The Paddock

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection was unannounced and took place on 5 May 2016. The service is residential service for up 19 people with learning disability and autistic spectrum disorder. There were 16 people living there at inspection with one vacancy, this was because two shared rooms are currently used as single accommodation so everyone has their own bedroom. There is no shaft or stair lift to the first floor; some bedroom accommodation is provided on the ground floor but there is limited accessibility to other parts of the ground floor for people using wheelchairs. People tend to stay in the service so the age range is from 18 and over with a number of people over 65 years of age.

This service was last inspected on 16 April 2015 when we found the service required improvement to the recruitment of staff, notifications to the Care Quality Commission in respect of Deprivation of Liberty authorisations, quality monitoring, ensuring staff induction records were in place and that the electrical installation had been serviced.

We asked the provider to tell us what actions they were going to take to address the shortfalls identified and they wrote to tell us what they had done to meet these shortfalls. At this inspection we looked at whether these improvements had been implemented and sustained; we found that action had been taken by the registered manager and measures implemented to address the shortfalls in all but one area. Due to changes in the management structure in the organisation there had been a delay in expanding, developing and taking forward an effective quality monitoring system for the assessment and monitoring of the service; progress in this area had stalled and this remains a continued breach of regulation.

There was a registered manager in post. A registered manager is a person who is 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. At the time of inspection the registered Manager was away on holiday and the deputy manager was providing cover during this period.

The ordering, receipt and disposal of medicines was well managed; we identified shortfalls however, in their storage and administration that need improving. The absence of an effective quality monitoring system meant that the registered manager was unaware servicing of moving and handling equipment was overdue, or could evidence that an inspection of the gas installation had been undertaken.

Risk assessment around use of equipment and people's behaviour had not been assessed and implemented. Some important staff training that helped them to keep people safer was also overdue, staff monitored peoples health and well being but individualised guidance for staff around some health conditions was lacking. There was a culture of appraisal and supervision of staff but changes to the management structure within the company had delayed the annual aprrasial of staff. Recruitment procedures ensured that all relevant checks were made of new staff and that they were suitable for their role.

The service offers people a comfortable clean environment, the atmosphere is relaxed with people easy in each other and staffs' company. Staff provide kind patient and attentive care and demonstrated a good understanding of people's characters and individual needs. The Registered manager provides staff with strong leadership and staff found her approachable and they felt listened to. Relatives respect and value the registered manager and staff input. People experience a good quality of care.Relatives were complimentary of the service and the delivery of care they observed and experienced for their relative, similarly care professionals who provided feedback expressed no concerns overall about the service. People themselves told us they liked where they lived were happy there and had lots of friends; they were treated with kindness and respect by staff.

Staff found the registered manager approachable and felt listened to, they had opportunities to express their views through regular staff meetings. Policies and procedures that guide staff were kept updated and staff were made aware of any changes and they worked to the principles of the Mental Capacity Act 2005 in the delivery of support to people. Relatives commented positively about the service and how for some it felt like a big family because of the long service of some of the staff and the people; a number of whom had lived together for many years. Relatives said they were always made to feel welcome by staff and felt that they were kept informed about important issues in their relative's lives. A complaints procedure was in place and relatives said they felt confident of raising concerns if they needed to.

People's care needs were understood by staff and their care plans were personalised and designed around their needs and took account of their support preferences and things that were important to them. People enjoyed a varied programme of activities that they could choose to participate in or not. People were supported to develop independence skills and were given opportunities to express their views.

There were enough staff to attend to people's needs; staff understood how to keep people safe from abuse and in the event of emergency situations. Accidents and incidents were appropriately managed and actions taken in respect of emerging issues.

We have made three recommendations:

We have made a recommendation about the management of air mattresses.

We have made a recommendation about how capacity and best interest decisions are made for people in hospital.

We have made a recommendation about managing behaviour that challenges.

We have made a recommendation about fire drills for staff.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe

Improvements were needed to medicine management. Servicing of some important equipment was overdue. Some risks were not adequately assessed to keep people safe. Some servicing of the gas installation and moving and handling equipment was overdue.

Recruitment procedures ensured relevant checks of staff suitability were made. Fire procedures and evacuation plans were understood by staff. Staff knew how to keep people safe from abuse

There were enough staff to support people safely. The premises were well maintained and where improvement was needed upgrading was happening or planned. Accidents and incidents were appropriately managed and actions taken in respect of emerging issues

Is the service effective?

Requires Improvement

The service was not consistently effective

Some important staff training to keep people safe was out of date. Individual support plans for some health conditions were not in place.

Improvement was needed to the available guidance for staff in managing behaviours that challenged. People were supported in accordance with the Mental Capacity Act 2005 (MCA).

Staff said they felt supported and received regular supervision. Peoples general health needs were supported and they had access to healthcare when needed. An induction programme was in place for new staff. People were consulted about what they ate.

Is the service caring?

Good

The service was caring

Staff respected people's choices and privacy and dignity.

Peoples relatives were made welcome and people were supported to maintain contact with important people in their lives. Relatives felt informed.

People were supported and enabled to develop independence skills. They were given opportunities to express their views.

Is the service responsive?

Good

The service was responsive

A complaints procedure was in place and relatives said they felt confident of raising concerns if they needed to.

Care plans were personalised and designed around peoples specific needs, and took account of their support preferences and things that were important to them.

People were provided with a programme of weekly activities they could choose to participate in or not.

Is the service well-led?

Requires Improvement

The service was not consistently well led

People experienced a good level of care but there was a need to develop and maintain a quality monitoring system to assure compliance.

Important events in the service were notified to the Care Quality Commission as required.

Staff found the registered manager approachable felt listened to and had opportunities for staff meetings. Policies and procedures were kept updated and staff made aware of any changes. Relatives commented positively about the service

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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 5 May 2016 and was unannounced. The inspection team comprised of one inspector and an expert by experience that had experience of people with learning disabilities. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we asked the provider to complete a Provider Information Return (PIR) which they had done. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help inform our inspection. We reviewed the records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

We met all the people that lived in the service during the inspection. Most of the people using the service were unable to speak with us directly about their views of the service, so we used a number of different methods to help us understand their experiences including 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.

At inspection we spoke with the deputy manager, and four care and domestic staff. We received feedback from three relatives and four health professionals..

We looked at three people's care and support plans, activity planners, health records, and individual risk assessments. We also looked at medicine records, and menus, and some operational records for the service including: Recruitment and supervision files, staff training records, staff rotas, and some servicing and maintenance records.

Requires Improvement

Is the service safe?

Our findings

The majority of people were unable to comment on their experiences at the service but we observed them to be relaxed and comfortable with each other in the presence of staff who knew their needs well. A relative told us "we were given an option to move our relative elsewhere when they deteriorated but the whole family are united in their agreement that this is the best place for them". They went on to say "Some of the team have been there many years, and others have come back to work there, it's ideal in our way of thinking". One person told us "been here a long time, nice, X is happy here". Others told us they were happy living there and had lots of friends. Another relative said their family were happy with the placement, they said that their relative always looked well cared for and was happy there. Another told us "it's a great team there, they do their hardest and always go that extra mile, they don't use agency staff and my relative always wants to go back there when he visits us and that is a good sign". Care professionals we contacted and who responded raised no concerns about the service.

At the last inspection we identified that the electrical installation had not been checked for some time and this was completed in 2015 following our inspection, testing of portable electrical items was also completed. At this inspection we were informed that a local contractor had visited and inspected the Gas installation in September 2015 although a certificate had not been provided the contractor subsequent to our inspection confirmed they had undertaken this check and was providing a certificate retrospectively. The service has one hoist a contract was in place for this to be serviced every six months but this was overdue by more than one month and this had not been chased up by service staff. It is important for the safety of people being moved using a hoist that this equipment has been routinely serviced and is in good working order. We were also unable to find updated servicing information for the specialist bath that people used.

The failure to ensure that equipment used for the support of people is in a safe working condition by means of regular servicing is a breach of Regulation 12 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had moved to a system whereby people's medicines that were in use were kept in locked cabinets in their bedrooms, this ensured the administration of medicines was conducted more privately and respect people's dignity. We were satisfied with the arrangements for ordering receipt and disposal of medicines but found shortfalls in the administration and storage procedures and that only staff trained in medicines management administered medicines.

Peoples medicines were kept in locked cabinets in their bedrooms to which only staff had the key. We checked three people's medicine cabinets, which also contained their medicine administration record and a temperature record. In one we found a temperature sensitive medicine and noted that on four occasions the temperature recorded exceeded the recommended storage temperature for the medicine and this could cause it to be less effective. In all three medicine cabinets we found boxed oral medicines and one topical cream undated upon opening, the cream expired within six weeks of opening but it was unclear when this had been opened so staff would not know when to dispose of the cream, on the MAR charts we found for two people prescribing instructions had been changed to 'as required' but these changes were in one case

unsigned and undated and in another signed but undated.

The failure to ensure that medicines are managed safely is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most risks people may be subject to from their environment or as a result of their own care or treatment needs were assessed and risk reduction measures were implemented with guidance to inform staff. We found however that the care records of people who were known to express behaviour that could be challenging to others was not supported by individual risk assessments: these would help inform staff what measures needed to be in place to reduce the risk of harm occurring. A risk assessment was absent from the file of a person who had bed rails. It was important the person had bed rails and staff had ensured bed rail bumpers were in place to reduce the risk of entrapment in the rails, a risk assessment however had not been completed to assess the level of risk and any other measures that needed to be implemented.

The failure to ensure that behaviours or equipment used are adequately assessed for the risk to the persons or others is a breach of Regulation 12 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received fire training. Visual checks, tests and servicing of fire alarm, emergency lighting and extinguishers were undertaken on a regular basis. A fire risk assessment had been updated and staff understood the action to take in the event of a fire evacuation. People supported had individual personal emergency evacuation plans (PEEPS) in place to inform staff what support they would need should they need to be evacuated. Records showed that fire drills were recorded frequently but there was a lack of detail as to what these had comprised of and who had attended. The registered manager was therefore unable to give assurance that individual day and night staff were participating in drills at least twice annually in accordance with guidance in respect of fire safety legislation.

We recommend that the service consider current guidance within the Regulatory Reform (Fire Safety) Order 2005 with regard to demonstrating staff are in receipt of a minimum recommended number of fire drills.

The premises are a period building and there is a limit to what changes can be made. At the last inspection the registered manager was able to show that there was ongoing monitoring of the condition of the building and despite some wear and tear people's bedrooms and communal areas were generally in good condition with bathrooms having been refurbished as part of a programme of upgrading. The premises were very welcoming from the outside and it was very light, giving the home a calm atmosphere. There were pictures hanging on the walls, some made by people in the service. The house was clean and tidy. There was a maintenance team that staff referred repairs to and a maintenance book showed that works were completed with more immediate repairs being prioritised. Carpeting had become slightly wrinkled in some bedrooms and needed stretching before this became a hazard, we pointed this out to the deputy manager to be addressed and is an area for improvement.

At the previous inspection we had identified that staff recruitment procedures were unsafe because although the provider had sought references and undertaken a criminal records check of new staff they had not ensured that they had gathered all the information about new staff required by the legislation. They submitted an action plan to tell us what improvements they had implemented to address the shortfalls. We checked a selection of staff files and was able to confirm that the implemented measures had been implemented and sustained.

Staff and relatives told us that there were always enough staff available to provide people with the support

they needed. Staff did not appear rushed or hurried and were able to spend time to interact with people. There was little night time activity with most people having settled night time routines that were adequately supported by the night staff. During the daytime shifts there was a team leader and three care staff on duty throughout the week, with additional support on weekdays from the registered manager and the deputy who could be called on for help if needed. The staff rota confirmed these levels of staffing were generally maintained. A relative commented on the absence of male staff and that they would like to see more of a gender mix which would give men the opportunity and choice to be supported by a male member of staff and to provide them with positive male role models. A service user also commented that they would prefer to be supported by a male staff member,

Staff had received safeguarding training that helped them to understand, recognise and respond to abuse. Staff were confident of raising concerns either through the whistleblowing process, or by escalating concerns to the registered manager and provider or to outside agencies where necessary.

Staff recorded and reported appropriately accidents and incidents that occurred. The registered Manager viewed and assessed these for emerging trends and determined whether a review of existing care plan or risk assessment information was needed to ensure people's needs could continue to be met safely.

Requires Improvement

Is the service effective?

Our findings

Staff told us that people were consulted weekly about their food choices and preferences and their comments informed any changes to the planned menu that week. People confirmed that they had regular meetings and commented on the meals they liked to have on the menu. Relatives said they felt that staff kept them informed about any health issues or needs their family member experienced. A social care professional told us that they had few concerns but had raised the issue with the registered manager of moving and handling training for staff not having been updated, with any specific evidence of practical training.

Some people had health conditions like epilepsy or diabetes these had been managed well and peoples needs around these conditions remained stable, however, there was a a lack of detail as to how the people were effected by these conditions and what actions staff should take. Current best practice from Diabetes UK and Epilepsy services dictates that people with specific health conditions should have a personalised care plan for this to ensure that the condition is monitored and managed in a consistent manner with clear guidance advising staff about triggers and symptoms and the action to take.

There was a failure to provide such condition specific guidance to staff for the management of individual people's epilepsy or Diabetes to inform staff practice is a breach of Regulation 9 (1) (b) (3) (a).

The staff training record showed that whilst there was a comprehensive programme of staff training in place the intervals between training was not made clear either on certificates or on the training matrix kept by the registered manager, most training was completed using on line courses with staff completing tests afterwards, we were concerned that fire training was happening infrequently with six staff not having completed fire training since 2014 two of who were night staff who provided most of the waking night cover. Similarly moving and handling training did not make clear if this was a theoretical training or if there was a practical element to ensure staff understood how to use the equipment provided to assist people safely. Out of 27 care staff including the registered manager only six had received updated moving and handling training in the last 12 months and yet two people were now assisted with a hoist to transfer them from their bed to a chair.

The failure to ensure staff training and knowledge were kept updated to ensure safe delivery of care and support is a breach of Regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff demonstrated a detailed knowledge and understanding of the people they supported, their individual character and how some people expressed their anxieties through their behaviour. There were a low level of incidents within the service but single figure numbers continued to occur each year. Guidance was available to inform staff of the most common triggers to behaviour and how to manage this, the depth of staff knowledge and practice was not however fully reflected in the guidance available and this is an area for improvement.

We recommend that the service seek advice and guidance from a reputable source on the development of guidance based on best practice for people who experience behaviour that can be challenging.

Staff had received training in the Mental Capacity Act 2005 (MCA). This provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. Staff sought consent from people for their everyday care and support needs. They understood that when more complex decisions needed to be made that people who lacked capacity to decide for themselves, relatives, representatives and staff would help make this decision for them in their best interest. The registered manager was aware of actions to take when best interest meetings needed to be held for example, necessary health interventions. The registered manager had taken action to refer a number of peoples for DoLS authorisations and four had been granted already. Hospitals however, were not routinely providing discharge information to the service that included capacity and best interest decisions regarding the use of equipment which was sent home with people. We noted this in relation to bed rails provided for one person and this is an area for improvement.

We recommend the service finds out more about the assessment of capacity and best interest decisions process in line with current best practice for people being discharged back to the service from hospital, particularly where equipment provided upon discharge could be viewed as restrictive.

At our last inspection we had identified shortfalls in the induction of new staff. Since then the registered manager had provided assurance that new staff would be inducted in line with current nationwide standards established by 'Skills for Care'. New staff told us that they underwent a period of induction and were initially supernumerary on shifts for the first two weeks of their employment, this was so that they could familiarise themselves with the routines of the service and peoples individual care regimes. One new staff member said they had spent their first week reading through peoples care plans and life histories and was moved by some people's stories. The new starter induction was linked to the nationally recognised Skills for Care network and the introduction of the new Care Certificate. A new staff member said they were already completing some of the mandatory on line training that was counted towards their completion of this certificate. The Care Certificate was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life.

Staff reported that the registered manager was very proactive in seeking out distance learning courses for them to do and a number had achieved diploma level passes in some areas of specialist training for example equality and diversity. Sixteen staff had achieved NVQ2 and eight had carried on to achieve NVQ 3 These are work based awards that are achieved through assessment and training. To achieve them, candidates must prove that they have the competence to carry out their job to the required standard). Staff told us that they were supported through individual one to one meetings and annual appraisals of their work performance but we were unable to check this because staff files were not accessible to us in the registered manager's absence. Staff said that these meetings provided opportunities for them to discuss their performance, development and training needs. The registered manager or deputy were always available, and staff felt able to approach them at any time if there were issues they wished to discuss.

Staff supported people with their health appointments and people were referred to health care professionals based on individual needs. Relatives said they felt happy that their family members health needs were attended to. Staff were vigilant in checking people's wellbeing and whether there was an emerging health related need. People's weights were taken on a regular basis and any weight loss was alerted to senior staff. People at risk of pressure ulcers were assessed and procedures and equipment implemented to reduce the risk of harm occurring. Room checks ensured that people who were cared for in

bed had all necessary checks made on their food and fluid intake and personal care needs including skin care regimes to avoid the development of any pressure areas, air mattresses were in place to help with this and correctly set but staff were unclear who was responsible for checking the mattress setting; these were not included in the room checks to ensure these were kept at the right setting and we consider this an area for improvement.

We recommend that the service finds out more about how to set and maintain air mattress settings based on current best practice, for those people with specialist needs in regard to the integrity of their skin.

We spoke with the cook who had an understanding of people's individual dietary preferences and any specialist diets that needed to be catered for. Menus were developed on a four week cycle and weekly meetings with people decided if any changes were needed to the week's menu. Dietary needs and nutritional assessments were undertaken to highlight anyone at risk from poor nutrition. Food supplements were prescribed and administered to people deemed at risk. Some people needed assistance with eating their meals and staff were observed providing individualised support around this. Some meals were pureed into separate meal elements to make this easier to eat and more appetising. People could make choices about their what they wanted to eat from the selection offered at breakfast, lunch and evening meals. Two days each week to accommodate activities outside of the service the main meal of the day was switched from lunchtime to evening, on other occasions dependent on what people were doing their meal would be set aside for them to eat later if they were going to be out. Relatives thought people looked well and had no concerns about food quality.

Good

Is the service caring?

Our findings

Relatives told us that they always found their relative to be clean and well dressed and in a happy frame of mind. Asked what they thought of staff some people commented "They're alright, yes they're kind", another told us that they liked staff because they assisted them with their meals, helped with personal care and danced with them. A social care professional told us that they had no concerns about the service and believed the person they represented was very happy living there.

We observed that people were comfortable with staff and were happy to be around them and being involved in activities with them. Staff were friendly and kind in their support and responses to people, their attitude was respectful and they showed that they understood people's individual characters and needs. The atmosphere was relaxed and we observed many examples of kind and respectful exchanges between staff and people. with spontaneous affectionate interaction from staff towards people, for example offering a gentle touch on someone's head, a smile, a shoulder squeeze, or a brief chit chat or acknowledgement in passing.

Throughout the visit staff were seen to be very caring for example, a person in a wheelchair was approached by every member of staff that passed by. They would greet the person and, tell her how wonderful she was looking and asked if she was comfortable or wanted a drink. We met another person who was a keen dancer and staff encouraged her to dance and danced with her, giving her lots of laughs and joy.

Staff were supportive of visits from people's family members, and facilitated visits home for others. Relative's told us that communication from the registered manager and staff was good and they were always contacted about matters relating to the health and wellbeing of their family member, and any changes in care and treatment before these were implemented. They said they were asked to contribute their thoughts and felt listened to.

People's care plans contained information about the important people in their lives and important events they needed to be reminded about. Staff were familiar with their life stories and had built up relationships with them.

Staff showed that they understood people's individual styles of communication well enough to know their preferences and wishes that enabled them to make active decisions about their everyday care and support. For example when they went to bed, what they wore, or did, where they ate and what they ate.

Staff respected people's choices to utilise their time how they wanted To participate in activities, to spend time in their room, to make everyday choices about what they wore, what they ate and what they did, and were observed asking people about what they wanted or seeking consent to provide support. Staff protected people's dignity and privacy by providing personal care support discreetly, respecting confidentiality and speaking about people's needs with other staff in privacy.

When at home people were able to choose where they spent their time, for example, in their bedroom or the

communal areas. Bedrooms were of various sizes. All were decorated and furnished to a good standard; décor had been chosen carefully to reflect people's specific preferences and interests.

People were encouraged with family or staff support to personalise their bedrooms and many seen had personal effects such as photographs, pictures, flowers, small personal possessions, dvds, music cds, books and loved toys.

Staff were familiar with the use of advocates and knew how to access these if someone needed this independent support, information was available to staff about advocacy involvement and one person currently had visits from an advocate.

People's individual activity schedules provided opportunities for them to develop their independence skills in a small onsite activity centre, people were supervised and prompted to make lunchtime snacks and drinks for themselves and to undertake their own laundry. Some people just liked to go out to the centre to sit and have their tea or coffee there.

Good

Is the service responsive?

Our findings

During the inspection we observed that people were content and in good moods when returning from or going out to a planned activity. Relatives told us they felt confident of raising concerns if they had any; they said that they always found the registered manager and staff approachable. One relative told us the registered manager was actively trying to get additional funding for their relative so that staff could provide much needed one to one staff support and improve outcomes for the person concerned. Another relative commenting on the range and frequency of activities available to their relative told us that the service had tried many different activities with their relative who they said "he only does what he wants to do".

No one had been admitted to the service for a number of years but an assessment of needs was usually undertaken for any prospective person, at a pace to suit the person, with planned transitional opportunities for them to make visits to the service and experience trial stays.

Daily reports, risk assessments for outings and the staff communication book provided information about the range and frequency of activities people were provided with. Each person had their own activity schedule this provided them with a mix of external and in house activities developed from an understanding of what interested them or they were known to like or prefer. We saw that for example between 30 March and 24 April 2016 people went out every day from the service, with different people doing different things on different days. Craft, and independence skills training including laundry and room cleaning were scheduled as in house activities. Time was also set aside within weekly activity planners for people to do activities of their own choice, such as listening to music, or watching favourite DVD's. There was a vegetable patch in the garden which one of the people we met showed us with pride. They grew beans, onions, potatoes and carrots.

We observed staff undertaking in house activities with people for example in the activity centre((this is a small building onsite where some skills training and art and craft activities are carried out,) The activities co-coordinator was baking an apple upside down cake with people.. One person was doing his laundry and told us proudly that on Thursdays he cleaned his room and did his washing. We watched another person who had previously separated their washing into lights and darks put their clothes in the washing machine and seek support form staff about what programme to select, this support was provided seamlessly as the person was shown what to do and supported to carry this out; the activity co-coordinator was supporting but the person was encouraged to lead the activity. The person reacted to this by appearing confident and happy.

Another person showed us the many medals they had won for wining sport competitions and these were displayed on the wall of his bedroom, people had been working on puzzles and pictures in the activity centre when we visited and the co-ordinator was displaying these for them on the walls.

Staff provided opportunities for people to go out at the weekends and the activity offered was dependent on the weather and whether a driver was available to drive the minibus. People had been supported by staff to enjoy an annual holiday and this had sometimes involved people going abroad to a place they had

expressed a preference to visit, for example Turkey was a popular destination and the service had ensured that people had passports to travel outside the UK for day trips or holidays. People had opportunities to influence aspects of their daily lives like the meals offered, or activities they wanted to do or where they wanted to go on holiday through regular house meetings facilitated by a staff member.

People's everyday care and support was designed around their specific individual assessed needs. This included an understanding of their background history, interests, preferences around daily routines, communication, personal care, social activities and interaction, night time support including continence management, and a recognition of the people who are important in their lives. This information provided staff with a holistic picture of each person and guided them in delivering support consistent with what the person needed and wanted. There was also recognition of what people could do for themselves and whilst achievable goals were not set specifically this knowledge helped staff support them to develop their skills, at a pace in keeping with their abilities.

Staff who were allocated as key workers to individual people told us that they produced a monthly report about the person they were responsible for, the registered manager updated peoples care plans regularly and spoke with each key worker individually about the person they supported, to understand what changes they had become aware of in the needs or support levels the person required; the care plan and associated risk assessments were then amended accordingly to reflect these changes. Each person had an annual review to which relatives and care managers were invited and this looked at whether the person's needs were continuing to be met at the service and whether additional support was needed to meet changing needs.

There was a complaints procedure in place. Staff understood how people used sign, body language or their general mood, behaviour and demeanour to show that they were unhappy or sad. There was a complaints record for recording of formal complaints received, the PIR informed us that there had been no complaints received in the last 12 months and this had not changed at the time of inspection. Relatives told us they found the registered providers, registered manager and staff approachable and would not hesitate in raising concerns with them if they felt this was necessary; they expressed confidence that action would be taken to address their concerns and that they would be kept informed.

Requires Improvement

Is the service well-led?

Our findings

Feedback from relatives was that they thought communication was good and they were kept informed of their relative's wellbeing by staff. They said they were asked informally for their views about service delivery in respect of their relative but were not asked to complete surveys. Staff said that they found the registered manager knowledgeable and approachable, and found her a source of information and were guided by her. Social care professionals said they had no or very few concerns about the service. One told us "The quality of care appears to be good, the staff who were involved in the review meetings were knowledgeable about peoples needs and professional and respectful in their attitude."

At this inspection we checked that actions the provider and registered manager told us they had taken action to address previously highlighted shortfalls. We were satisfied that the registered manager was notifying the Care Quality Commission appropriately in relation to Deprivation of Liberty authorisations, that correct recruitment procedures had been followed, and staff induction records developed, and the periodic check of the electrical installation conducted.

The PIR informed us that the provider representative had visited five times in the last 12 months but a report of each visit had not been developed, when we spoke with staff most were aware who the provider representative was but did not engage with them when they visited and did not know what they looked at when they came. At the previous inspection we required the registered manager and provider to take action to implement a more effective quality monitoring process, they sent us an action plan telling us what they were doing to address this. Whilst the registered manager undertook a limited number of stand alone audits, for example monthly health and safety checks, medicine and care plan audits not all of these were recorded. The audits already in place were not sufficiently effective or wide ranging to highlight the shortfalls we have identified at this inspection in regard to medicines, health and safety and condition specific care plans. The development of a wider ranging assessment and quality system had been delayed following the departure of a key member of the management team, with no plan in place for taking this forward.

The quality of care people experienced therefore had not been monitored effectively. This is a continued breach of Regulation 17 (2) (a) of the Health & Social care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had been with the company for many years and provided continuity to people and staff. Staff said she was good manager and they felt supported by her and found her approachable if they wanted to talk about something, they said they felt listened to and that their views and opinions were valued. Staff thought communication was good; they said they were kept informed about important changes to operational policy or the support of individuals usually through formal staff meetings which were held regularly.

Staff were given access to policies and procedures, which were reviewed regularly by the registered manager to ensure any changes in practice or guidance, were taken account of; staff were made aware of policy updates and reminded to read them.

The atmosphere within the service on the day of our inspection was relaxed, open and inclusive, staff were seen to work in accordance to people's preferences and needs and their support was discreet and unobtrusive.

Information about individual people was clear, person specific and readily available. Guidance was mostly in place to direct staff where needed. The language used within records reflected a positive and professional attitude towards the people supported.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care There was a failure to ensure that condition specific support plans for epilepsy and Diabetes management were in place to inform staff practice is a breach of Regulation 9 (1) (b) (3) (a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The failure to ensure that behaviours or equipment used are adequately assessed for the risk to the persons or others health and wellbeing is a breach of Regulation 12 (2) (a) The failure to ensure that installations and equipment used for the support of people is in a safe working condition by means of regular servicing is a breach of Regulation 12 (2) (e). The failure to ensure that medicines are managed safely is a breach of Regulation 12 (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems for the assessment and quality monitoring of the service were not sufficiently effective or wide ranging to highlight the shortfalls we have identified at this inspection

this is a continued breach of Regulation 17 (2) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The failure to ensure staff training and knowledge were kept updated to ensure safe delivery of care and support is a breach of Regulation 18 (1) (2) (a).