

United Response

# United Response - 5 Cedar Avenue

## 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 of 5 Cedar Avenue took place on 20 and 22 January 2016. The visit on 20 January was unannounced and the visit on 22 January was announced.

We previously inspected the service on 29 January 2014 and at that time we found the registered provider was not meeting the regulations relating to keeping accurate records. We asked the registered provider to make improvements. The registered provider sent us an action plan telling us what they were going to do to make sure they were meeting the regulations. On this visit we checked to see if improvements had been made. We found some improvements had been made, however the provider was not meeting the regulations related to keeping accurate records.

The service is required to have a 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. The service did not have a registered manager in place at the time of the inspection. The current manager had submitted their application to commence registration with CQC. At the time of our inspection this was not finalised.

Cedar Avenue provides personal care and accommodation for up to four people who have both learning and physical disabilities. The registered provider is United Response. The home is an adapted bungalow set within its own grounds and is located in a residential setting close to Huddersfield town centre.

There were not always enough staff on duty to meet people's individual needs and keep them safe due to an inadequate staffing contingency system. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had a good understanding about safeguarding adults from abuse and who to contact if they suspected any abuse. Risks assessments were individual to people's needs and minimised risk whilst promoting people's independence.

The provider had effective recruitment and selection procedures in place.

Medicines were managed in a safe way for people

People's capacity was not always considered and recorded when decisions needed to be made. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received an in depth induction, supervision, appraisal and specialist training to enable them to provide support to people who lived at 5 Cedar Avenue. This ensured they had the knowledge and skills to support the people who lived there.

People enjoyed the food and were supported to eat an individualised balanced diet. A range of healthcare professionals were involved in people's care.

Throughout our inspection we observed staff interacting with people in a caring, friendly and respectful manner. Staff were able to clearly describe the steps they would take to ensure the privacy and dignity of the people they cared for and supported. People were supported to be as independent as possible throughout their daily lives.

Individual needs were assessed and met through the development of detailed personalised care plans and risk assessments. People and their representatives were involved in care planning and reviews. People's needs were reviewed as soon as their situation and needs changed.

People were able to make choices about their care. People's care plans detailed the care and support they required and included detailed information about people's likes and dislikes.

People engaged in social activities which were person centred. Care plans considered people's social life which included measures to protect people from social isolation.

Relatives told us they knew how to complain and told us staff were always approachable. Comments and complaints people made were responded to appropriately.

Accurate records were not always maintained in relation to care that was being delivered, for example there were some gaps in recording the daily care that was being provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The new manager was addressing this and some improvements had been made.

The culture of the organisation was open and transparent. The manager was visible in the service and knew the needs of the people in the home.

The registered provider had an overview of the service; however the service's quality assurance systems had not identified and addressed problems we found at the inspection.

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 always safe.

There were not always enough staff on duty to meet people's individual needs and keep them safe.

Staff had a good understanding of safeguarding people from abuse.

Risk assessments were individual to people's needs and minimised risk whilst promoting people's independence.

Medicines were managed in safe way for people.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

People's capacity was not always considered when decisions needed to be made.

Staff had received specialist training to enable them to provide support to the people who lived at 5 Cedar Avenue.

People were supported to eat and drink enough and maintain a balanced diet.

People had access to external health professionals as the need arose.

### Is the service caring?

**Good** ●

The service was caring.

Staff interacted with people in a caring and respectful way.

People were supported in a way that protected their privacy and dignity.

People were supported to be as independent as possible in their daily lives.

### Is the service responsive?

Good ●

The service was responsive

People were supported to participate in activities both inside and outside of the home.

People's needs were reviewed as soon as their situation and needs changed and people were involved in the development and the review of their support plans.

Relatives told us they knew how to complain and told us staff were always approachable

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

Accurate records were not always kept of the care provided.

The culture was positive, person centred, open and inclusive.

The manager held meetings with relatives and staff to gain feedback about the service they provided to people.

Audits were in place; however the service's quality assurance systems had not addressed problems we found at the inspection.

# United Response - 5 Cedar Avenue

## **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 20 and 22 January and was unannounced. The inspection team consisted of one adult social care inspector. Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, and feedback from the local authority safeguarding and commissioners. We had not sent the provider a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit in advance information about their service to inform the inspection.

At the time of this inspection there were four people living at 5 Cedar Avenue. People who used the service were unable to communicate verbally and as we were not familiar with everyone's way of communicating we used observation as a means of gauging their experience. We spoke with two relatives, four members of staff and the manager. We looked in the bedrooms of three people who used the service.

We looked at documents and records that related to people's care, and the management of the home including two staff recruitment and training records, policies and procedures, and quality audits. We looked at three people's care records.

## Is the service safe?

### Our findings

Relatives we spoke with told us they felt confident that their relation was safe at Cedar Avenue, however they said there were a lot of staff changes and different key workers. The staff we spoke with said there had been a shortage of staff due to some staff leaving and agency staff had been used, but this was improving with recruitment of new staff. The manager told us each person who used the service was allocated staffing according to their assessed needs and we saw that this was reflected in their care records and tallied with the number of staff on duty. We saw appropriate staffing levels on the day of our inspection which meant people's needs were met promptly and people received sufficient support. There were a minimum of three staff on duty on the morning shift and three on the evening shift. At night there was a sleep in member of staff and a waking night staff from ten pm until eight am. On the day of our inspection there were three staff members on the morning rota from seven am until three pm plus a member staff from ten am until three pm for activities and three staff members on the afternoon rota from three pm until nine or ten pm.

Two people who used the service required two to one staffing for transfers to and from bed. Both people spent some time in bed in the late afternoon resting and required transferring with two to one staff around 5pm. Two people who used the service were safe in the house with one member of staff observing. Both people were living with epilepsy and could potentially require assistance in the event of a seizure. We saw from historic rotas that on one occasion a member of staff had to go home in the late afternoon due to ill health, leaving two staff on duty for four people, which meant no staff were available to monitor the two people living with epilepsy whilst transfers were being completed in the bedrooms. The on call system involved a number of managers being contactable out of office hours to support with any staffing problems, however one manager was not able to attend the service to provide support if replacement staff could not be found and on the above occasion this manager was on call and no bank or agency staff were available at short notice to cover. This meant only two staff were on duty, until night staff were able to come on duty, and three staff were required to safely meet the needs of people who used the service. Staff told us this had happened on two occasions in the last few months. This showed the service did not have robust contingency plans in place to enable it to respond to unexpected changes in staff availability and meant the service to people using it could not always be maintained.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because sufficient numbers of suitably qualified, competent, skilled and experienced staff were not always deployed to meet the needs of people who use the service

The manager told us the out of hours support system was currently under review and the provider was considering a system where support staff were on call to fill in for any similar event as well as on call managers. The manager told us and we saw from meeting minutes the provider was also planning an extra staff member on the evening shift to enable people to access more social activities in the evenings.

The provider had their own bank of staff to cover for absence, as well as using familiar agency staff. This meant people were normally supported and cared for by staff who knew them well.

Staff we spoke with were clear about their responsibilities to ensure people were protected from abuse and they understood the procedures to follow to report any concerns or allegations. Staff knew the whistleblowing procedure and said they would be confident to report any bad practice in order to ensure people's rights were protected. One member of staff said, "I always report to the manager." We saw information around the building about reporting abuse and whistleblowing.

We saw safeguarding incidents had been dealt with appropriately when they arose and safeguarding authorities and CQC had been notified. This showed the manager was aware of their responsibility in relation to safeguarding the people they cared for.

We saw in the care files of people who used the service comprehensive risk assessments were in place in areas such as keeping a key, managing money, moving and handling and self-injurious behaviour. Risk assessments were detailed and included measures to mitigate risks to people, for example, to mitigate the risk of refusal of medical interventions: two to one support for medical appointments and reassurance from familiar staff. We saw these assessments were reviewed regularly, signed and up to date. Moving and handling plans contained very detailed information for staff on how to support each person and contained information about maintaining the person's dignity and self-esteem.

The members of staff we spoke with understood people's individual abilities and how to ensure risks were minimised whilst promoting people's independence. One member of staff told us, "(Person) has no sense of danger. We have a gate in the kitchen because the hob could be dangerous. If no staff are in the kitchen we close the gate, so (person) can still move about the house independently. When staff are in the kitchen it is open. It is all in the risk assessment and care plan." This showed us the service had a risk management system in place which ensured risks were managed without impinging on people's rights and freedoms.

Staff told us they recorded and reported all accidents and people's individual care records were updated as necessary. We saw in the incident and accident log on the computer incidents and accidents had been recorded and an incident report had been completed for each one. Accidents and incidents were recorded in detail and staff took appropriate action. We saw the registered provider had a system in place for analysing accidents and incidents to look for themes. This demonstrated they were keeping an overview of the safety in the home.

We saw from staff files that recruitment was robust and all vetting had been carried out prior to staff working with people. This showed staff had been properly checked to make sure they were suitable and safe to work with people.

Appropriate arrangements were in place for the management of medicines. The manager told us all staff at the home completed training in safe administration of medicines every year and we saw certificates to confirm this. We saw medicines competence was also assessed regularly. This meant people received their medicines from people who had the appropriate knowledge and skills.

Blister packs were used for most medicines at the home. We found all of the medicines we checked could be accurately reconciled with the amounts recorded as received and administered. We saw a stock check was completed every day and signed by two members of staff. This demonstrated the home had good medicines governance.

Staff we spoke with had a good understanding of the medicines they were administering and we saw medicines being administered as prescribed.

People's medicines were stored safely in a secure medicines room. Topical medicines were stored in the medicines room and records for these were up to date.

Medicines care plans contained detailed information about medicines and how the person liked to take them, including an individual PRN medication protocol for the person as required. Having a PRN protocol in place provides guidelines for staff to ensure these medicines are administered in a safe and consistent manner. This meant people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

The atmosphere of the home was comfortable and homely. The home was well maintained with a spacious living area and kitchen and all doors and corridors were designed for ease of access for wheelchair users. There was a secure accessible garden to the rear and level access to the front of the property. There were art works produced by people who used the service and photographs in the communal areas giving a homely atmosphere. This meant the design and layout of the building was conducive to providing a homely but safe and practical environment for people who used the service.

Appropriate equipment was in place to meet the needs of people who used the service for example ceiling tracking hoists and profiling beds with air flow mattresses. Equipment had been properly maintained and serviced; however a recent quality audit found the service contract for some weight bearing equipment had been cancelled by the previous manager. The new manager immediately set up a new contract and arranged for servicing, which was then a few weeks overdue. Following our inspection the equipment was serviced and found to be safe.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises. We saw evidence of service and inspection records for gas installation, electrical wiring and portable appliance testing (PAT). A series of risk assessments were in place relating to health and safety.

People had a personal emergency evacuation plan (PEEP) in place. PEEPs are a record of how each person should be supported when the building needs to be evacuated. A fire training sheet was signed by all staff and fire drills occurred regularly. The fire evacuation plan was located in the visitor's book by the door to be accessible in the event of a fire. This showed us the home had plans in place in the event of an emergency situation.

## Is the service effective?

### Our findings

Relatives told us staff were able to support their relative effectively . One said, "They care very well."

People's capacity was not always considered when decisions needed to be made. The registered provider had policies in place in relation to the Mental Capacity Act 2005 (MCA). 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). We checked whether the service was working within the principles of the MCA.

Staff at the service had completed training and had a good understanding of the Mental Capacity Act 2005. One staff member said, "Give people information to make informed choices. If they can't decide due to lack of capacity we act in their best interests." However, people's consent to care and treatment was not always sought and recorded in line with legislation and guidance. For example a care plan and risk assessment was in place relating to use of a night time monitor for one person due to the risk associated with their physical health. The person was unable to consent to this and there was no mental capacity assessment or best interest decision recorded.

The new manager showed us they had completed analyses of the restrictions in place with people who used the service and applied for DoLS authorisations for the four people who used the service in October 2015 and they were awaiting authorisation, however there was no evidence that a mental capacity assessment or best interest discussion had been completed before the applications had been made. Risk assessments and care plans involving the person's relative and care team related to restrictions, such as a safety gate at the entrance to the kitchen, were present in the care records of people who used the service; however there was no assessment of capacity or best interest discussion recorded in relation to this decision.

The above issues were a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people's capacity was not always considered when decisions needed to be made in line with legislation.

The new manager showed us the provider was in the process of introducing new care records which considered and recorded capacity to consent and best interests' decisions in every area of people's care and support.

We saw the care records we sampled contained detailed decision making profiles for everyday decisions with entries such as, "When is not a good time for me to make a decision." with the answer being "When the environment is busy." Two people's finances were managed by others who had legal authority over their

finances and appropriate consent was recorded and up to date.

Staff were provided with training and support to ensure they were able to meet people's needs effectively. Staff told us they completed a comprehensive six week induction including a week of training, completing the care certificate and several weeks of shadowing more experienced staff before starting work at the service. The shadowing focused on getting to know people's individual needs and preferences. One member of staff said, "It gave me a lot of confidence." We saw new staff shadowing on the day of our inspection and they were additional to the required staffing on the duty rota.

We saw evidence in staff files and training records that staff regularly undertook training to enhance their role and to maintain their knowledge and skills relevant to the people they supported. Staff told us and we saw from training records staff had completed training in areas including moving and handling, Autism awareness, de-escalation techniques, person centred active support, first aid, fire safety, health and safety, The Mental Capacity Act, safeguarding and infection control. Training was a mixture of computer based and practical face to face training. One member of staff said, "They had me in the hoist on the training. I always make sure people feel secure when using the hoist."

Staff we spoke with told us they felt appropriately supported by managers and they said they had regular supervision, an annual appraisal and monthly staff meetings. One staff member said, "I feel supported. The senior is really helpful." This showed staff were receiving regular management supervision to monitor their performance and development needs.

Staff told us communication was good. A 15 minute handover was held between shifts and a daily communication and medical communication book was used to share information such as health issues, activities and meal planning.

People enjoyed the food and were supported to eat a balanced diet. The manager told us staff did the cooking and people who used the service joined in with the household shopping.

People made choices in what they wanted to eat. We saw a menu planner on the fridge, which was based around the tastes and preferences of people who used the service, and people were able to make other choices if they did not like the planned menu. Each person had an extensive list of food likes and dislikes in their care records, which was used to inform meal planning as well as photographs of food they liked. Each person had a food cupboard in the kitchen containing some of their own preferred food.

People had the equipment they needed to enable them to eat or drink independently, for example one person had a non-spill cup they could keep with them to access drink at any time.

We saw the individual dietary requirements of people were catered for. Two people who used the service followed a Halal diet and food was cooked and kept separately. One person was living with diabetes and was supported to eat a healthy diet.

We saw a food diary was kept for each person and each person was weighed regularly to check for any changes. We saw on most days food intake had been recorded, however for two people there was no record of breakfast being eaten on 18 January. The night handover record on this date had not been filled in either. The manager said sometimes the night staff forgot to record this on the new paper work and they would address this with them. We saw the manager had stressed the importance of completing records at several staff meetings.

People had access to external health professionals as the need arose. An optician and a GP visited people who used the service on the days of our inspection. Staff told us systems were in place to make sure people's healthcare needs were met. People had a hospital passport and up to date health action plan in their care records. They said people attended healthcare appointments and we saw from people's care records that a range of health professionals were involved. This had included GP's, hospital consultants, community nurses, physiotherapists, chiropodists and dentists. This showed people who used the service received additional support when required for meeting their care and treatment needs

## Is the service caring?

### Our findings

We asked relatives their view of staff. Relatives we spoke with said, "Yes they are caring. Everyone is friendly. You can come when you like." "We are happy with the care. They are very culturally aware and always take note of (persons) culture. My respect goes to them. They are very involved with (person)."

Staff we spoke with enjoyed working at 5 Cedar Avenue and supporting people who used the service. One staff member said, "It is really rewarding. I love all the guys. They are very engaging."

Staff we spoke with had a good knowledge of people's individual needs, their preferences and their personalities and they used this knowledge to engage people in meaningful ways, for example supporting one person to use a musical instrument. Staff told us they spoke to the person or their family members about their likes or dislikes and spent time getting to know them during induction to the home. We saw care files contained detailed information about the tastes and preferences of people who used the service, including a personal history of the person and staff told us they had opportunity to read these records before commencing work with the person. This gave staff a rounded picture of the person and their life and personal history before they went to stay in the home.

Staff worked in a supportive way with people and we saw examples of kind and caring interaction that was respectful of people's rights and needs. For example staff used appropriate touch, such as brushing a stray hair away from a person's face to make them more comfortable. One carer felt a draught and closed the window when talking with a person who used the service who they knew didn't like the cold. We heard staff asking people what they would like to do and explaining what was happening.

People were supported to make choices and decisions about their daily lives. One member of staff said, "They all decide when they want to go to bed." We saw people were offered a choice of food and drink and activity. We heard staff discuss possible healthy breakfast options to try with one person from their knowledge of their tastes and preferences. Staff used Makaton, gestures, facial expressions and photos to support people to make choices according to their communication needs. Some people liked to use musical instruments to express themselves. One member of staff said, "They have fun."

People's individual rooms were personalised to their taste. For example one person who enjoyed craft activities had numerous examples of their work around their bedroom. Personalising bedrooms helps staff to get to know a person and helps to create a sense of familiarity and make a person feel more comfortable.

We saw staff took an interest in people's well-being and were skilful in their communications with people, both verbally and non-verbally to help interpret their needs. For example staff interacted with one person who liked to sit on the floor by sitting on the floor with them. We saw the manager reflecting back the sounds one person made in order to engage with them. Staff spoke with one person who they had noticed was unwell and ensured they were comfortable.

Staff were respectful of people's privacy; they knocked on people's doors and asked permission to enter. Staff told us they kept people covered during personal care. One member of staff said, "I always talk to

people, not over them." They told us care plans contained information about terms of endearment people preferred and how they wished to be addressed. They said, "It's about respect."

People were encouraged to do things for themselves in their daily life. We saw one person who used the service being encouraged to join in with doing their laundry. One member of staff said, "I try to engage people. (Person) comes to the laundry with me. (Person) will hold the laundry." We saw one person being enabled to use the spoon themselves when eating a meal and being supported practically only when necessary to complete the meal. People used public transport to access the community and maintain their community living skills.

## Is the service responsive?

### Our findings

Relatives we spoke with told us they could visit unannounced at any time and were always welcomed. They said, "We are always invited to reviews and they keep us informed. We are happy with the care. (Persons) needs are being met. We feel we can call if we need to say anything. No complaints."

We saw in the care files of people who used the service support plans were in place covering areas such as personal care, physical health, finances, and accessing the community. Support plans were detailed and person centred and included photographs to involve the person in their support. One person's communication care plan said, "I like a welcoming gesture and clear and concise communication. I like to be involved." Care plans contained detailed information on how to support each person, for example photographs of good positioning and bad positioning for a person who used a wheelchair.

People's needs were reviewed as soon as their situation and needs changed. The manager told us reviews were held annually and care plans were updated when needs changed. The service was in the process of changing care files in line with the registered provider's new paperwork. The manager told us, and we saw from records, keyworkers were currently updating each care record and planning each person's annual review to be held in the next month. One of the care files we sampled had been reviewed in December 2015. These reviews helped in monitoring whether care records were up to date and reflected people's current needs so that any necessary actions could be identified at an early stage.

A detailed health file was also kept containing a medical profile, medication profile containing detailed information about what each medicine was for, how and when to take it, any side effects and food to avoid. Daily records were also kept detailing what activities the person had undertaken, as well as a daily support record tick sheet.

People were supported to participate in activities both inside and outside of the home. We saw care for people was person centred and staff were led in their work by what people wanted to do. Staff spoke with good insight into people's personal interests and we saw from people's support plans they were given many opportunities to pursue hobbies and activities of their choice. On the day of our inspection two people who used the service were going out to the local park for lunch. One person went out for lunch with their relative and a member of staff and one person went to day service. Staff and relatives confirmed people were involved in lots of activities of their choice and records confirmed this.

Staff we spoke with knew what mattered to people and spoke about people's abilities and talents Staff told us one person who used the service enjoyed spending time in their room with sensory activities and we saw this was facilitated. Another person had additional support at weekends to go out on trains and visit places of interest. A different person enjoyed having their hair and nails done at the weekend and being pampered. Care plans contained photographs of loved ones and leisure activities the person enjoyed. This demonstrated staff were able to find out people's interests and encourage social interaction and communication.

Staff told us and we saw from records how they enabled people to see their families as often as desired. They told us they took one person on holiday twice a year to stay near their family so they could see them in line with their wishes and they were also planning a canal boat holiday. The outcome of community activities recorded in one person's care plan was, "Pleasure from meeting new people." This meant staff supported people with their social needs.

There was evidence people and their representatives had been involved in discussions about their care and relatives we spoke with told us they were always invited to reviews and involved in their relatives support. We saw people making choices, for example by pushing food away when they had had enough. One member of staff told us a person, "Chose to have breakfast in the front room because (person) likes people with them. Last week (person) had it in bed." This meant that the choices of people who used the service were respected.

The relatives we spoke with told us staff were always approachable and they were able to raise any concerns. We saw there was an easy read complaints procedure on display for people to see and a complaints procedure was included in people's service user agreement. Staff we spoke with said if a person wished to make a complaint they would facilitate this. We saw the complaints record showed where people had raised concerns these were documented and responded to appropriately. Compliments were also recorded and available for staff to read.

## Is the service well-led?

### Our findings

There had not been a registered manager in post at the service since December 2014. The new manager had been acting manager at the service since that time. They had been in post as manager for around five months. They had applied to register with CQC as manager of the service but this was not yet finalised.

At the last inspection we found the registered provider was not meeting the regulations relating to keeping accurate records. At this inspection we found some improvements had been made, however the provider was still not meeting the regulations. One person who used the service had a detailed respiratory pictorial care plan including photographs and staff had received training in how to support the person to clear their chest. The physiotherapy plan said the technique should be used every day. Staff told us they provided the support every day; however we saw from records the support had been ticked as given on seven out of the previous ten days. The manager told us bath slings were meant to be checked daily; however we saw from records the slings had been signed as checked on 12 out of the previous 18 days.

We were told by the manager that two people who used the service had a bath daily. We saw from records hot water temperatures for the bath had been recorded on seven occasions in the last month. The manager told us they were changing the records of water temperatures from a sheet in the bathroom to the daily records sheet to support staff with recording. The manager said this was a problem with staff not always using the new records correctly. This meant people were not always protected from the risk of inappropriate care because of gaps in recording. The manager told us they would continue to address this.

The above issues meant people may be at risk of inappropriate care because accurate and appropriate records were not always maintained. This evidenced a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff we spoke with said, "It's better now. Things are changing with new paper work." "I have worked in lots of care homes and there is an open door policy here. (Manager) is fantastic. He is a super manager." "Change is essential. Things are moving in a better direction."

The manager regularly worked with staff 'on the floor' providing support to people who lived there, which meant they had an in-depth knowledge of the needs and preferences of the people they supported.

The manager said the home aimed to promote person centred active support and enable people to maintain their independence. They had held a team day to promote active support with staff and active support was now a section on daily records. The manager told us they met with an internal network of managers to share good practice. This meant the manager was open to new ideas and keen to learn from others to ensure the best possible outcomes for people living within the home.

The service promoted a positive culture that was person-centred, open, inclusive and empowering. The manager said that they operated an 'open door policy' and staff were able to speak to them about any problem any time. Staff we spoke with confirmed they were confident to talk to the managers about

anything.

Staff meetings were held every month. Topics discussed included staff training, planning review meetings, shift planner paperwork, gaps in recording, liaising with families around Eid celebrations and extra staffing for evening activities. Actions from the last meeting were discussed and goals were set from the meeting. Staff meetings are an important part of the provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and treatment for people living at the home.

We saw documents were maintained in relation to premises and equipment. There was evidence of internal daily, weekly and monthly quality audits and actions identified showed who was responsible and by which date. Following a number of medicines errors in 2015 the new manager had changed the medicines system, introduced a daily stock check and increased medicines competence assessments for all staff in order to embed good practice in the service. The number of incidents had reduced as a result and were picked up sooner. The manager had introduced a new system of managing people's money, with daily checks and was implementing new recording systems in order to reduce gaps in recording. This showed staff compliance with the service's procedures was monitored.

We saw required action from management one to ones had been followed up, as well as required action from the manager's improvement report and action plan. We saw managers audited one another's service and sent audits to the quality manager and each other, highlighting areas that needed addressing. This demonstrated the management of the organisation were reviewing information to improve quality in the organisation; however the provider had not identified and addressed the problems we found at the inspection.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for Consent  Care and treatment of people who used the service was not always provided with the consent of the relevant person  Regulation 11 (3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance  The registered person did not always maintain securely an accurate, complete and contemporaneous record in respect of each person who used the service  Regulation 17 (2 )(c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing

Sufficient numbers of suitably qualified, competent, skilled and experienced staff were not deployed to meet the needs of people who use the service

Regulation 18 (1)