Real Life Options

Real Life Options - 2-4 Bethecar Road

Inspection report

2-4 Bethecar Road
Harrow
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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

This unannounced inspection of Real Life Options 2-4 Bethecar Road took place on 24 July 2018.

Real Life Options 2-4 Bethecar Road is care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service provides accommodation and personal care for up to six adults who have learning disabilities, some of whom may have mental health needs, sensory impairments and/or physical disabilities. The accommodation is a terraced house located in Harrow close to a range of local shops and other community facilities. People have access to safe outdoor space. They have their own bedroom and share the lounge, kitchen and other communal areas. There were four people using the service at the time of the inspection.

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

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

There were systems in place to help keep people safe and protect them from the risk of harm but we found shortfalls in arrangements for safe access to the home by wheelchair users. Risk assessments and risk management plans to minimise potential risks to people were not always in place.

Staff received relevant training to carry out their roles, but refresher training was not always completed and staff had not received training or learning about a person's medical condition.

Checks were carried out to monitor the quality and safety of the service, but these did not identify shortfalls that we found, or indicate that action was taken to make improvements and develop the service.

Staff knew people well and had a caring and supportive approach to their work. Staff understood the importance of treating people with dignity, protecting people's privacy and respecting their differences. We saw and heard many positive interactions between people using the service and staff. People told us the staff were kind to them.

People's care plans included details about people's individual preferences and information staff required to

provide people with the care and support they needed in the way that they wanted. Care plans were reviewed regularly and updated when people's needs changed. They contained guidance on how to keep people safe whilst maximising their independence.

Medicines were stored and managed safely. People received their medicines as prescribed.

People received the support they needed to access community and hospital healthcare services to ensure that their healthcare needs were met.

People's nutritional needs were met and people were involved in meal planning and preparation. The service encouraged healthy eating and regular exercise. People had the opportunity to take part in a range of activities that met their individual preferences.

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. Staff gained people's consent before providing them with assistance with personal care.

Appropriate recruitment procedures were in place so that only suitable staff were employed to provide people with the care and support that they needed. Staffing levels and skill mix provided people with the assistance and care that they needed.

There was a complaints procedure in place, which was in a format that could be easily understood by people using the service.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches related to safe care and treatment, staff training and good governance. You can see what action we told the registered manager to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

A ramp for wheelchair access to the home did not provide adequate slip resistance, and risks to people's and staff safety when using the ramp had not been identified and addressed.

People told us they felt safe and were treated well by staff. Staff knew how to recognise abuse and understood their responsibility to keep people safe and protect them from harm.

Appropriate arrangements were in place for managing and administering medicines safely.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective

People received support from staff who received appropriate training, but some staff had not completed refresher training within the provider's timescales and training about a person's medical condition. So it was not evident that they were fully competent to perform their roles and responsibilities in meeting people's individual needs.

People were provided with a choice of meals and refreshments that met their preferences and dietary needs.

People were supported to maintain good health. They had access to a range of healthcare services to make sure they received effective healthcare and treatment.

The staff understood the requirements of the Mental Capacity [MCA] Act and Deprivation of Liberty Safeguards [DoLS], which helped ensure people's rights were upheld.

Is the service caring?

Good

The service was caring.

We observed positive interaction between staff and people using the service. Staff treated people with respect, promoted their

independence and involved them in decisions about their care.

Staff understood people's privacy needs and had a good understanding of the importance of confidentiality.

People's well-being and their relationships with those important to them were promoted and supported.

Is the service responsive?

Good

The service was responsive.

Care plans clearly described how people should be supported. Personalised care plans about people's medical conditions were being developed. Care plans were reviewed regularly to ensure they continued to meet people's needs.

People had the opportunity to take part in a range of preferred activities that met their preferences and minimised the risk of social isolation.

There was a system in place to manage and respond to complaints.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

There were systems in place to check aspects of the service, but we found some shortfalls that had not been identified or effectively addressed.

There was little indication from records that showed the service strove to develop and improve the quality of the service and learnt lessons when deficiencies in the service had been found.

Staff informed us that they were kept updated about the service and of any changes. Staff were clear about their roles and responsibilities and received some support.

Records were not consistently maintained.

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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 comprehensive inspection took place on the 24 July 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at information we held about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We also looked at the Provider Information Return [PIR] which the registered manager had completed before the inspection. The PIR 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 discussed the PIR with the team coordinator during the inspection.

During the inspection we observed interactions between staff and people who used the service. We spoke with all the people using the service, the team coordinator and four care workers. Following the inspection we spoke with the registered manager, the regional head of operations and four people's relatives.

We reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of all four people using the service, three staff records, audits and policies and procedures that related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

A person told us that they felt safe living in the home. People's relatives told us that they had no concerns about the safety of people using the service and told us, "I don't worry about [person using the service]. We are happy with the care," "[Person] is perfectly safe," and "I am sure that [person] would tell me if things were not all right."

People's care plans included information about any risks to their safety. Where risks had been identified, actions and guidance for staff to follow were in place to keep people safe. People's risk assessments included risks associated with choking, working in the kitchen, sitting for long periods in a wheelchair, medicines, and falls. These were regularly reviewed and were updated when people's needs changed. We found that one person used a wheelchair had a lap belt for their safety. There was no record that showed that risks of using it had been identified and a risk management plan put in place. There was no documented rationale for the use of the lap belt or details of those consulted including the person, or whether the decision had been made in the person's best interest.

The service had a ramp that enabled wheelchair users to access the home. The provider did not show that it protected a person using the service who used a wheelchair from harm as the ramp did not have a slip resistant cover. A risk assessment and risk management plan about minimising the risk of harm to staff and the person using the wheelchair when using the ramp was also not in place. Following the inspection the registered manager told us that a non-slip ramp cover had been fitted.

In the First Aid cupboard we found packs of wound dressings that were out of date. The team coordinator disposed of them during the inspection.

Regular safety checks were carried out to ensure people, staff and visitors were safe. These included checks and servicing of electrical and gas appliances. Regular temperature checks of the hot water outlets were carried out to minimise the risk of people being scalded, but there was no written guidance available for staff to follow that showed hot water checks were carried out in a consistent and effective manner.

The above deficiencies in assessment and mitigation of risks to the health and safety of people were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

The service had systems in place to protect people and keep them safe. Staff had a good understanding of different types of abuse. They knew they needed to report any concerns to the registered manager. Staff told us that they would contact the host local authority safeguarding team and the CQC if no action was taken by management. Records showed that staff had received training about safeguarding adults. Contact details of the host local authority were displayed.

Staff were aware of whistleblowing procedures. A member of staff told us that they wouldn't hesitate to report any poor practice from staff or other concerns to do with the service to the team coordinator and/or registered manager. They told us that they were confident that concerns would be responded to

appropriately.

There were arrangements in place for managing people's finances. People's care plans detailed the support that each person needed with managing and handling their money. Arrangements were in place to manage and monitor people's money that was held in the home. People's cash was stored safely. Records of people's income and expenditure were maintained and checked during each shift and regularly by the team coordinator.

Staff understood their responsibilities to report and record incidents. The team coordinator told us that all incidents and accidents were reported to the provider. The team coordinator spoke of regularly reviewing incidents. They informed us that they would in future complete a record of each review of incidents and accidents to identify any trends and to show any lessons learnt from them to minimise the risk of reoccurrence.

Safe recruitment practices continued to be followed, including checking staff's eligibility to work in the UK, obtaining references from previous employers and undertaking criminal record checks. We checked three staff's records, which showed appropriate checks had been carried out.

We looked at the arrangements that were in place to ensure there were sufficient staff on duty so people received the care and support that they needed and were safe. Two care staff were on duty during the day and there was a waking night member of staff on duty at night. Staff told us that they were busy but felt that there were enough staff on duty to provide people with the care and support they needed and wanted. The team coordinator provided 'hands on care' when needed and they told us that extra staff were provided when people took part in group activities outside of the home. A staff rota confirmed this.

Arrangements were in place to manage and administer medicines safely. People's medicines were stored securely and medicines' administration records (MAR) showed that people had received their medicines as prescribed. Staff told us that they received training about medicines and had their competency to administer medicines assessed. This was confirmed by records. Written protocols for the administration of medicines that people received when they needed them (PRN medicines) were in place. We observed that staff administered people's medicines safely. They explained to people what they were doing and gave each person time to consume their medicines before administering medicines to another person. A pharmacist had carried out a check of the medicines in March 2018 and no concerns had been found.

The service had an up to date fire risk assessment. Routine fire safety checks and fire drills were carried out. Records showed that people participated in fire drills. A check to establish whether the fire doors closed when fire alarm was activated was carried out during our inspection. Each person had a personal emergency evacuation plan (PEEP). These detailed the support people would need if the building had to be evacuated in an emergency.

Alert information about keeping people safe during a significant period of hot weather was available to staff who had been asked by senior staff to ensure that they read it.

The home was clean. People using the service worked with staff to keep the environment clean. A person using the service told us that they enjoyed carrying out household tasks. We found that there were some gaps in the recording of cleaning duties, which could indicate that they had not been carried out. The team coordinator told us that she would remind staff to complete the cleaning tasks and records.

We reviewed the systems in place to help ensure people were protected by the prevention and control of

infection. Protective clothing including disposable gloves and aprons were used by staff when undertaking some tasks to minimise the risk of cross infection. Records showed us that staff had completed training on infection control and food hygiene. Information about good hand hygiene was displayed in communal areas in written and picture format.

In February 2018 the service received a rating of 3 [generally satisfactory] following a food safety inspection carried out by the host local authority. The service had taken action to make the improvements needed where shortfalls in food safety had been found.

Requires Improvement

Is the service effective?

Our findings

People's relatives spoke in a positive way about the service provided to people by the staff. They commented, "They [staff] know [person using the service] well," "[Person] is well looked after. The staff are nice," "They are wonderful carers [staff]" and "I know that [person] is well looked after."

There was consistency of staff as most staff had worked in the home for several years and knew people well. All the staff we spoke with told us that when they first started work they had received an induction that had prepared them for carrying out their role and responsibilities. The team coordinator informed us that all new staff would complete the Care Certificate induction standards. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of care staff in the health and social care sectors. Staff had achieved relevant qualifications in health and social care.

Arrangements were in place for staff to receive a range of relevant training that they needed to carry out their roles and responsibilities. Records showed that staff training and learning included, emergency first aid, food and hygiene, fire safety awareness, health and safety, infection control, safeguarding adults, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had also completed training in epilepsy, diabetes, respect, autism, prevention and management of behaviours that challenge, nutrition and hydration, communication awareness and professional development. Staff told us that they sometimes found it difficult to complete required electronic training (e-learning) topics during their work day as they were busy with carrying out day to day tasks as well as supporting people using the service.

Training records showed that some staff were not up to date with completing refresher training required by the provider. Examples included staff not having completed refresher First Aid training that was due in February 2018, moving and assisting training due February 2018 and fire safety training due in December 2015. Staff had not received learning or training about a person's medical condition, so it was not evident that they had received the information that they needed to care for the person effectively.

Staff told us that they received regular formal one-to-one supervision with a senior member of staff. They told us that the supervision meetings sometimes felt a bit "rushed". Records confirmed that one-one supervision meetings had taken place, but there was little indication from these records that the staff supervision carried out was a process that supported, motivated and enabled the development of good practice for individual care workers. Records showed that one or two topics including the cleaning schedule and health and safety were spoken about but there was little detail about these and other areas to do with staff practice that showed staff progress and development were being supported.

The above deficiencies in the training of staff were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

Staff were very knowledgeable about people's needs. They told us that they read people's care plans and they spoke of there being good communication between staff, which ensured they were always up to date with people's current needs. During the inspection we heard staff share information about people's needs

and progress.

Arrangements were in place to ensure each person's dietary needs were met by the service. People's care records included details of their food preferences, any support people needed with their meals and of any choking risks. People using the service were involved in menu planning and meal preparation. People had the opportunity to choose at least one meal each week. Staff spoke about a person's favourite meal which everyone had enjoyed during the evening prior to our visit. The person confirmed this. People's meal choices had not recently been recorded on the menu so it was not clear that people's preferences had been accommodated. The team coordinator told us that they would ensure that people's meal choices were always recorded on the menu.

A person told us that they sometimes made sandwiches for themselves and helped with the cooking. The service encouraged healthy eating. A variety of fresh fruits were available and accessible to people using the service. People were offered drinks throughout the inspection. Staff were aware of the importance of people drinking sufficient amounts of fluid during the recent very hot weather.

People were supported to maintain good health and had access to healthcare services. Records showed that people saw a GP when they needed to and had regular check-ups and treatment from dentists, chiropodists and opticians. They also attended hospital appointments as part of monitoring and treatment of medical conditions. Each person had a health action plan which included details of their health and well-being, medicines reviews and health checks they had received. A member of staff told us about how a healthy diet and exercising regularly had contributed to improvements in a person's medical condition.

The 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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff supported people in line with the MCA. People living in the home had the capacity to make some decisions about their lives. Staff were aware that when a person did not have capacity to make a particular decision, a decision would be made on their behalf in liaison with relevant professionals, people's relatives and others involved in their care. Assessment records showed that people using the service had the capacity to make a range of decisions about their lives. For example one person had been assessed as having capacity to make some decisions about purchases. Another person's capacity to make decisions about what they wanted to eat and drink was detailed in their care plan. The person's care plan included details about the way the person communicated those decisions. At the time of this inspection three people had DoLS authorisations without conditions in place. Staff knew that a DoLS application to deprive a person of their liberty and keep them protected and safe was necessary when the person lacked the capacity to consent to their care and treatment and those arrangements deprived them of their liberty.

However, there was one example where the principles of the MCA did not show they had been applied. Records showed that a person's relatives had agreed it had been in a person's best interest to have their bedroom redecorated to address the refurbishment needed due to a person's behaviour. Records did not show that the person consented to the making the payment or that their ability to consent to this had been assessed, or that a decision had been made in the person's best interest to pay for the repairs. The team coordinator told us that they would ensure that action was taken to address this.

A person told us that they were happy with their bedroom. We noted that some areas of the home were well maintained but there were other areas that required attention. For example, the area at the front of the house was not well maintained so did not provide an attractive feature when entering the premises. We noted that there was no mirror in a downstairs bathroom and there were some areas of paintwork that showed signs of wear and tear. The team coordinator told us that these issues would be addressed. Some areas of the home had been recently redecorated. The team coordinator told us that people had been involved in choosing the colour of the décor of a lounge.

Day to day maintenance issues were addressed. Records showed that a leak in the laundry room had been repaired on the day that it had occurred.

Good

Is the service caring?

Our findings

There was a relaxed and friendly atmosphere during the inspection. People using the service told us that staff were kind. We saw positive respectful engagement between staff and people using the service. People's relatives told us, "They [staff] seem to be kind and respectful," "I am happy that [person using the service] is happy," "I am happy with things. I am happy that [person] is settled" and "Staff have a good rapport with [person]. They understand [person] well."

People's care plans included information about their background and preferences which helped staff understand their care needs and wishes. Staff told us about people's preferences and spoke about how they encouraged and supported people to be as independent as possible. People had been supported to obtain travel passes that enabled them to travel without cost and supported them to access community facilities. A person's relative told us that a person had their own front door key, which supported the person's independence.

People carried out a range of household tasks to maintain and develop their skills. Staff spoke of supporting people to continue the skills they have, like laundering their clothes, clearing tables after meals and vacuuming. A person using the service told us that they participated in the laundering of their clothes and tidying their bedroom. During the inspection we saw the person clear breakfast cups and bowls from the dining table and they cleaned kitchen surfaces.

People using the service told us that they were listened to and their choices were respected by staff. During the inspection staff frequently encouraged people to make day to day choices. A person's decision not to have cereal for breakfast was respected by staff. People were able to move freely around the home and could choose whether to stay in their bedroom or sit in one of the communal areas. One person preferred to spend time alone in one of the communal lounges. This was respected by staff who frequently checked that the person was all right.

A 'key worker' system ensured everyone had a named member of staff to look after their interests and support them in their day to day lives and with their emotional needs. Staff told us that keyworkers were involved in arranging care plan reviews, and they helped people using the service to plan holidays and keep in touch with friends and relatives. A person using the service spoke in a positive way about their key worker. Another person was supported by their key worker to communicate via a computer video/audio device with the person's relative. Another person visited a relative during the inspection. A person's relative told us that they always felt welcomed by staff. Another person's relative spoke of regularly speaking with them by telephone.

People's privacy and dignity were supported. Staff closed bedroom and bathroom doors when supporting people with personal care. Staff knew the importance of respecting confidentiality by not speaking about people to anyone except those involved in the person's care. People's care records were kept secure.

A person using the service, staff and photographs confirmed that festive occasions and people's birthdays

were celebrated by the service. We saw photographs of people in fancy dress celebrating a festive occasion. A person told us that they had enjoyed a recent holiday with a member of staff. The person looked happy when they spoke of their trip. Another person told us that they were in the process of planning a holiday.

People's choices in relation to their daily routines and activities were listened to and respected by staff. Staff were aware of the importance of treating people fairly and respecting their differences and human rights. People's religious and cultural needs were supported by the service. Records showed that a person regularly attended a place of worship. A member of staff told us that it was important to treat people as "adults" and with "kindness".

Good

Is the service responsive?

Our findings

People's relatives told us, "They [staff] listen. We are fully involved in decisions about [person's] care" and "I feel [person] is well looked after. I go to all the reviews."

All the people using the service had lived in the home for several years. People's care plans were developed from their assessed needs and were person centred. They included information about people's gender, sexual orientation, disability and religion. Care plans identified where people needed support with their healthcare, social needs and interests. A written profile about each person included information about what was important to them and what people who know the person say they liked about them. People's profiles included guidance about how they wanted staff to support them.

People's care plans included detailed protocols for staff to follow when responding to symptoms of medical conditions such as diabetes and epilepsy. The staff we spoke with had a good understanding of people's needs including medical conditions. However, we found there were no specific person centred care plans in place about these medical conditions and another medical condition, to help staff understand those needs and the effect on the lives of the people concerned. The registered manager and the team coordinator told us that they would ensure that these were completed.

Action had been taken by staff to help people achieve goals that had been agreed during care plan reviews, such as purchasing items of clothing and developing tools to help people communicate effectively. A person's communication care plan detailed a list of words the person said when expressing their needs and wishes. For example they said 'elk' when asking for a glass of milk. We saw that when staff engaged with the person they had a very good understanding of what the person was saying. The person's relative spoke highly about the way staff communicated with the person. Another person's care plan included guidance about managing the person's behaviour in a positive way.

People's relatives confirmed they were fully involved in issues to do with people's care needs and were kept informed about people's progress and any changes in their needs. A person's relative told us that they were always invited to a person's care plan review meetings. Staff were aware of people's profiles and care plans. They told us that they were fully involved in reviewing them with people and when applicable people's relatives to ensure that they were reflective of people's needs.

The people using the service met regularly to discuss their menu. However, regular general house meetings where people could be informed about matters to do with the service and have the opportunity to feedback about the service did not take place. The registered manager and team coordinator told us that they would ensure that these commenced.

Staff told us and records showed people's needs were monitored on a day to day basis and during the night. Care records were completed during each shift. These included details about the activities people took part in and of any changes in people's health, behaviour, mood and care needs. This ensured staff had up to date information about people's current needs and could provide them with the care that they needed. Staff told

us that they reported all changes in people's needs to the team coordinator and/or registered manager.

People's activity preferences were recorded in their care plan. People led busy lives. Staff told us they encouraged people to participate in activities of their choice. Photographs and written records showed us that people had participated in leisure activities that met their individual preferences. These had included visits to football stadiums, shopping, day trips, walks, discos, trampoline sessions, and visits to restaurants and cafes. A person told us that they liked listening to the radio, another person spoke of enjoying watching television and going out into the community. Another person told us that they had friends at the day centre which they regularly attended. During the inspection staff were responsive in supporting a person to have a walk in the local area when they indicated that they would like to go out.

We discussed the Accessible Information Standard [AIS] with the care coordinator. The Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they could understand. It is now the law for the NHS and adult social care services to comply with AIS. Information to do with the service was in picture and written format. Pictures were available to support people to make choices about what they wanted to do and eat. Staff confirmed that they showed people pictures to help them make decisions about the food they wanted to eat. A person had an electronic tablet which supported them with their communication needs. The team coordinator spoke of looking at ways to develop the accessibility of information to people, and told us that some staff had completed a course in using signs and symbols to help people communicate.

The service had a complaints policy and procedure for responding to and managing complaints. This was in picture and written format. Staff knew they needed to take all complaints seriously and report them to the registered manager. People told us that they had no complaints. Records showed there had been no recent complaints. People's relatives told us that they sometimes raised "little issues" which they told us were addressed.

No one using the service was receiving end of life care. In a person's care records there was documentation about end of life but this record had not been completed. We discussed this with the team coordinator. They told us that there were plans to discuss people's end of life needs and wishes with people, their relatives and staff.

Requires Improvement

Is the service well-led?

Our findings

Two people using the service told us that they were content living in the home and satisfied with the service they received. Comments from people's relatives included, "Nothing is perfect but it is good. They try their best," "I see [team coordinator], she always talks to me. I sometimes see [registered manager]," "I would definitely recommend it [the service]" and "They [staff] listen and address issues."

The service is managed by a registered manager who also manages two other similar services run by the provider. The registered manager was supported in the managing of this service and the other services by a team coordinator and the regional head of operations. The regional head of operations told us that they regularly visited the service to monitor it and provide guidance and support to the registered manager. The registered manager was not available on the day of the inspection but we spoke with him following the inspection. The team coordinator provided us with the information and assistance that we required on the day of the inspection. We heard and saw the team coordinator engage in a positive manner with staff and people using the service

The registered manager, team coordinator and staff had a range of monitoring roles and responsibilities in a range of areas of the service. These included reviewing people's care plans, checks of the cleanliness of the kitchen, fire safety checks, wheelchair checks, window checks and monitoring of hot water and fridge/freezer temperatures. Monthly and quarterly quality monitoring checks of the service were carried out by the registered manager and team coordinator.

We found some shortfalls that had not been identified from the quality monitoring arrangements and indicated that they were not always effective. These included, gaps in records of general cleaning and food safety checks, issues to do with safe access to the home by wheelchair users and the assessment of risk to do with wearing of a lap belt, care plans about people's medical conditions not in place, some refresher training not completed by staff, no action plan from feedback surveys, or records of formal regular reviews of incidents and accidents. The quality monitoring checks carried out did not indicate that the previous check had been reviewed and whether actions found during it had been addressed.

The above deficiencies in systems and processes to assess, monitor and improve the quality and safety of the services were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

A quality monitoring check carried out in April 2018 by the regional operations manager that focused on whether the service was safe and well-led identified several shortfalls in the service. The regional operations manager told us that there was a formal action plan in place and that they were working with the registered manager to address the issues.

During each working shift one of the support workers on duty had the task of 'designated responsible person' [DRP]. The DRP support worker was the shift leader and had tasks that they were required to complete during each shift as well as assisting people with personal care and other support. Tasks carried

out by the DRP included checking people's monies, making sure people attended healthcare appointments, received their prescribed medicines and staff absences were covered. During the inspection we saw that the DRPs completed a range of tasks.

The team coordinator told us that she spent at least two days a week working in the service and that they and/or the registered manager were always available for advice and support. The registered manager or the team coordinator were on call at all times including out of hours. Staff confirmed that senior staff were responsive when contacted about issues to do with the service. Feedback from staff indicated that they were concerned at times about the amount of work the team coordinator had to do in supporting this and the other services. We discussed the management arrangements with the regional operations manager who told us that they were currently being reviewed and a number of options to improve the arrangements were being considered.

The provider's chief executive officer and human resources manager had visited the service in 2017 and completed records of their visit checks, which showed they had spoken with people using the service and staff and monitored areas of the service.

Records showed that people's relatives had the opportunity to feedback about the service. Feedback was positive and included a written comment, "Overall I am satisfied with the service [person using the service] seems to be well looked after." We found that some feedback surveys were not dated so it was not clear whether they had been completed recently.

Staff told us that they felt that all staff worked well as a team. They informed us that they were happy working in the home and enjoyed supporting people to lead a good quality life. Good communication systems were in place to share information about people's needs. This included staff handover meetings, a communication book and diary system, in addition to people's daily records. A member of staff told us, "We are very lucky, we are open and communicate well. There is constant communication all the time."

Planned staff meetings provided staff with the opportunity to receive information about the service, become informed about any changes and to discuss the service with the registered manager and team coordinator. Records showed that topics discussed during staff meetings included, training, health and safety, activities of people using the service and staffing. Staff told us that they felt able to share their views and suggestions to do with the service. A member of staff described the staff team as a "very nice little group" that communicated very well about all aspects of the service.

There was liaison and communication with the host local authority and other professionals and agencies to support positive outcomes for people using the service. A recent quality report from the host local authority indicated that the service had responded appropriately to shortfalls found when they carried out checks of the quality of the service in 2017.

The service had good links with the local community. People accessed a range of community facilities and amenities.

Policies and procedures were in place. Staff knew how to access the policies and procedures related to the care of people and the running of the service.

The previous inspection rating was displayed in the home as legally required.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People, who use services and others, were not always protected against unsafe and inappropriate care as assessment of risks to their health and safety were not always carried out nor action taken to mitigate any such risks. Regulation 12 (1) (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity were not always effective. Regulation 17 (1) (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Persons employed by the service provider in the provision of a regulated activity did not always receive appropriate training as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18 (2)