gas safety, electrical installations and portable appliance testing (PAT). There was also a legionella risk assessment in place and a legionella certificate to show all the necessary checks had been undertaken. Hot water temperature checks were also completed on a monthly basis, to ensure that hot water outlets were within recommended safety guidelines.

There was a business continuity plan in place to respond to any emergencies that might arise during the daily operation of the home. This set out emergency plans for the continuity of the service in the event of adverse events such as loss or damage to premises, loss of key staff, loss of telecommunications, loss of utilities, loss of power or severe weather.

We noted records were kept in relation to any accidents or incidents that had occurred at the service, including falls. All accident and incident records were checked and investigated where necessary by the registered manager. This was to make sure responses were effective and to see if any changes could be made to prevent incidents happening again.

We looked at all the records relating to fire safety. We saw records to indicate regular safety checks were carried out on the fire alarm, fire extinguishers and emergency lighting. We saw there was a detailed fire risk assessment in place. Regular fire drills were also undertaken which highlighted the name of the staff members which had attended.

Arrangements were in place if an emergency evacuation of the home was needed. People had personal emergency evacuation plans (PEEPs) which recorded information about their mobility, support required and responsiveness in the event of a fire alarm. Processes were in place to help maintain a safe environment for people who used the service, staff and visitors.

Good

Is the service effective?

Our findings

At the last inspection in June 2017, this key question was rated as 'Requires improvement'. At this inspection, the rating has improved to 'Good'.

We looked at how the service made sure that staff had the skills, knowledge and experience to deliver effective care and support. All the staff we spoke with, told us they had an induction when they commenced employment. They told us, "I went to Warrington for five days for the induction and I have done 28 hours shadowing more experienced staff" and "The induction consisted of lots of training such as safeguarding, moving and handling, epilepsy and diabetes. I also shadowed for a few days to get used to the service users and their routines. You can learn a lot about the person through their routines." The registered manager confirmed that all staff were expected to complete the Care Certificate as part of their induction. The Care Certificate is an identified set of best practice standards that health and social care workers adhere to in their daily working life.

The training matrix we looked at showed other courses staff had completed, such as, first aid, autism awareness, dementia awareness, diabetes, safe handling of medicines, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw the majority of people were up to date with their training. The registered manager and regional manager told us that training could be tailored to meet the needs of people using the service, for example, if someone was reaching the end of their life then this training would be made available for staff.

The service made sure that staff had the skills, knowledge and experience to deliver effective care and support. We found supervisions were being held on a monthly basis, giving staff the opportunity to discuss their role and any training needs they may have. We also saw instant supervisions were being carried out. These were done if it was felt that something needed to be discussed immediately such as, to praise someone for their hard work or to highlight something they may be doing wrong. This can be a positive experience for staff and is good practice. Appraisals were carried out annually.

We reviewed how people's needs and choices were assessed and their care and support delivered to achieve effective outcomes. Records we looked at showed that prior to moving to Heathcotes (Blackburn) a pre-admission assessment was undertaken. These looked at areas such as, people's personal history, mental state, medical, sexuality, physical health, social activities and personal care. The information contained within these identified if the service could meet the person's needs prior to them moving into the service. It was also an on-going appraisal to ensure the service could effectively continue to meet people's diverse needs.

People's consent to care and treatment was sought in line with legislation and guidance. Records we looked at showed a detailed mental capacity assessment was completed for each decision the person may need to make. This demonstrated if the person lacked capacity or if they had varying capacity to make some decisions about their personal care and support needs. If it was deemed the person lacked capacity to make a particular decision, a best interests meeting was held to show how the service were to support the person.

Both sets of documentation evidenced the person was asked questions in an easy to understand format.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met. Records we looked at showed the registered manager had submitted an application to deprive someone of their liberty if it was deemed necessary. The service had received some authorisations but were awaiting further ones to be finalised. We saw records to show these had been chased up by the registered manager. A system was also in place to ensure further applications were made when the one in place had ended. This system should ensure people were not being restricted without the correct authorisation being in place.

Some people had support plans in place in relation to behaviour which might challenge others. We saw these were very detailed and identified possible triggers, early warning signs and required level of intervention, depending on level of challenging behaviour. This would enable staff to support the person in the least restrictive way possible. The service was working within the principles of the MCA and conditions or authorisations to deprive a person of their liberty were being met.

People were supported to live healthier lives, had access to healthcare services and received ongoing healthcare support. People who used the service told us, "If I am not well staff will call the doctor and they come to see me. Some doctors are better than others", "I go to the hospital dentist and have my teeth done", "The optician comes here to look at my eyes and he brings me glasses for me to choose", "I have a medical condition and the doctor checks that I have the right medication. The chemist comes here and brings my medicines for the staff to give me" and "My health is okay. I go to the doctors with staff."

We also asked relatives if they were kept informed and involved about their family member's health. They told us, "They keep me informed about what is going on. They rang me last week to let me know an outcome. It is just nice to be kept informed", "They ring me up if they are concerned with anything and they let me know if people are coming from the GP surgery like community nurses and things" and "I do get invited to meetings, but unless it is something I need to know I do not go. I have been to a few regarding her mental health, I think that is important." One person also described a time were staff were concerned about their family member and they had taken them to accident and emergency department. The person described how grateful they were and how good staff had been.

We spoke with staff to ask them how they ensured they were aware of people's health care needs. They told us, "I look in their file and will speak with their key worker" and "You find it out by looking in the care plans. I will tend to research as well. I do a lot of studying." All the staff we spoke with were able to tell us what action they would take if they felt someone's health was deteriorating.

Records we looked at contained detailed information on people's health and well-being. We did notice one person was struggling with their mobility and staff spoke with us about this. We discussed this with the registered manager who informed us they had attempted to make a referral for the person, through the GP, to the moving and handling team. However, this was reportedly unsuccessful and the registered manager

had been given wrong information. We addressed this during our inspection; this resulted in a visit from the person's GP and prior to leaving we were informed a referral had been made and the person would be assessed as soon as possible.

Records we looked at showed the service involved many healthcare professionals to meet the needs of people who used the service such as, district nurses, dieticians, speech and language therapists and GP's.

People were supported to eat and drink enough to maintain a balanced diet. We asked people who used the service if the food was good. Comments we received included, "It's good, I like the food here. I like the chops. Sometimes I help cook things but the staff do most of the cooking. I enjoy a fry up when I can have one", "The food here is good" and "The food is okay. I like baking and cooking cakes."

We saw the main kitchen on the ground floor, had been split into two specific areas, one area being for the preparation of halal food. There were also separate storage facilities for the halal food in stock. The kitchen was spacious and was clean and tidy during our inspection. We saw people who used the service had access to the kitchen, supported if it was deemed necessary, and could make their own drinks. There was also a smaller kitchen upstairs with a small dining room, for the three people whose bedrooms were upstairs.

We observed a lunch time meal in the main dining room. We saw people were offered a variety of sandwiches and crisps. Staff supported those people who required assistance with their meal and the atmosphere was comfortable with lots of chatting. We saw some people were going into the kitchen area to make warm drinks and staff explained there was a cupboard with snacks in that people could help themselves to during the day. This was the same in the kitchen upstairs were people also had the opportunity to make meals for themselves or each other.

A record was kept of what people had to eat and drink each day and people were weighed on a monthly basis, more regular if any concerns were highlighted.

We reviewed how are people's individual needs were met by the adaptation, design and decoration of premises. We saw corridors and doors were wide enough to accommodate wheelchairs, there was a large wet room on the ground floor, there was a large lounge and dining room with enough seating for people and people could access outdoor space. However, we saw many parts of the service that needed re-decoration, for example, corridors and communal areas and we saw items of furniture were in need of repair/replacement. We spoke with the registered manager and regional manager regarding this. They told us, they were aware of the need for re-decoration and upgrade and had already taken steps to address these concerns.

Requires Improvement

Is the service caring?

Our findings

At the last inspection in June 2017, this key question was rated as 'Requires improvement'. At this inspection, the rating remains 'Requires Improvement'.

We reviewed how the service ensured that people were treated with kindness, respect and compassion and that they were given emotional support when needed. People we spoke with who used the service made positive comments about the staff who supported them. Comments we received included, "I like all staff I love them all and everything about living here", "I am happy here", "Staff are okay", "[Name of staff member] is really good", "Yes, it is all good. I am happy here", "I have friends here", "If I am unhappy or worried about things I talk to [name of staff member] and she helps me. Staff are here to support me", "Staff are caring and warm" and "You can go to bed when you want and get up when you want." One person told us they were not happy with the location of the service.

One relative we spoke with was not happy with the service. They that felt a particular staff member was abrupt but confirmed they had not done anything or said anything, but they had a 'gut feeling' about them and they never felt welcome. However, all the other relatives we spoke with were complimentary about the service and the staff. They told us, "The staff seem very caring, certainly the ones I have met. I am sure if they were not caring she would let me know. She is quite capable of speaking out if she needs to", "[Name of person using the service] is really happy here. She is a happy person. She gets on with all the staff really well and really likes all the other residents", "It is quite good here. I don't have any issues with the place" and "Yes, she seems to be happy here." One relative went on to tell us, "This is the most settled I have been since she moved to Heathcotes (Blackburn). I have got piece of mid because I know she is settled. It is nice for us to start having a life knowing she is well looked after."

We asked staff how well they knew people they were caring for. They told us, "I would like to say I know them quite well. I am still picking up new things but I like to think I know them" and "I think I know them very well. You get to know them. I find out their likes and dislikes. It is all about engagement."

During our inspection we noted an incident which we felt required bringing to the attention of the registered manager. This was around the lack of communication between one staff member and a person who was visually impaired when mobilising around the service. This staff member appeared to have complete disregard of the environment and the need to explain this to the person. The registered manager assured us they would look into this and address it with the staff member involved. However, all other interactions we observed over the two days of inspection were positive and staff were observed to be caring and respectful towards people who used the service. Staff we spoke with were knowledgeable about the people they were caring for and were person-centred in their responses to questions we asked of them.

The service supported people to express their views and be actively involved in making decisions about their care. Everyone had a support plan which identified their individual needs and preferences and how they wished to be supported. We saw the service had introduced personal development plans for people; these focussed on what the person wanted to achieve, looking at what they could already do, what they wanted to

do, what they needed to achieve it and what support they required. We saw one person had focussed on baking, photographs showed the process they went through and what they achieved. They were given a certificate of achievement at the end of the process and another plan developed. This process would continue so people could work towards achieving their goals.

We looked at how the service promoted equality and diversity throughout the service. Equality is about championing the human rights of individuals or groups of individuals, by embracing their specific protected characteristics and diversity relates to accepting, respecting and valuing people's individual differences. We saw people's ethnicity and sexual orientation was discussed and recorded in their pre-admission assessment records. Staff had undertaken training in equality and diversity and policies and procedures were also in place to guide staff in relation to the Equality Act.

The service promoted people's independence. One relative we spoke with told us, "She is always turned out well presented. She showers herself but staff do make sure that she does things like rinse her hair enough and wash and dry her clothes to make sure she has enough." We also asked staff how they promoted independence. One staff told us, "For example, [name of person using the service] asked me to make him a brew. I did first thing this morning as they had just woken. However, if he had asked again I would encourage him to do it himself as he is capable."

We observed staff supporting people throughout our inspection but also noted people were prompted to do things for themselves. For example, one person who was being supported with tidying his bedroom was also involved, rather than just the staff member doing it. Records we looked at showed that person centred plans documented how staff could support people to maintain their independence, for example, one person's plan showed how they wanted to become more independent with their finances.

We looked at how people's privacy and dignity was respected and promoted. We saw people's bedroom doors, curtains and bathroom doors were closed when personal care was being completed. People could spend time in their bedrooms whenever they wanted to and there was a quiet room if people wanted to spend time in a more relaxed environment than the main lounge. We observed staff being respectful of people's privacy and confidentiality, by knocking on bedroom doors, seeking people's permission before entering bedrooms and being discreet when sharing information. Records relating to people who used the service and staff were kept in the registered manager's office or the team leader's office, which were locked and only those with permission could access them.

The registered manager told us that they did not currently have access to an advocacy service as the previous one they used was no longer operating. They told us they were awaiting further information from external sources and were making enquiries. It is important that people without any involvement from relatives or friends has someone independent acting on their behalf or in their best interests.

Good

Is the service responsive?

Our findings

People told us how they were supported to engage in activities within the local community and pursue their hobbies and interests. Comments we received included, "I work on a farm on Mondays and muck out the horses. I have staff with me because of my medical condition and I need them", "[Name of staff member has just got me a bus pass and we are going to spend more time going out on the bus", "I like going to football", "I went to the open day with the fire engines and ambulances. We go out walking and we enjoy shopping", "I go and visit my sister every two weeks. I do jobs for her. I cut the grass and do some gardening", "I have a girlfriend, I see her at the club on Wednesday. Sometimes we go on trips to Blackpool for the day or shopping to Manchester", "We go on holidays. I save up money and I've been to London to see a show. I like going to see tribute bands; I've seen Meatloaf, ABBA, Robbie Williams and Take That." We received many more comments on what kind of things people did to occupy their time.

We also asked relatives if they felt their family member was supported to access the community and engage in activities. Comments we received included, "[Name of person using the service] wanted to have a MacMillan coffee morning, so they sent off for a pack and got her involved with running the coffee morning. This is the second year running. They will have a go at doing anything that she suggests she wants to do", "She gets out. They take her to different places", "She phones me every day and fills me in on what is happening and who is doing what. She loves a gossip" and "I think they get taken out quite a lot." One relative we spoke with felt their family member was not listened to in relation to a specific activity. However, records we looked at showed they were undertaking many other activities. Another relative commented that they thought it would be better for their family member to get out in the community more, however, they added they were not sure she would want to do that.

Throughout our inspection we noted people were accessing the community to do shopping, gardening or going for a meal, most people were kept busy throughout the day. People had support plans in place for accessing the community. These highlighted places the person liked to visit and the level of support they required to do things. People were supported to engage in activities within the local community and pursue their hobbies and interests.

We looked at how people received personalised care that was responsive to their needs. People had individual care and support plans, which had been developed in response to their needs and preferences. The care and support plans and other related records we reviewed, included people's needs and choices. Consideration was given to people's preferred methods of communication, how to support them with decision making, what is important to the person, goals and aspirations, engagement and interaction. There was evidence to show that the care plans were regularly reviewed and updated with the involvement of people who used the service.

Support plans also identified people's cultural and spiritual needs. We saw one person was supported to attend church on a weekly basis. Another person with cultural needs did not wish to attend their place of worship but followed a specific diet, such as halal. As previously mentioned in another domain, there was separate storage and cooking facilities to accommodate this. The person also liked to wear traditional dress

and we observed on the day of our inspection they were supported to celebrate a religious day. The registered manager told us, people's spiritual and cultural needs were always considered and staff knew they would be or may be expected to support people with this. This meant the service was responsive to the needs of people from different cultures/religious backgrounds.

Records were kept of people's daily activities, their general well-being and the care and support provided to them. There were also additional monitoring records as appropriate, for example relating to behaviours, accidents and incidents. There were 'hand over' discussion meetings between staff to communicate and share relevant information. These processes enabled staff to monitor and respond to any changes in a person's needs and well-being.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

The care plans were presented in a way to help make them accessible to people. The information in care plan records was in plain language and included large type, there were some pictorial references to help explain the content. The service had also received recent input from the speech and language therapy team (SALT) to develop a communication board that could be used with two people who used the service. A collection of photographs of the actual meals served, was being compiled to enable people make decisions and choices about what they wanted to eat. There were easy read health check forms in place, for example, how to check testicles and breasts. Easy read information leaflets on cleaning products [such as washing up liquid and air freshener] was also available. Lots of the policies and procedures in place within the service were also done in easy read formats. No one using the service required the use of sign language or braille, however, the registered manager told us they had a good relationship with the SALT team and would be able to access them.

We reviewed how people's concerns and complaints were listened and responded to and used to improve the quality of care. We asked staff how they would respond if someone wanted to make a complaint. One staff told us, "I wouldn't ask them directly what the complaint was for but a brief overview, because if I could help them I would. I would get the team leader or manager and explain to them what they wanted to complain about and let them take it from there."

There was a complaints policy and procedure in easy read to support people to understand how to make a complaint. The registered manager told us they had not received any complaints since our last inspection.

We evaluated how people were supported at the end of their life to have a comfortable, dignified and pain-free death. Whilst no one using the service was receiving end of life care, all records we looked at showed people had support plans in place to address this. For example, one person's plan showed they wanted to be buried at a church in Chorley, they had described the type of coffin they wanted and how many cars they needed. Some people using the service had chosen to have a pre-paid funeral plan so that in the event of their death their wishes were financially taken care of.

We checked how the service used technology to respond to people's needs and choices. The registered manager told us people who used the service could use one of the computers in the office if they wished to access the internet. Whilst no one using the service currently had laptops or tablets, this was something the service could support people to buy. Other technology, such as sensor mats could be accessed if required. There were also service mobile phones for staff to use when they were supporting people in the community,

however, the registered manager told us these were rarely used.

Good

Is the service well-led?

Our findings

At our previous inspection there was no registered manager in post and the service was not always well led. During this inspection we found improvements had been made.

There was a registered manager in post within the service. 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. There had also been a recent change in the deputy manager and other staff. A new deputy manager was in place.

We received mixed views from relatives on the visibility of the registered manager and if the service was well led. Comments we received included, "There are times when there have been a few niggles and we had to sort some things out. Things are going okay at the moment and I have no problems", "I never get to see the manager. She is never available when I ring and ask to speak to her", "Yes, I do know the manager's [name of registered manager and deputy manager]", "When we were looking at her coming to live at this home, they came and met with us to assess her for the admission. It was a staged introduction and they worked hard getting her settled in quickly", "They are always really friendly when I arrive. They make you feel really welcome."

We asked staff what the culture of the service was like. One staff member told us, "It is very service user focused. There is an open culture and we can try different things." During our inspection we noted the registered manager had an 'open door' policy. People who used the service came in to speak to her and staff were also able to approach her.

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating. This was to inform people of the outcome of our last inspection. In preparation for the inspection, we checked the records we held about the service. We found that the registered manager had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken to ensure people were kept safe.

We asked the registered manager what the values were that underpinned the service. They told us they strived to deliver person centred care, to develop people who used the service, support and empower people, develop good teamwork and provide a quality service.

At our last inspection, we made a recommendation that quality assurance audits were addressed to ensure they were robust. During this inspection we found improvements had been made. Records we looked at showed a number of quality audits were undertaken within the service. The registered manager undertook audits in areas such as complaints/concerns and compliments, medicines, health and safety, personnel files, infection control and notifiable incidents. There was also a home audit that was undertaken by regional managers every 12 weeks, more frequently if the service was less than good at the last audit. This was very in-depth and covered areas such as service user care records, nutrition, training, environment,

health needs, care planning, safeguarding and records. Once the audit had been completed, an action plan was put in place for the registered manager to address. We saw the last home audit was undertaken in July 2018 when they achieved a score of 'good'.

People who used the service, staff and others were consulted on their experiences and shaping future developments. We saw meetings for people who used the service were held on a regular basis. The minutes from the last meeting in June 2018 discussed good news stories and achievements, living in the service, activities, friends and family, menu planning, staff and raising concerns. There was also the opportunity for people to discuss other topics at the end of the meeting. The registered manager told us that family members were invited to attend these meetings but that nobody had ever attended.

Staff told us and records we looked at showed, that staff meetings were also held on a regular basis. The topics we saw discussed in the last meeting of June 2018 included, operational information, sickness, bank staff, introduction of new employees, health and safety, nutrition, safeguarding, incidents, documentation, audits and people who used the service. A separate medicines meeting was also held to discuss any concerns or issues in relation to medicines within the service. Team leader and management meetings were also held, where more operational topics were discussed such as funding hours and quality.

We saw the service sent out surveys to staff, people who used the service, relatives and stakeholders. The registered manager informed us that the one for this year had been sent out recently and they were awaiting their return. However, we looked at the analysis of the surveys from the previous year. We found the results of the staff survey to be positive; they felt skilled and knowledgeable in their roles although were unhappy with rates of pay. The action plan showed how this was addressed. Service users were also very positive about the service, although some did not feel they always had a choice about what things they wanted to do. Relative surveys were very positive, in particular about the registered manager, how welcome they were made to feel and the atmosphere in the service. Stakeholders surveys were also positive about the service.

The service had policies and procedures in place. These were located in the office and were accessible to staff, to guide them in their roles. We saw a large number of policies and procedures had also been developed in an easy read format. This meant they were also accessible to people who used the service. Policies and procedures were reviewed on a regular basis to ensure they remained current.