

# Southdown Housing Association Limited

## Southdown Housing Association - 52 Mill Lane

### 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 took place on 21 August 2017. Southdown Housing Association - 52 Mill Lane, provides accommodation and personal care for up to five adults with severe learning disabilities and physical needs. The house is situated in a residential area of Hove with some shops nearby. The house has been adapted for the needs of the people who live there. Accommodation is arranged on the ground floor, with offices for staff on the first floor. At the time of the inspection there were five people living at the home. The home is run by Southdown Housing Association Limited, a not-for-profit specialist provider of care, support and housing services in Sussex.

The home had a new manager who had been in post since May 2017 and had applied to become the registered manager. 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.

At the previous inspection on 15 June 2016 we rated the home as Requires Improvement overall because we found some areas of practice that needed to improve. People's medicines were not always recorded and stored safely. Mental capacity assessments had not always been completed and where people lacked capacity to consent, decisions that were made in their best interest had not always been recorded. At this inspection we found that whilst some improvements had been made there remained areas of practice that required improvement. We identified five breaches of the regulations and other areas of practice that needed to improve.

A relative told us that they felt their relations were safe at the home. One relative said, "They are very, very safe there because there are always staff around." Our observations were that people appeared to be relaxed and comfortable with staff members. Staff had a good understanding of how to keep people who had profound physical and learning disabilities safe. However, some incidents had not been identified as possible safeguarding concerns and the required alerts had not been sent to the local authority. This was identified as breach of the regulations.

Most risks had been identified and plans were in place to support people safely. However, some risks to people had not been assessed and clear guidance was not in place for staff. This meant that staff did not always have the guidance they needed to care for people safely. We identified this as a breach of the regulations.

People were receiving their medicines safely and staff were gentle and vigilant when giving medicines. However guidance for PRN (as required) medicines was not in place to ensure consistent and safe administration. This was identified as an area of practice that needed to improve.

Staff had received training in the Mental Capacity Act 2005 and understood their responsibilities with regard

to gaining consent before providing care and treatment. However, where conditions had been attached to Deprivation of Liberty Safeguards (DoLS) authorisations, staff had not always taken appropriate actions. Staff had not given full consideration to issues of consent and DoLS when people were temporarily moved to accommodate refurbishment at the home. People's capacity to consent to receiving medicines had not been considered and documented in line with the relevant legislation. These shortfalls were identified as a breach of the regulations.

Management systems were not always effective in identifying shortfalls and this had led to some inconsistent practice. This was identified as a breach of the regulations. The provider had not notified CQC about people's temporary move from the home when renovation work was undertaken. This was a breach of registration regulations. The manager was committed to developing and improving the service and had introduced some new processes which were not yet fully embedded.

A relative told us that they had confidence in the staff, they said, "The staff are very good, they know exactly what to do." Staff were receiving training relevant to people's needs and supervision was provided. Staff said they felt well supported, their comments included, "There has been a huge improvement in support," and, "The new manager has been great."

People were supported to have the food and drink they needed. A relative told us "The food is good, people get what suits them." People were supported to access health care services. A health care professional told us that staff were helpful and knowledgeable about the people they were looking after. A relative told us, "My (relation) is very well looked after."

Staff had developed positive relationships with people and knew them well. They were skilled in communicating with people using a range of techniques, and supported people to be involved in making choices about their care. Staff held the people they were supporting in high regard and took care to protect their privacy, rights and dignity. People were relaxed and happy in the company of the staff and the atmosphere of the home was calm and cheerful. Care was provided with kindness and staff allowed people the space and time they needed.

Care records were detailed and personalised and reflected the care that was provided. People were supported to lead full lives with regular access to the local community. One staff member said, "We try and get people out and about as much as possible, doing things that they enjoy." A relative told us, "They are always going out to concerts and things, they go out a lot." People's preferences were considered and staff had a good knowledge of what people enjoyed doing and things that they preferred to avoid.

There was a complaints process in place and staff encouraged feedback from people's relatives and visiting professionals. Where issues had been raised actions had been taken to make improvements. Staff described improvements in the leadership of the home and felt that their views were valued. There was a clear management structure and staff were motivated and understood their roles and responsibilities.

We identified five breaches of the regulations. 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.

Risks to people were not always assessed and managed effectively. Guidance for staff was not always clear and available.

Staff were trained and understood their personal responsibilities for safeguarding people, but systems were not always effective in identifying when an incident or concern should be raised with an external body.

People had received their medicines safely but some systems were not in place to ensure that staff administered PRN medicines in a safe and consistent manner.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Conditions attached to DoLS authorisations were not always acted upon and the provider had not sought consent for a planned temporary change of accommodation resulting in unauthorised deprivations of liberty.

Staff were supported with the training and supervision they needed to be effective in their roles.

People were supported to have enough to eat and drink and they had access to the health care services that they needed.

### Is the service caring?

**Good** ●

Staff were caring and kind.

People were supported by staff who knew them well. They had developed positive relationships with staff members.

Staff treated people with kindness and respect. They supported people to maintain their dignity and respected people's privacy.

Staff supported people to make choices wherever possible and

respected the decisions that people made.

### Is the service responsive?

Good ●

The service was responsive.

Staff provided care in a person-centred way and records reflected this approach.

When people's needs changed their care records were updated accordingly to ensure that staff had the information they needed.

There was a complaints system in place and staff understood their responsibilities to address concerns or complaints when they arose.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Management systems were not always effective in identifying shortfalls and driving improvements.

There was clear and visible leadership and staff and relatives spoke highly of the management of the home.

Staff understood their roles and described an open culture where their views were listened too.

# Southdown Housing Association - 52 Mill Lane

## **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 21 August 2017 and was announced. The provider was given 24 hours' notice because the location is small and we needed to be sure that the registered manager and other staff were available to speak to us on the day. The inspection team consisted of two inspectors.

Before the inspection we reviewed information we held about the service including previous inspection reports, any notifications, (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. We contacted the local authority to obtain their views about the care provided. The provider had submitted a Provider Information Return (PIR) before the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. This enabled us to ensure that we were addressing any potential areas of concern at the inspection.

As people had difficulties in verbal communication, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We 'pathway tracked' three of the people living at the home. This is when we looked at people's care documentation in depth and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care. We also spoke with one relative of people who use the service. We spoke with three members of staff and the manager and spoke with other staff on duty during the inspection. We looked at a range of documents including policies and procedures, care records for five people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We

reviewed staff information including recruitment, supervision and training information as well as team meeting minutes and we looked at the provider's management systems.

The last inspection on 15 June 2016 identified some areas of practice that needed to improve but no breaches of the regulations were identified.

# Is the service safe?

## Our findings

People's relatives told us that they felt their relations were safe living at the home. One relative said, "People are very well looked after, they are very, very safe there because there are always staff around." A staff member told us, "The people here are highly dependent on staff and have multiple needs so staff are on alert at all times and watching to make sure people are safe." Despite these positive comments we found some areas of practice that were not consistently safe and required improvement.

At the previous inspection on 15 June 2016 we found that people's medicines were not always recorded and stored appropriately. At this inspection we found that actions had been taken to address these shortfalls. There were safe systems in place for ordering, storing and disposal of medicines. Medication Administration Record (MAR) charts were accurate and completed consistently. Reasons for any gaps in recording were identified and addressed to ensure complete records were maintained. However, other areas of administration of medicines needed to improve. Some people were receiving PRN or "as required" medicines. For example some people had been prescribed PRN medicines to manage pain. Good practice guidance for care homes produced by the National Institute for Clinical Excellence (NICE) states that PRN medicines, that may include variable doses, should have clear guidance for staff regarding when and how to use such medicine, what the expected effect will be and the maximum dose and duration of use. This information was not always included in care records. Although staff demonstrated a good knowledge of PRN medicines, this omission meant that people were at risk of not being given PRN medicines consistently and in accordance with prescribed instructions. This is an area of practice that needs to improve.

Staff had received training in administering medicines and their competency to do so had been assessed. We observed people receiving their medicines. Staff were gentle and vigilant when giving medicines and checked that people had swallowed their medicines before signing for them to confirm that they had been administered. Medication Administration Records were consistently completed and checked for accuracy.

Staff had received training in how to recognise abuse and improper treatment, and how to protect people from avoidable harm that may breach their human rights. Staff were able to describe signs of abuse and neglect and told us the actions they would take if they had any concerns. Despite this, we found that systems were not always effective in identifying concerns that could have indicated abuse or neglect. For example, one person had developed a sore and their care record stated that this might have been due to 'neglect of continence management', however this had not been identified as a safeguarding incident. Three other records also showed that incidents had occurred where care had not been provided in a way that meet the needs of the service user and had, or could have, resulted in harm. We brought this to the attention of the manager who agreed these incidents had not been identified and treated as possible safeguarding in line with the Local Authority safeguarding procedure. The manager gave assurances that each matter had been investigated fully and appropriate actions had been taken to prevent further occurrences. However, the appropriate bodies not been alerted in line with local safeguarding arrangements. This was identified as a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



Risks to people were not always identified, assessed and managed effectively. People were living with multiple, complex needs and most risks had been identified with clear, comprehensive care plans in place to guide staff. For example, some people needed to be supported to be repositioned in their wheelchair, or on their beds and there were clear care plans to guide staff in how to achieve this safely. However, there was a lack of consistency in some areas of risk management. For example, some people needed to have their nutrition, fluids and medicines via an enteral feeding system. This is a flexible tube that enables fluids, medicines and liquid foods to be delivered directly into the gut. Some identified risks associated with the use of this equipment had not been assessed and guidance for staff was not always clear. A care record noted the importance of ensuring that skin integrity around the site of the tube was maintained however the care plan did not include clear guidance for staff in how to do this. This meant that staff did not have the information they needed to provide care safely. An incident report showed that a connector had been changed on a tube but not all staff were aware of this change and guidance was not clear about how the connector should be fitted. This had resulted in leakage from the tube causing stomach acid to burn the person's skin. We asked the manager about this incident and they confirmed that staff had received additional training following this incident to prevent this from happening again. Failing to ensure that equipment is used in a safe way is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks associated with the safety of the environment were identified and managed appropriately. Regular checks on equipment and the fire detection system were undertaken to ensure they remained safe. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. Gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP).

People were supported to take risks so that their freedom was respected. For example, some people were living with epilepsy but risk assessments had been completed to enable them to continue to take part in activities that they enjoyed such as swimming. A staff member said, "We are aware of the risks and know what to do, it's important that we support people to have a good quality of life but that they are kept safe too."

There was a system in place to ensure that any incidents and accidents were recorded. This included details of what had happened and actions that had been taken to ensure people's welfare and safety and to prevent similar occurrences from happening again.

Safe recruitment practices were followed before new staff were employed to work with people. Staff files included application forms, previous work history, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with people. Staff told us that there were sufficient, suitable staff to cover all the shifts. One staff member said, "We have been short staffed in the past but the new manager has changed this and makes sure that shifts are covered. The managers will also step in and help us on shift which also makes a big difference." Staff rotas showed that the number of staff on each shift had been maintained consistently. Our observations throughout the inspection showed that people did not have to wait for their care. Staff were allocated to work with people and there were enough staff to care for them safely. A relative told us, "I have no concerns about staffing levels, they have enough staff to take (relation) out, and people are well cared for."

## Is the service effective?

### Our findings

Staff told us that they received the training and support that they needed to carry out their roles effectively. A relative told us that they had confidence in the skills of the staff. They said, "The staff are very good, they know exactly what to do." Despite these positive comments we found some areas of practice that required improvement.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the previous inspection on 15 June 2016 we identified that mental capacity assessments were not always completed in line with legal requirements and this was an area of practice that needed improvement. At this inspection some improvements had been made. Staff had received training in consent and understood the principles of the MCA. One staff member said, "The training was good and gave clear examples. I know that I need to check with people to get their consent, if they don't want to do something we can't force them." Our observations showed that staff were checking with people before supporting them. For example, one staff member knelt in front of someone to ask them if they wanted to go out. The person indicated that they did not want to move from the chair and the staff member accepted this, telling the person that they would come and ask them again later.

Some people required specific equipment to maintain their safety such as lap belts, bed rails, foot straps and a system to support their posture and position when in bed. Staff had recognised that using these interventions restricted people's movements and mental capacity assessments had been completed showing that people lacked the capacity to consent to these restraints. The decision making process had been documented and showed that family members and health care professionals had been consulted when making decisions that were in the person's best interest. This meant that the provider was acting in line with the MCA and demonstrated openness and transparency in providing services for people who lacked capacity. Despite these positive improvements, we found that staff understanding of MCA and DoLS remained inconsistent and was not embedded within their practice. The provider had made appropriate applications to the local authority for DoLS. However, some applications had been approved subject to specific conditions. Staff were not aware of these conditions and had not acted upon them. For example, one DoLS authorisation stated that the provider must make a referral to a health care professional within a specified time frame to check why the person was showing signs of being in pain or discomfort when staff helped them to move. The manager confirmed that this action should have been completed prior to them coming into post but there were not records to confirm that this had happened, they gave us assurances that this oversight would be rectified.

During refurbishment of some parts of the building the provider decided that people should move to another registered location temporarily. Staff had notified the local authority of the temporary move and had informed people's relatives. However, consideration had not been given to gaining consent from people or documenting best interest decisions where they lacked capacity to consent to the temporary move. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were already subject to DoLS authorisations, which are not transferrable between locations. The provider had not made applications to the local authority for new DoLS authorisations in advance of the planned change of location. This meant that the provider had not given due consideration to issues of consent and DoLS when planning the move and this resulted in people being deprived of their liberty for more than 28 days without proper authorisation. The provider told us that they had not been aware that they needed to make a new application when people were moving to a different location on a temporary basis. The provider had failed to comply with conditions attached to DoLS authorisations and failed to apply for new DoLS authorisations when people were moving to a different location. This meant that people were deprived of their liberty without lawful authorisation. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's capacity to consent to having their medicines had not always been considered and documented in line with the Mental Capacity Act 2005 (MCA). Some people were receiving medicines covertly. Covert administration is the term used when medicines are administered in a disguised format, e.g. in food, drink or via a feeding tube without the knowledge or consent of the person receiving them. As a result, the person is unknowingly taking a medicine. We noted that when staff presented people with their medicines they did not always tell the person that they were taking their medicines. Some people received their medicines in drinks, others via their feeding tube and staff did not tell them that they were having their medicines. People's capacity to consent to having their medicines had not been assessed and documented and there were no records of decisions to provide medicines covertly for people in their best interests. This meant that procedures for giving medicines were not always in line with the MCA. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they had received a comprehensive induction when they started working at the home. One staff member said, "I had a good experience, the care plans were helpful because they are very detailed and other staff members are really knowledgeable about people so they supported me." New staff spent time working alongside experienced staff members and observing how care was provided before starting to support people. Records confirmed that staff had accessed a range of training that was relevant to the needs of people they were caring for, including epilepsy, updated training for enteral feeding systems and moving and handling people. Staff who were new to the care industry were supported to undertake the Care Certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff spoke highly of the support they received and described good communication within the team. One staff member said, "There has been a huge improvement in support since the new manager arrived. It has made a big difference knowing that the support is there if we need it." Another staff member commented, "The new manager has been great." Records confirmed that staff had begun receiving regular supervision since the new manager had been in post. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. Staff told us that they found these meetings helpful and were able to express their opinions and raise any concerns.

People were supported to have enough to eat and drink. A relative told us "The food is good, people get what suits them." Risks and nutritional needs were identified and care plans guided staff in how to support people. Some people had risks associated with swallowing and had been assessed by a Speech and Language Therapist (SALT). Care plans included guidance from the SALT and other professionals such as an Occupational Therapist (OT) in how to support people with eating and drinking. For example, one person required their food to be pureed and there was clear and detailed guidance for staff in how to support the person to eat. Another care plan specified adapted cutlery that should be used and recommended that the person should eat in a quiet place to enable them to concentrate when eating and drinking to reduce the risk of choking. Our observations confirmed that staff were following the guidance and specified equipment was being used.

People were supported to access the health care services that they required. Each person had a Health Care Action plan within their care records which identified specific health care needs and provided information about risks such as weight loss, guiding staff in monitoring that was required and actions to take if weight fell below a specified target. A hospital assessment form also provided relevant, important information for hospital staff in the event that someone who was not able to communicate verbally had to be admitted to hospital. This included, for example, a description to assist in recognising if the person was in pain. Care records showed that a range of health care professionals were involved in supporting people including, physiotherapists, dentists, dieticians, SALT, OT and behaviour support specialist. One health care professional told us that their experience of staff at the home had been positive and they reported good record keeping and helpful staff. Records showed that staff were keeping daily records to monitor people's health and took action to contact the GP when concerns were identified. A relative told us, "My (relation) is very well looked after."

People were living with profound physical disabilities and the building had been suitably adapted to meet their needs. People had the equipment they needed to support them with having baths and showers and some parts of the home had been recently refurbished including the kitchen and hallway. People were able to move around the ground floor of the building and had access to the garden. People's bedrooms had been personalised according to people's tastes and interests. There were a number of sensory items in the lounge including a tube with lights and bubbles and a sensory mat made from fabrics with different textures. A staff member told us that one person particularly enjoyed spending time alone and we observed them enjoying some peace and quiet in the lounge area. One staff member told us, "They seem to find the bubbles and lights calming."

## Is the service caring?

### Our findings

People were supported by staff who were caring, kind and compassionate. A relative told us, "The staff know (person's name) very well, they have developed a close relationship particularly with one care worker." Staff spoke positively about the people they were caring for. Staff described people's needs and preferences in a way that demonstrated that they knew people well. One staff member said, "All the staff who work here have one priority- the people who live here." Another staff member said, "The staff work here for the right reasons and the quality of care is very good, I would be happy to have a relative of mine here."

Throughout the inspection we saw staff interacting with people in a caring way. People appeared to be comfortable in staff presence and staff members engaged with them in a variety of ways using touch, eye contact and items of reference to aid communication with people. A relative described how a particular staff member knew their relation well, saying, "They know what she likes and doesn't like. They can usually talk her round if she is refusing something. They know that she prefers to look clean and nice and we always see her in good clothes. It gives us peace of mind to know she is well looked after." We noted that people looked well dressed and cared for, this indicated that staff had taken time to support people with their appearance and promoted their dignity. Our observations of interactions between staff, exchanging information about people, further demonstrated that staff had a respectful attitude and treated people in a dignified way.

People's rooms were personalised and reflected people's individual preferences with personal belongings and items that were important to them. A key worker system was in place, which enabled people to have a named member of staff to take a lead and special interest in the care and support of the person. One staff member described how they had made arrangements for the redecoration of their key person's bedroom taking account of the person's preferences and including them as much as possible in choosing colours and ordering soft furnishings. Another staff member described how people were supported to make choices about their lives, they explained, "Sometimes its trial and error, we try things and show people things and watch how they react." Another member of staff told us how they made day to day decisions on behalf of people based on their knowledge of them. For example, one person was known to enjoy different sensations so staff had taken them to a place with cobblestones to see if they would enjoy the experience. Another person was known to like lights and noises and staff had taken them to the pier. This showed that staff were using their knowledge of people to identify new experiences to provide people with more options and choices.

We observed staff respected the decisions people made. A staff member suggested an outing to one person but their body language indicated that they did not want to go. The staff member asked again to be sure that the person had understood, before accepting their decision saying, "That's fine, I will check with you again a bit later." People's privacy and confidentiality were respected. Staff knocked on people's doors before entering and we saw that people were able to spend time on their own if they wished. Staff were observed to be chatting and interacting with people in a caring way both when undertaking tasks and when spending time with people. Throughout the day and the atmosphere was relaxed and homely. People appeared to be happy and responded to staff positively.

## Is the service responsive?

### Our findings

People were receiving care in a way that was personalised and responsive to their needs. One relative told us, "The staff know what people like and what they are not interested in. If they are going to try something new, staff will often ring us and get our opinion. We know (person's name) is very happy there."

People were living with profound disabilities and had complex needs. People's needs had been assessed and care plans were detailed and comprehensive. Guidance for staff included details about how to support people with specific health conditions and associated risks such as epilepsy, and cerebral palsy. People's needs were reviewed regularly and as required. Where necessary, health and social care professionals were involved. For example, a physiotherapist had provided advice and training for staff in how to support one person with a specific therapeutic technique. This showed that staff were responsive to people's needs.

Information included people's personal history, preferences and dislikes and identified things that were important to them and activities that they enjoyed. This provided staff with the information they needed to provide care in a way that was personalised. For example, care plans included details of triggers that might cause people to become upset or distressed such as loud noises, people or animals coming to close. There was clear guidance for staff in how to support people, including with their communication needs. For example, clear descriptions were included to guide staff in recognising when people were in pain, unhappy or distressed or excited and happy. Care plans covered all aspects of care provision and detailed how to support people with specific tasks. They were written in a personalised way which helped to give a sense of the person. For example, one care plan described the expressions, body posture and gestures that a person used to communicate. Staff told us that the level of detail contained in care plans was helpful for new staff to get to know people well. Observations of staff practice showed that care records contained accurate descriptions for the care that was provided.

The manager told us that care plans were in the process of being reviewed and updated. We noted that care plans had been updated when additional information was received or when there was a change in people's needs. For example, one care plan had been updated to include advice received from an occupational therapist. Another had been updated following an appointment with a GP. Records showed that staff were responsive to changes in people's needs, they sought appropriate advice and amended and updated care plans to reflect changes. A relative told us, "Staff are on the ball and notice even slight changes, they are good at letting us know too."

People were supported to lead full lives and to access the local community. A staff member told us, "We try and get people out as much as possible." Another staff member said, "People like to be out in the community and they love going on holiday." Records confirmed that people were supported to go out regularly during the week to access different activities and facilities locally. Some people enjoyed going shopping, others preferred quiet locations such as the park. People were supported to follow their interests and to take part in activities that they enjoyed. Staff supported some people to go swimming. We noted that people went out with staff on the day of the inspection but this was arranged so that people would be out at different times because they liked to go to different places. Staff also supported people with a range of

activities that they enjoyed in the home. This included aromatherapy, music groups and keyboard sessions, sensory baths and use of sensory lights. A relative told us they were happy with the range of activities on offer, they told us, "They are always going out to concerts and things, they go out a lot."

People were supported to maintain relationships that were important to them. One relative told us that communication with the home was good. They said, "Staff keep us informed about what's going on. They bring (person's name) over to see us when they want to, the staff have no qualms about it they just do it. We will be going out for a birthday lunch next month."

There was a complaints system in place and the manager said that any complaints or concerns would be recorded and investigated promptly. No complaints had been received but people's relatives told us that they would feel comfortable to raise any issues with staff members. One relative, said, "I have never had to complain about anything but I would just speak to one of the staff if I was worried." Staff told us that they would record any complaints and report them to the manager. One staff member said, "We keep information by the door so anyone can make a complaint if they want to."



## Is the service well-led?

### Our findings

There had been no registered manager at the home since March 2017. The new manager had been in post since May 2017 and had applied to become registered with CQC. They told us that they were aware that some monitoring systems had slipped prior to their arrival and described how they had been prioritising managerial actions to get back on track.

We found that there were some areas of practice that required improvement. Management systems were not always effective and this meant that the quality of the service was not being monitored consistently. For example, an audit was in place to monitor administration of medicines but this had failed to identify omissions in guidance for staff. Audits of care records had not identified a lack of risk assessments and care plans for some aspects of care provision. Incidents and accidents were being recorded and monitored but this system had not identified possible safeguarding concerns that should have been alerted to the local authority. This showed that some management systems were not effective in monitoring and improving the safety of services and mitigating risks and this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager was aware of the need to submit notifications to us, in a timely manner, about all events or incidents they were required by law to tell us about. However we found that the provider had failed to submit a statutory notification about people's temporary move from the home when renovation work was undertaken. This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part4).

Staff and relatives spoke positively about the new manager and the changes that were being introduced. A relative told us, "The home is very well run, communication is good and they keep us informed of everything." A staff member said, "If you had asked me six months ago I would have said we were struggling but since the new manager has arrived things are better and I feel much more supported." Other staff comments included, "The manager is approachable and thorough," and, "It is much better, it feels a lot more organised now," and "Things have been tightened up which is good." Staff described an open and supportive culture where they felt able to raise concerns and contribute their ideas. One staff member said, "We are listened to and our views count." We noted that staff meetings were being held and had been well attended. Supervisions and training for staff was planned in advance so that shifts could be planned.

There was a clear management structure with identified leadership roles. There was visible leadership in the home and the manager worked alongside staff on a regular basis. Staff understood what their roles and responsibilities were and what was expected of them. One staff member said, "We have more structure now, there are day planners which are helpful." Another staff member said, "Things are a lot clearer and we know there is a manager to support us when we need help." Staff were well motivated and described morale as being "very good" and "much better than it was".

The manager was committed to driving improvements and had a clear vision for the home. They described some changes that had been implemented but were not yet fully embedded within practice and others that



were planned. Staff told us that the ethos of the home was to put the needs of the people who lived there at the heart of everything they did and this was demonstrated as being firmly embedded within their practice.

The manager was supported by an operational manager and they described a helpful relationship with regular meetings. A quality assurance questionnaire had been sent to family members in June 2017 and responses had described a 'good' or 'very good' service. Comments included, 'Very pleased with the care, respect and dignity shown to my son,' and, 'Staff are warm and friendly.' One family member had requested that under-floor heating be considered for their relative who spent a lot of time on the floor. The manager told us that action had been taken to provide this. This showed that feedback was used to improve and develop the service.

Providers are required to ensure there is an open and honest culture within the service, with people and other 'relevant persons' (people acting lawfully on behalf of people), when things go wrong with care and treatment. This is called the Duty of Candour. We discussed this with the manager during the inspection who demonstrated an understanding of these responsibilities.

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 11 HSCA RA Regulations 2014 Need for consent  Procedures for administration of medicines had not always considered consent in line with the MCA. Staff had not always acted in line with the requirements of the MCA and associated guidance.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks were not always identified, assessed and managed effectively. Equipment was not always used safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Incidents had not been identified as possible safeguarding concerns and local safeguarding procedures had not been followed. Service users had been deprived of their liberty without lawful authority.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Management systems were not effective in monitoring and improving the safety of services and mitigating risks.

