

Lifetime Care Development Limited

The Grange

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 01 February 2017, was unannounced and carried out by two inspectors.

The Grange is a small care home for five people with learning disabilities and some complex and challenging behavioural needs. The service is in the village of Beltinge, a short distance from Herne Bay. There is a communal lounge and kitchen downstairs and bedrooms are situated throughout the premises. There is an office upstairs. At the time of this inspection there were five people living at the service. Some people were more independent than others and able to make their own decisions, whilst others needed support and assistance from staff to remain as independent as possible. The service had its own vehicle for people to go out to the local community.

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

At the last inspection in January 2016, the provider did not have sufficient guidance for staff to mitigate risks when supporting people with their behaviour, staff were not receiving ongoing supervision or appraisal to discuss their training and development needs. The systems in place were not effective to quality assure the service and environmental risk assessments had not been carried out. After the inspection the provider sent us an action plan telling us how they were going to improve.

At this inspection we found that some improvements had been made but further improvements were required. Staff were receiving supervision and appraisals to discuss their training and development needs. However, staff still lacked the guidance and detail they needed in the behavioural risk assessments to ensure that people were supported with their behaviour safely. Accidents and incidents had not been summarised to identify patterns and trends to prevent further occurrence. The provider had introduced some checks on the service but further monitoring was required to ensure that shortfalls in the service would be identified and action would be taken to make improvements. No environmental risk assessments had been completed.

Risk assessments for behaviours that challenge did not always have full guidance recorded to ensure that staff had the information they needed to make sure people were being supported consistently and safely.

The registered manager had implemented a supervision and appraisal system and all staff had received an annual appraisal. Staff told us they felt supported by the management team. There was an on-going training programme to make sure staff had the skills and knowledge to support people effectively.

There were enough trained staff on duty to meet people's needs. Staffing was planned around people's activities and appointments, so the staffing levels were adjusted depending on what people were doing. The

registered manager made sure that there was always the right number of staff on duty to meet people's assessed needs and they kept the staffing levels under review.

A system of recruitment checks were in place to ensure that the staff employed to support people were suitable and had the skills and experience to carry out their role.

People were protected against the risks of potential abuse. Staff had attended training about safeguarding people from harm and abuse, and the staff we spoke with knew about different types of abuse and how to raise concerns. People were protected from the risk of financial abuse as there were clear systems in place to safeguard people's money.

The staff carried out regular health and safety checks of the environment and equipment. However, although the water temperatures had been checked to reduce the risk of scalding, the water had not been tested to reduce the risk of legionella. Checks had been made to ensure that electrical and gas appliances were safe and in good working order.

Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had personal emergency evacuation plans to ensure they were able to leave the premises safely in the event of a fire.

The staff asked people for their consent before they provided them with care. Where people were not able to give consent, the staff made sure that they took any decisions they made on their behalf in the person's best interests. The registered manager showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Authorisations to restrict some people's liberty were in place and guidelines were being followed to ensure this was being carried out in the least restrictive way.

Staff told us the service was run like a 'family' and people were treated on equal terms. People were relaxed in the company of staff and were treated with kindness and compassion. Staff were caring and respected people's privacy and dignity. They ensured people had what they wanted and were supported with their daily routines to encourage them and maintain their independence.

Before people came to live at the service their care needs had been assessed to ensure the service would be able to offer them the care that they needed. People were invited to spend time at the service before they moved in so that they would become familiar with the staff, people and service.

Each person had a care plan in place which varied in detail to show their personalised needs were being met. In some cases there were details about their behavioural needs whilst in others there was a lack of guidance to ensure people were supported consistently and safely. People's medical conditions had been noted on the assessment record but no further details were recorded in the care plan of how to manage such conditions.

People's likes and dislikes were recorded and people were supported to maintain good health and received medical attention when they needed to. Appropriate referrals to health care professionals were made when required. Care plans had been reviewed regularly but in some cases the behaviour risk assessments had not been updated.

People told us they received their medicines when they needed them. The medicines were stored securely and administered safely.

People were offered and received a balanced and healthy diet. The registered manager ordered the shopping and people could then choose what they wanted to eat. This did not give them the opportunity to go shopping and be involved in the menu planning. People told us the food was good and when required dieticians had been involved in their personal dietary needs. People were supported to maintain a healthy weight, and encouraged to exercise to remain as healthy as possible.

People's activities were listed and what they preferred to do but there were no clear goals as to what future aspirations they would like to work towards achieving. People's rooms were personalised and furnished with their own things. The rooms reflected people's personalities and individual tastes.

There was a new complaints procedure which enabled people to understand how to complain. There were no complaints recorded since the previous inspection. People said they did not have any complaints but would tell staff if something was wrong.

The registered manager told us that there were audits in place to check the quality of the service. However, these did not include medicine audits and care plans had not been checked. The audits in place were not effective as they had not identified the shortfalls at this inspection.

The provider had improved the décor of the premises, painting and redecoration had taken place and new chairs had been delivered. People told us their bedrooms had been painted and there was ongoing decoration plans to improve the premises. The provider also had a maintenance plan in place to address any further issues.

People, relatives and health care professionals had been sent surveys to comment on the quality of the service, and positive feedback about the service had been received. Staff told us that resident's meetings were held but there were no records to confirm this.

The registered manager had a business continuity plan to make sure they could respond to emergency situations, such as adverse weather conditions, staff unavailability and a fire or flood.

On call procedures ensured that staff could contact a manager if they needed further advice or guidance. Staff told us that the service was well led, and they felt supported by the registered manager who was approachable at all times. Staff told us they worked as a family team, which included the registered manager.

Records were not always available at the time of the inspection. There was also a lack of records with regarding to residents meetings. Records were stored securely and confidentially.

The provider had recently had all of the policies and procedures updated in line with the Health and Social Care Act 2008 and associated regulations.

All services that provide health and social care to people are required to inform CQC of events that happen in the service so CQC can check appropriate action was taken to prevent people from harm. The provider had notified CQC of these events. The rating from the previous inspection was displayed on the notice board in the hallway.

We found two continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and one additional breach at this inspection. You can see what action we told the provider 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?

The service was not always safe.

Risks to people were assessed, however full guidance was not always available to make sure all staff knew what action to take to keep people as safe as possible. There were no environmental risk assessments in place.

Accidents and incidents were recorded and action taken, but these were not summarised to look for patterns or trends to reduce the risk of re-occurrence.

Systems were in place to protect people from the risk of abuse.

Staffing numbers were maintained to a level which ensured that people's needs and preferences were met. Staff were recruited safely.

People's medicines were stored securely and managed safely.

Requires Improvement ●

Is the service effective?

The service was not as effective as it could be.

Staff had the skills to enable them to provide people with the care they needed but would benefit from training related to best practice when working with people with learning disabilities.

Staff offered people choices in ways they understood. Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

People's health care needs were monitored and they were supported to access health care professionals as needed.

People were provided with a suitable range of food and drink to ensure they remained as healthy as possible.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

People were encouraged to remain as independent as possible and staff ensured they were treated with dignity and respect.

People received care and support from staff that knew them well and adopted an inclusive, kind and caring approach.

The staff involved people in making decisions about their care and support.

Is the service responsive?

The service was not always responsive.

People knew about their care plans and were encouraged to be involved in planning their care.

Although care plan reviews took place, not all risk assessments had been updated. Care plans were not person centred to show people's goals and aspirations to develop their learning and experiences.

People were provided with suitable information on how to make a complaint.

People were being supported with activities and encouraged to access the community.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

The provider had met some of the shortfalls identified at the previous inspection; however there remained areas for improvement and continued breaches of the regulations.

Not all of the systems in place to assess and monitor the quality of care provided were effective as they did not identify the shortfalls found at this inspection.

Although records were stored securely, there was a lack of formal recording of residents meetings, and a lack of detail in behaviour risk assessments.

Staff felt supported and there was an open and inclusive culture at the service.

Requires Improvement ●

The Grange

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 1 February 2017, and was unannounced. The inspection was carried out by two inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). 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 reviewed the information included in the PIR, along with other information we held about the service.

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 looked at previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with 3 staff members, the deputy and the registered manager. We spoke with five people and looked at how people were supported throughout the day with their daily routines and activities. We looked around the communal areas of the service and some people showed us their individual bedrooms.

We assessed if people's care needs were being met by reviewing their care records and speaking to the people concerned. These included three people's care plans and risk assessments. We looked at a range of other records, which included four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

We last inspected this service on 5 January 2016. At this inspection three breaches of the regulations were

found.

Is the service safe?

Our findings

People told us that they felt safe at living at the service. People were relaxed and comfortable with other people and staff. People said "Yes I feel safe here".

At our last inspection in January 2016, we found that care and treatment had not always been provided in a safe way. Safeguarding procedures had not been followed; full guidance was not in place to support people with their behaviour and what to do if a person, who was at risk of choking, began to choke. There was no evidence to show that the premises were being checked and no environmental risk assessments had been completed. The provider sent us an action plan that detailed the improvements they planned to make.

At this inspection, we found that improvements had been made in relation to some of the areas we identified as an issue at the last inspection. However, there remained concerns with regard to the lack of detail in the behavioural risk assessments, the analysis of accidents/incidents and the lack of environmental risk assessments.

Staff did not always have the guidance they needed when people displayed behaviours that challenged. People's risk assessments and care plans did not have the necessary detail to ensure people were being supported, consistently and safely. In one person's care plan there was clear information to show staff what may trigger behaviour, and staff were aware of the strategies to minimise any future occurrence. However, in other plans it was not so detailed. Some people had become distressed and been physically and verbally aggressive towards staff and other people. Staff had not updated the person's risk assessment and guidance after this incident. In another care plan it stated that the person could, 'self-harm, get hold of knives and heavy objects, threatening to harm staff or themselves. Staff to give clear boundaries around [the person's] personal safety.' There was no information for staff on what may cause the person to self-harm or how to assist the person to manage this behaviour.

When incidents occurred there had been no analysis to identify any patterns and trends to reduce the risk of them happening again.

The registered manager had implemented weekly and monthly health and safety checks of the service. Action had been taken when repairs or maintenance needed to be carried out, however there were no environmental risk assessments in place to ensure people were as safe as possible. Water temperatures were checked to reduce the risk of scalding but the water had not been tested to reduce the risk of legionella.

The provider did not have sufficient guidance for staff to follow to show how risks were mitigated when supporting people with their behaviour. There were no environmental risk assessments in place to ensure people lived in a safe environment. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At the last inspection there was a risk that a person may choke; there was no information to show staff what

to do in the event of them choking or when medical attention should be sought. At this inspection improvements had been made and there was now guidance in place for staff on what to do if the person began to choke. At lunch time one person began to cough. Staff remained calm and offered the person a drink of water. The person stopped coughing and was able to continue eating their lunch, chatting and smiling whilst doing so.

People were protected from abuse. Staff knew how to recognise and report different types of abuse. They had received safeguarding training and information about abuse. A poster was displayed downstairs with a number that all staff could call if they had any whistleblowing concerns. Staff told us they would report any concerns to the registered manager. One member of staff said, "I would report it to someone higher up, either [the deputy manager] or [the registered manager.] Then I would inform social services or the Care Quality Commission." Staff were confident that the registered manager would act on any concerns that were raised. The registered manager was aware of their safeguarding responsibilities.

People were protected from financial abuse. People were supported to have control over their finances and spent their money on what they wanted. Records were kept to ensure that all monies could be accounted for, together with receipts of transactions.

The registered manager was responsible for carrying out regular checks on the fire alarms and other fire equipment to make sure it all worked properly. . Arrangements were now in place to ensure that the tests were completed in their absence. Records consistently showed the testing had taken place. The fire risk assessment had been updated and there was information and guidance for staff to 'grab' in the event of an emergency, such as fire. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.

People told us that there had been lots of painting going on and their rooms had been redecorated. The provider had improved the décor of the premises, as well as the painting and redecoration new chairs had been delivered.

People told us that staff were always around when they needed them. They said, "There is always someone around if I want a chat." There was enough staff on shift to keep people safe and meet people's needs. Staff were attentive to people and had the time to stop and talk to them. The duty rota showed that there were consistent numbers of staff working at the service. Some people required one to one support at all times, whilst others were supported in smaller groups. Staff told us they worked 'like a family' and they were able to cover each other at short notice to make sure the shifts were always covered. No agency staff were needed. Staffing levels were assessed to meet people's needs, their activities and appointments. There was enough staff on duty on the day of the inspection to ensure that people went out into the community, and attended their health care appointments.

New staff had been recruited safely. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. Written references from previous employers had been obtained and checks were made with the Disclosure and Barring Service (DBS) before employing any new staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received their medicines on time. Records showed that they received their medicines consistently.

Some people needed the dose of their medicines varied according to their symptoms and this was clearly monitored and recorded to ensure people received their medicines as prescribed. Unused medicines were returned to the pharmacy in line with current practice. The medicines were stored securely and checks were in place to make sure the medicines were stored at the correct temperature.

Staff gave people their medicines safely and signed to confirm that they had taken them. People were able to tell staff if they needed pain relief which was available as and when required. Staff had received updated medicine training to ensure they had the competencies and skills to administer medicines safely.

Is the service effective?

Our findings

People told us that they liked the staff and they looked after them well. They said they were well cared for and did what they wanted to do.

At our last inspection in January 2016, we found that the provider had failed to ensure that staff received regular supervision and appraisal to discuss their training and development needs. The provider sent us an action plan that detailed the improvements they planned to make.

At this inspection, we found that improvements had been made and all staff had now received supervisions and appraisals. Staff told us they felt supported by the registered manager and confirmed they had one to one meetings to discuss their role and training needs. Staff meetings had also been held and recorded. Staff told us they were a small service and the managers were available, therefore communication was effective to make sure people received the care they needed.

Staff told us that they received some training. One member of staff said, "I really enjoy it. The staff we have here are brilliant. I've learnt more here than in my whole education." There was an ongoing training programme and staff were booked to update their moving and handling training, infection control, medication awareness, fire safety and first aid. The staff had also just completed an end of life care course. Specialist training such as challenging behaviour had also been completed and at the time of the inspection people were calm and were being effectively supported to manage their behaviour.

To ensure that staff have the current guidance to continuously improve their practice, it is recommended that the provider sources and provides person centred planning, positive behaviour support planning and person centred active support training.

All of the staff had completed, or were currently undertaking vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification candidate must prove that they have the competence to carry out their job to the required standard.

Staff understood their roles and responsibilities. Induction training was in place for new staff and the registered manager told us how they were exploring but had not yet implemented the new Care Certificate training which they were considering for all staff to update their practice. The Care Certificate has been introduced nationally, to help new care workers develop key skills, knowledge, values and behaviours, which should enable them to provide people with safe, effective, compassionate and high quality care.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager had applied for DoLS for some people, and these had been authorised by the local authority. People were able to make day to day choices about what they wanted to do, eat and wear. Staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves.

People's care records showed that health and social care professionals were involved with people's care, including district nurses, doctors, and dieticians. People told us that they went to the doctors when they felt unwell. Staff were supporting people to attend the doctors surgery and hospital appointments. Each person had a record to accompany them to hospital should emergency medical treatment be required. However, one person's medical condition noted in their care needs assessment record had not been recorded in the care plan of how to manage this condition. There was a risk that the person would not receive the care they needed to support this health condition and this was an area of improvement.

People told us they enjoyed the food. They told us that there was 'curry' for lunch; however, they were served shepherd's pie. People accepted this and were happy to eat the meal however, there was no evidence to show how they had been asked or informed of what was on the menu each day. Everyone appeared to enjoy this meal and the food was home cooked and appetising. People said that they had a choice and if they did not like the food being served they were able to have something different.

Staff told us that they were aware of people's dietary needs and any allergies. Everyone was weighed regularly to ensure that they remained a healthy weight. If people were putting on or losing weight then staff sought advice and guidance from health care professionals. There was little involvement by the people when planning the menus. The registered manager ordered the shopping on line and then people choose from the food available. They were not involved in going to the supermarket to choose the food and there were no formal records to say if they had been involved in changing the menu. This was an area for improvement.

Staff had their meals with people at lunch time and chatted and monitored people discreetly to ensure they had everything they needed. People were encouraged to take their plates to the kitchen to help clear away.

Is the service caring?

Our findings

People were involved in planning their care and showed us their care plan. They sat with us and talked about what they did and how they were supported. They told us the staff were caring and kind. One person said the staff were good, they said "They are looking after me well". "All of the staff are good".

People's life histories and details of their family members had been recorded in their care plans, so that staff could get to know about people's backgrounds, what mattered to them and important events. Staff knew people well, and their likes and dislikes. Staff told us that one person liked to wear sunglasses, and they knew who their favourite musician was. The person got their sunglasses from their bedroom and put them on. They smiled and pointed at the glasses and began to sing a song. Staff clapped and they laughed and joked with the person about how good they looked.

One person told us that they could play the piano. They sat down and played a tune, and staff joined in and sung along. Afterwards everyone clapped and told the person how much they had enjoyed the performance. The person told us, "I learnt it at school."

When staff meetings were held people were invited to join and express their views. Staff took time to include people in their conversations and what they were doing. People were comfortable, calm and relaxed throughout the inspection. Staff encouraged and supported them to do what they wanted.

People personalised their rooms in line with their particular likes and preferences. One person showed us their bedroom. They told us, "This is my flat. I make my own coffee in here, with milk. I have a fridge to keep my milk in." Their bedroom walls were painted blue and the person told us that blue was their favourite colour. The person showed us their CD and DVD collection and told us they had been supported to buy them

Staff listened to people about what they wanted, one person was telling staff how they were going to have a treat on their birthday, such as going out for a Chinese meal. One person asked to call their relative later in the day and staff responded positively.

People told us they spent time with their relatives who were able to visit when they wanted to. People were supported to stay in touch with their friends and relatives and visitors were always welcome at the service. One person showed us pictures of their family and told us, "I go home with them or they come and visit." Staff explained to people who we were and why we were there.

Care plans detailed the support people needed to remain as independent as possible, such as, people walking to the local shop on their own and visiting other towns, either by public transport or car. Two people regularly went to stay with their relatives at weekends. Another person told us how much they were looking forward to going to their local day centre to see their friend.

When people needed additional support to make decisions about their care they received regular visits from

an advocate. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially. When we asked questions about people staff discreetly answered in a quiet voice so not everyone was able to hear.

Is the service responsive?

Our findings

People told us they received the care they needed and staff were responsive to their needs.

At our last inspection in January 2016, we found that care plans had not been updated when people's behaviour had changed, and that people did not have their goals or aspirations recorded. Their activities were not linked to developing learning and exploring new activities. At this inspection we found that these improvements had not been made.

Care plans were reviewed monthly by the deputy manager. However, they were not always updated when people's needs changed, such as when people displayed new behaviours that challenged.

Some of the activities that people took part in appeared repetitive. Records showed that most people went for 'a drive out' and 'listened to music' and 'watched TV.' On the afternoon of the inspection one person went to their regular day centre and other people went out for a ride in the mini bus to drop them off. The registered manager told us that people enjoyed these repetitive activities and, "Did not want to do much else." Activities were not planned in advance and there was no way of prompting or encouraging people to try new things.

There were no goals or aspiration plans in place to ensure that people had a meaningful activity programme. Goal setting is an effective way to increase motivation and enable people to create the changes they may desire. There was no information in people's care plans to show that any goals had been discussed with people. There were no activities linked to developing learning, and exploring new activities or challenges.

People's needs were assessed before moving into the service. One person had moved in recently. Staff had liaised with the person's previous home to find out more about them. Some information relating to the person's health needs and behaviours had been recorded on the assessment, but not documented anywhere else. The person's assessment stated that they were living with epilepsy. There was no information about what staff should do if the person had a seizure, or what their seizure activity may look like. The deputy manager told us that they 'queried if the person had epilepsy.' They had not consulted with the person's doctor or sought advice from any health care professionals regarding this therefore; there was no further guidance in the care plan to ensure that the person would receive the care they needed.

Care plans varied in content, some had detailed information and guidance about people's health, social and personal care needs to enable staff to care for each person. However there were shortfalls in the information about supporting people with their behaviour. One care plan stated that one person may make allegations against staff. There was a lack of information to guide staff how to deal with this situation and the plan stated, 'The registered manager to investigate any allegations.' There was no guidance on what staff should do to prevent it from happening and how to identify any identified triggers which may cause this behaviour.

People's care plans did not clearly detail their medical conditions and lacked guidance with regard to their

behaviour. The plans had not been consistently updated when people's behaviour had changed. People's activities were not person centred, their goals and aspirations had not been assessed to develop their learning. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were involved in planning their care. One person showed us their care plan; they went up to the office and collected it. We talked about this person going out in the community alone. There were risk assessments and guidance in place for staff to support them and the person went off to the local shops and returned during the inspection. People who needed support with their diet through medical conditions were being supported positively and they had reduced their weight which had remained stable, indicating that the guidelines in place to support this person were working well.

There were details in one care plan for when a person became anxious and needed support with their behaviour. The care plan noted what the potential triggers were, such as shouting if people could not get their views across, and what strategies to use to deal with this by asking if the person wanted to watch their DVD's. This strategy had resulted in the number of incidents being reduced for this person and was working positively to improve their wellbeing.

One person had lost the key to their bedroom. They told us that they were worried that a person was going into their room when they were not there. Two different members of staff gave the person conflicting advice. One member of staff offered them verbal reassurance, saying they would arrange for them to have another key cut. A second member of staff told the person that they had lost the key, and there was nothing they could do about it. We spoke with the registered and deputy manager and they agreed that the person should have a new key cut without delay.

People told us they had no complaints about the service or the staff. They said they would speak to staff if they were worried about anything. They felt confident they would be listened to and that action would be taken if they raised a concern.

There was a complaints policy in place and staff knew what to do if anyone complained. A pictorial complaint procedure was displayed in the entrance hall that was easier for people to understand. There had been no complaints since the last inspection but the registered manager told us they would document and respond to all complaints in line with the policy.

Is the service well-led?

Our findings

People told us they liked living at the service. One person said, "It is not bad here. The [registered manager] is very nice."

The registered manager worked alongside the staff team to ensure people received the care and support they needed. The registered manager was experienced in working with people with learning disabilities and knew people well as the majority of people had lived at the service for many years. There were also core members of staff that had worked and supported the people for a long time.

At our last inspection in January 2016, we found that there were shortfalls in the auditing of the service, such as, there were no medicine audits, no infection control audits and no health and safety audits. Fire systems were not being checked in the registered manager's absence and a business continuity plan was not in place. There was no formal maintenance plan and accidents and incidents had not been analysed to look for patterns and trends to reduce the risk of further events.

At this inspection we found that some improvements had been made but further improvements were required. There were no checks or audits being made on the medicines or care plans. The lack of audits meant that the shortfalls identified at this inspection had not been identified by the registered manager or the provider. For example, risk assessments required further detail to ensure staff had the guidance to manage risks safely, care plans were not always updated when people's behaviour had changed and there had been no improvement in identifying the goals and aspirations of people living in the service.

Although people's records were stored securely and confidentially, not all records had the required details to ensure staff and the guidance to look after people safely or responsively. Not all records were available at the time of the inspection. The registered manager sent the required documents to CQC after the inspection. There was also a lack of records regarding residents meetings that had taken place.

The provider had not ensured that they were compliant with the fundamental standards and all of the regulations. Two of the breaches of regulations found at the previous inspection in January 2016 continued. There was a further breach of regulations found at this inspection of regulation 9 personalised care.

The provider had failed to take appropriate action to mitigate risks and improve the quality and safety of the service and records were not always available or completed. This was a continued breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had implemented health and safety audits, and suitable arrangements had been made to ensure that fire checks were carried out in their absence. A maintenance plan was in place to monitor the repairs of the premises and a business continuity plan in case of an emergency had been completed.

People, relatives and health care professionals were sent a quality survey to give them the opportunity to

voice their opinions about the service. Comments were positive and although staff told us that these had been shared with the people there was no formal record to confirm this detail. One relative had commented how there had been a major improvement in their relative's life. People were overall satisfied with the care provided. The registered manager told us that residents meetings took place each week but these had not been formally recorded to show what had been discussed or what action had been taken if people had raised issues.

The registered manager had ensured that all policies and procedures had been updated and were available for staff guidance. Staff were clear about their roles and responsibilities and were clear about the aims and visions of the service. Staff told us that the service was family orientated, people and staff were treated equally. Staff understood the visions and values of the service by treating people with mutual respect and kindness.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People's care plans did not clearly detail their medical conditions and lacked guidance with regard to their behaviour. The plans had not been consistently updated when people's behaviour had changed.</p> <p>People's activities were not person centred, their goals and aspirations had not been assessed to develop their learning.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have sufficient guidance for staff to follow to show how risks were mitigated when supporting people with their behaviour.</p> <p>There were no environmental risk assessments in place to ensure people lived in a safe environment.</p> <p>This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to take appropriate action to mitigate risks and improve the quality</p>

and safety of the service and records were not always available or completed.

This was a continued breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.