Royal Mencap Society

Hulse Road

Inspection report

15 Hulse Road
Salisbury
Wiltshire
SP1 3LU

Tel: 01722326490
Website: www.mencap.org.uk

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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

Hulse Road is a small care home providing support and accommodation for up to six people with a learning disability. The home is run by The Royal Mencap Society, a charity based in the UK that works with people with a learning disability. At the time of our visit, five people were living in the home. The inspection took place on 2 November 2016. This was an unannounced inspection and the home's first rated inspection.

A registered manager was not in post when we inspected the service. 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 registered manager had left the company a year ago but had not cancelled their registration with The Care Quality Commission. A new manager had been in post since July 2016 and was about to start the process to become registered manager. The manager was present and approachable throughout our inspection.

Staff knew how to identify if people were at risk of abuse and what actions they needed to take should they suspect abuse was taking place. Some people living at the service were unable to communicate verbally and staff were mindful of the signs to look for if people who could not verbalise were being mistreated.

People's' medicines were not always managed safely. Protocols for prescribed medicines which were taken 'as required' (PRN) were not made available for us to review. We looked at people's medicine administration records and saw there was a missed signature for one person's medicines from the previous day. This meant we did not know if the person had received their prescribed medicine at this time.

People's care files were not kept in a secure place but left out on a table in the dining room. This meant they had access to other people's care plans which contained private information such as medical history. The manager informed us they would be moved to a secure place.

Staffing had been variable for the service but the manager had been working to address this and ensure consistency for people living in the home. On the day of our inspection a staff member had called in sick and the manager had arranged agency cover for this. Relative's comments included "They had a lot of problems with staff, but it has settled down now and my relative is happy" and "Lots of staff changes has an impact on people getting out and about".

All new staff received an induction when they started working for the service, which included shadowing a competent member of staff. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

Four people living in the home did not leave the home without a staff member being present. This meant they were under constant supervision and their liberty was being restricted. We looked in people's care plans for evidence that these decisions had been made appropriately and by the correct governing body.

However there was no evidence of an application or authorisation in place and the manager confirmed that these had not been submitted. This meant people had been deprived of their liberty without the legal authorisation to do.

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Relatives were reassured their loved ones were well cared for commenting "We are overwhelmed at how the place treats her, it's wonderful" and "It's excellent care, they are all very good staff".

During our inspection we saw that one incident that had been reported to the police had not been notified to CQC. We use this information to monitor the service and ensure they responded appropriately to keep people safe.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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.

Medicines were not always managed safely. Protocols for 'medicine as required' were not made available and a missed signature for a person's prescribed medicine was observed.

Staff knew how to identify if people were at risk of abuse and what actions they needed to take should they suspect abuse was taking place.

Staffing had been variable for the service but the manager had been working to address this and ensure consistency for people living in the home.

Is the service effective?

Requires Improvement

The service was not effective.

Four people were being deprived of their liberty without the appropriate legal authorisation in place.

Staff were receiving regular one to one supervisions at the time of our inspection; however we could not see a record of previous supervisions to show that staff had been receiving these regularly prior to the new manager coming into the home.

New staff were supported to complete an induction programme before working on their own. We saw that staff had an induction record in place which ticked off when staff had gained the relevant knowledge about the home and were competent in their role.

Is the service caring?

Good

The service was caring.

The service was caring. People and relatives spoke positively about staff and the care they received. This was supported by what we observed.

Care was delivered in a way that took account of people's

individual needs and in ways that maximised their independence.

Staff supported people to make their own decisions about their day to day life.

Is the service responsive?

Good

The service was responsive.

Support plans were in place that accurately recorded people's likes and dislikes and preferences. Staff had information available that enabled them to provide personalised responses to people's behaviour needs.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident any complaints would be listened to and acted upon.

Is the service well-led?

Requires Improvement

The service was not always well-led?

There had been a period of instability with different managers coming and leaving the service which had impacted on people, their relatives and staff. A new manager was in place and people spoke positively of the effect she was having on settling the service.

A notifiable incident had not been reported to The Care Quality Commission.
Documentation showed that management took steps to learn from investigations and put measures in place which meant they were less likely to happen again.

Hulse Road

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 2 November 2016 and was unannounced. The inspection team consisted of one inspector. This was the home's first rated inspection. Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.
We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with four people living at the home, four relatives and friends, four staff members and the manager. We contacted two health professionals who worked alongside the home but we did not receive any feedback from them at this time.

We reviewed records relating to people's care and other records relating to the management of the home. These included the care records for three people, medicine administration records (MAR), three staff files, the provider's policies and a selection of the services other records relating to the management of the home. We observed care and support in the communal lounge and dining areas during the day and spoke with people around the home.

Requires Improvement

Is the service safe?

Our findings

Peoples' medicines were not always managed safely. At the time of our inspection protocols for prescribed medicines which were taken 'as required' (PRN) were not made available for us to review. The manager showed us people's medicine administration records (MAR) but there was no PRN protocols accompanying these records. We raised this with the manager during feedback at the inspection who informed us this would be addressed. Since our inspection the provider has sent evidence to show that these were in place for people, but had not been shown to us at the time of inspection alongside people's medicine administrative records. The provider has informed us these protocols have been reviewed and copies are now been kept in people's MAR's'.

We reviewed people's medicine administration records and saw there was a missed signature for one person's medicines from the previous day. This meant we did not know if the person had received their prescribed medicine at this time. The manager was unsure why this had happened and told us she would investigate this with the staff concerned. The home had recorded six medicine errors for this year and we spoke with the manager about the management of these. The manager informed us that action taken would depend on the seriousness of the error made but it would include speaking to the staff involved, contacting the person's GP, completing an incident form and conducting a one to one supervision. The manager said it would be decided on an individual basis if the staff member needed refresher training in medicines, or extra observations would be completed.

We saw that some people were supported by staff to apply topical medicines. There were no body maps in place to support staff in knowing where to apply the cream if people were not able to tell them. The manager told us the staff knew to follow the directions on the medicine, which stated how much to apply and how often but this did not always state the specific location of the application.

We saw that people's care files were not kept in a secure place but left out on a table in the dining room. The manager explained that this was because they wanted people to have access to their care plans when they wanted. We explained that this method meant they had access to other people's care plans which contained private information such as medical history. The manager agreed that this should not be accessible by others and informed us they would be moved to a secure place, but would let people know at any point they could ask to view their care plan.

People were kept safe because systems were in place reducing the risks of harm and potential abuse. Staff had received safeguarding training, and were aware of their responsibilities in reporting concerns, and the concerns of those they supported. One staff member told us "I am about to do another course on safeguarding, any concerns I would report". Relatives told us they had no concerns over people's safety commenting "[X] is100 per cent safe" and "I have no concerns over [X] safety".

Some of the people using the service were not able to communicate verbally and staff were aware to look for other indications that would suggest people were not being treated appropriately. Staff comments included "For people that are non-verbal we always check and report any marks or bruises, we look when

assisting with personal care. If upset people can let you know, such as changes in their behaviour" and "I would record what I had seen, report to the manager or go higher up the chain. If someone can't communicate, I would look at their body language, facial expressions and their reluctance to do something". One person we spent time with responded 'yes' when asked if they felt safe living at Hulse Road.

We saw in the front entrance a photo chart was in place to record when a person had gone out and who was still present in the building. Staff would move someone's photo to the 'gone out' side when the person left so they could keep an accurate check of who was in the house at any one time. One member of staff told us "It's a lovely safe environment for the people we support".

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. For example we saw one risk assessment in place for a person who had been supported to walk independently to town and a local day centre they attended. A safe route had been established with the person and staff had gradually reduced the support until the person was completing the trips on their own. One staff member told us "We help people to fulfil goals within a safe setting and support them to be safe". The manager told us "Risk assessments are in place, it's about safe risks, measured risks, ensuring people aren't restricted by risks, we balance risks with a good quality of life and ensure it's not reduced by restrictions around risks".

People all had personal evacuation plans in place in case they needed to leave the building in an emergency. These detailed the support each person would require in order to safely evacuate. For people that had limitations in their hearing precautions had been taken to ensure they were safe. This included a vibrating mat in their bedroom and a light which would flash if the fire alarm was set off so they knew to evacuate the home.

Staff assisted some people with their finances if they were unable to manage these themselves. We saw that risk assessments were in place and staff had to take an authorisation letter and identification with them when assisting a person to withdraw any money. All transactions were recorded on a cash sheet with the receipts and the reason for the purchase so the manager could monitor this. Daily checks were completed by staff at each shift handover of people's money.

We saw recorded in one person's care plan that staff checked the person's bank statements each month. We asked the manager about the necessity of staff knowing what a person had in their bank account and the potential for risk this could create. The manager informed us that often when people received their post they would give it to staff, but agreed that information relating to people's personal accounts could be kept and checked by the manager. The manager further said she would take over the responsibility of this to reduce any risks.

Staffing had been variable for the service but the manager had been working to address this and ensure consistency for people living in the home. On the day of our inspection a staff member had called in sick and the manager had arranged agency cover for this. The agency staff member had previous experience of working at the home and knew the people they were supporting. One person had not been able to attend a planned activity due to the change in staffing, but was offered another activity and appeared happy with the change.

We spoke with people's relatives and friends about their experience of staffing in the home and comments included "They had a lot of problems with staff, but it has settled down now and my relative is happy", "Staffing there has been a bit of a problem, but it is sorting itself out now", "Lots of staff changes has an impact on people getting out and about" and "Staffing is fine".

Staff we spoke with felt the issues with staffing were being addressed by the manager and improvements had been seen commenting "Staffing has been up and down, we use a regular agency, we have more people coming in ,they are going through the process", "We do manage with the staff, we are using agency and we have some good agency, but it will be easier with new recruits" and "Staffing is the main issue but the manager has employed more so we are waiting for them to go through the process, the manager is working on it". The manger had recently employed two new staff who were currently going through the necessary recruitment checks. The manager told us "We use regular staff from the same agency for consistency". During our inspection the manager made a call to arrange agency cover and requested that a staff member be sent who had previously worked at the home.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. We looked at three staff files and saw they contained an interview record of the questions asked. For example potential employees were asked questions around prior knowledge of the service they wanted to work for, how they would manage a complaint from a person using the service and the actions they would take in a challenging situation. These questions helped identify the knowledge and understanding each candidate held in order to make an informed judgement on their suitability as an employee. The manager told us "We have values based interview questions, it's not just about experience, but about being willing to learn and develop and if people are enthusiastic to learning about the complex needs we support".

We found the service to be clean and staff were able to explain how standards of cleanliness were maintained and cleaning schedules were in place to record that all areas of the home were being cleaned. Comments from staff included "When we come on shift, we do health and safety checks such as checking the fridge" and "We support people to clean with us, once a month we do a deep clean". During our inspection we saw that a bathroom on the ground floor was leaking water from pipework under the sink. We informed the manager who immediately warned other people and staff before cleaning it up and making the area safe. The manager then contacted and arranged for a plumber to come out and address that day.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards (DoLS) are part of the Act. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

Four people living in the home did not leave the home without a staff member being present. This meant they were under constant supervision and their liberty was being restricted. This was in place to keep people safe who would be unable to manage situations outside of the home and would be at risk of harm. We looked in people's care plans for evidence that these decisions had been made appropriately and by the correct governing body. However there was no evidence of people having had a mental capacity assessment, a best interests meeting or an application or authorisation for DoLS to be in place. We raised our concerns with the manager who said she was unsure what was in place for each person. The manager phoned the company's quality assurance manager who said mental capacity assessments had been completed for people and would search the system and send these over. The manager told us she believed some applications had been made but was not sure and understood she should know what information was in place for people, but had not been able to access a shared system which contained historical data.

After our inspection the manager provided evidence to show that mental capacity assessments had been completed and were now on people's files. The manager also confirmed that after looking in to the DOLS applications further it was apparent these had not been put in place. This meant people had been deprived of their liberty without the appropriate legal authorisation to do so in place. The manager confirmed that all these applications were submitted immediately and showed us evidence that this had been completed and people's families informed.

This was a breach of Regulation 13 (5) Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw for other aspects of people's care consent forms had been put in place to confirm people agreed with the care and support provided. For example consent forms had been signed for medicines to be administered by staff. One staff member told us "We talk each person through choices; we have the days of the week on a board for one person. They can still understand to some extent and are always given choice and asked, as far as possible they get to choose". Another staff commented "It is about the ability of the individual to make a considered decision, whether they have capacity to make a decision. It's about supporting people to do what they can do and take each day as it comes".

Staff were receiving regular one to one supervisions at the time of our inspection; however we could not see

a record of previous supervisions to show that staff had been receiving these regularly prior to the new manager coming into the home. The manager told us these could be on the previous manager's system that she did not have access too but could not find evidence of these recorded on staff files. Staff also confirmed they were now receiving regular one to one's but these had been previously intermittent.

The manager told us the paperwork for one to one supervisions had changed and was now more value based. Supervisions were meant to take place every three months, but the manager said these had been a little behind as there had been other things to prioritise when she first started. The manager said the staff had still been given the opportunity to raise concerns in meetings and on shift if needed and regular discussions had taken place. Staff told us they felt supported and commented "I have a supervision booked"; "I have had a one to one with the manger. If any niggles or personal issues I can do this quietly then" and "Supervision was helpful, my manager told me where to develop, I got feedback".

Staff told us they had the training they needed when they started working at the home, and were supported to refresh their training. Staff completed training which included safeguarding, fire safety and moving and handling. Staff comments included "I have done all the mandatory training and dementia", "I have completed dementia training to understand and support people with this" and "We do learning disability training in the induction, but in terms of specifics such as autism the manager is requesting at the moment for this". We saw one staff member's safeguarding training had expired on 20 September 2016 but the manager confirmed this staff had been booked on the training taking place the week after our inspection.

New staff were supported to complete an induction programme before working on their own. They told us, "We do shadowing days and wouldn't lone work until we have completed our induction. The manager is always around and observes us", "I was agency here previously and I transferred over to Mencap, the induction helped fill in the gaps" and "The new inductions have come on leaps and bounds, it's more individual and person centred now". We saw that staff had an induction record in place which was ticked off when staff were competent and had gained the relevant knowledge about the home such as fire procedures and the on call system.

Staff supported people who at times could become anxious and exhibit behaviours which may challenge others. Positive behaviour support plans and risk assessments were in place which detailed potential triggers specific to the individual and strategies for coping with the behaviour to ensure the person's safety and that of others around them. We saw that people had regular contact with other health professionals and staff told us they were confident in managing situations of this nature. We looked at the provider's policy on positive behavioural support which stated 'We don't think that having a bad day means people should be described as having behaviours that challenge and that our first approach should always be to look at what we could be doing better'.

A menu folder was in place which contained pictures of meals and the ingredients and guide on how to prepare the meal so people and staff had this information to hand. We saw this folder clearly stated that one person was on a soft diet in line with the Speech and language therapist (SALT) recommendations so staff were aware. We looked at the person's food and drink support plan and saw that it stated 'All staff to read care plan and observe person at all times of eating and drinking, because at risk of choking when eating'. Staff had signed to say they had read and understood how to support this person during meal times.

Staff told us "People are quite independent, they make their own breakfast, so we just tend to be around", "People have breakfast whenever they come down. They choose what they want for lunch or dinner, we give several options or an alternative", "A menu is in place for tea. People come shopping with us and some people get involved in the preparing of the food" and "In the lounge we put out snacks, but people have

access to the fridge and there is fruit available at all times. Everyone can make their own hot drinks". We heard one staff member explaining to an agency staff member that one person could make their own breakfast and to just prompt them. One relative told us "They know her dislikes and always give an alternative".

We saw that one person was having their fluid intake monitored to ensure they drank enough. However whilst staff were recording the amounts the person had throughout the day, this was not always being totalled to establish if the person was drinking the recommended amount. We raised this with the manager during feedback who said it would be addressed. We saw one person was being weighed on a regular basis and had lost a significant amount of weight in the last month. We asked the manager how this was being managed and were informed the manager was aware and had been trying to contact the person's GP to arrange a home visit.

People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. We saw one health care plan stated that the person was not fully aware of their own actions on their health, and may find it hard to verbalise what pain feels like or where it is located. It further recorded that staff were to be vigilant in reporting bruises or marks and any concerns to the appropriate health professional.

The building did not have a lift installed and was over three floors with only two bedrooms located on the ground floor. At the time of our inspection no one in a room above ground level had a mobility concern. We spoke with the manager about how people would manage if their mobility declined and were informed that the building was not suitable for people with mobility concerns and a more suitable placement would be sourced to meet those needs at that time.

The home was an older property and was in need of some redecoration. The manager told us this was scheduled for the corridors and stairs. The manager said it was hard finding the time to do this that did not interfere or disrupt people living in the home too much. People's bedrooms had already been decorated to their own personal style and they had gone with staff to look at furniture and choose their colours. During our inspection one person showed us their bedroom and we saw it had been personalised with their pictures and belongings. The person proudly pointed to the colour of the walls which they had chosen.

Good

Is the service caring?

Our findings

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Conversations heard between people and staff during our inspection demonstrated that staff had taken the time to learn about people's backgrounds and interests. One staff member told us "We know people well, I know what their likes and dislikes are, and we research new things to do". One person told us "I get on with staff". Another person said "Yes I'm happy here, would you like a cup of tea". We saw one person asking staff if a member of staff who was off sick was ok and when they would be back.

Relatives told us they were reassured their loved ones were well cared for commenting "We are overwhelmed at how the place treats her, it's wonderful", "It's like a big family, it's home", "It's excellent care, they are all very good staff" and "It's [X] home and it feels like home". The manager told us "The service feels like a home and people feel and believe this is their home. The people we support have lovely relationships with each other. I think the people we support feel supported; I get very moved by seeing people have fun in their family home".

People were encouraged to make decisions regarding their care. We saw one person's care plan stated 'It is possible to get verbal consent to simple things and [X] can sign consent when explained in pictorial format so knows what signing for, but may be unable to weigh up a more complex consent issue'. This demonstrated that the service had thought about ways in which they could explain, develop and agree on meeting people's needs with the person concerned. We saw during our inspection that people's wishes were respected by staff, with one example of a person tuning down an offer to go out for lunch. The staff member responded "That's no problem; it's completely your choice".

Staff told us that people were encouraged to be as independent as possible. Relatives and friends commented "They will push her to do things for herself" and "She has own key, it's important to feel that this is her home, they encourage independence". One staff member told us "When we are out, we encourage people to make payments for their purchases and receive their change". We saw during our inspection staff were proactive in encouraging people to participate in daily activities of cleaning and tidying up. Pictorial signs were displayed around the home serving as reminders to people such as 'Washing up their plates after each meal'.

The manager ensured staff were clear on the importance of respecting and promoting people's cultural backgrounds commenting "We give people opportunities, it's easy to fall into the trap within the home, of what's good for one is good for all".

Good

Is the service responsive?

Our findings

Care, treatment and support plans were personalised. The examples seen were thorough and reflected people's needs and choices. For example one person's care plan discussed in detail what the person was able to manage independently and what they needed help with stating 'able to do most of dressing herself but needs some physical support doing zips and button fastenings'. Another care plan stated a person could use the kettle but staff were to ensure it was not too full for the person. One staff commented "Over the years I have got to know what people enjoy and what they choose".

The care plans were also in a pictorial format for people who needed information in this way. We saw these care plans were being reviewed regularly. One staff said "We always make sure we read the support plans, the manager updates them all the time so we know the changes". Staff completed a daily record of the care and support each person had received. This described the person's mood state for that morning and afternoon, what activities they had participated in and if any significant events had occurred.

Staff knew people's individual communication skills, abilities and preferences. Although staff had some communication tools in place for people this was an area the manger was keen to develop. One member of staff described an online software tool they used saying "We use 'Communication in print'. We type a sentence into the computer and it translates into the relevant picture symbols. We can then show this to people and use it to explain things". Another staff commented "Communication in print is invaluable. We have pictures of places to go and toiletries so what people need is identified".

One member of staff told us they support one person to attend a drama club at a local day centre saying "We take part in a play and I do it with the person and we sign it all". We saw in one person's care plan stated staff were to use shorter sentences when speaking and a review recorded that the person's communication was developing all the time to include more sophisticated and complicated sentences and information. One relative commented "We have noticed such a difference in her communication".

Two people living in the home used limited Makaton (Makaton is a language programme using signs and symbols to help people to communicate) to express their needs and wishes. Some of the staff had received training in this and it had been arranged for the new staff that were joining the service. The manager was working on ensuring all staff were Makaton trained commenting "The focus of the house is to get our communication effective. Making sure we have a staff team that are able to communicate effectively. People are able to choose and make decisions but I want to increase this through communication". One relative commented "[X] has specific communication needs which are dependent on staff having the knowledge".

People's needs were reviewed regularly and as required. Where necessary the health and social care professionals were involved. One person was in the process of moving to a new placement which had been assessed to ensure it met the change in their needs. One staff member told us "One person's needs have changed a lot recently, they can change daily. We find strategies to work around this, and all support each other". People's relatives were also offered the opportunity to be part of their loved one's care decisions, with one relative commenting "I'm involved in decisions and attend regular meetings".

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. We saw there was a handover folder in place which recorded daily checklists of things needing to be completed, including checking people's finances. A communication diary was in place for staff so they knew if people had any appointments to attend that they needed reminding of, or supported to go to.

People were able to choose what activities they took part in and suggest other activities they would like to complete. On the day of our inspection three people were out at a day centre for some of the day and other people had either gone into town or out for lunch. One person had been going to attend an aqua fit class but this had been cancelled due to staff sickness. A staff member told us "It was cancelled today due to staffing but this is not a usual thing, this was communicated to the person and another activity was put in place which they were happy with". One person told us "I went to town for lunch, and I am going to get a magazine tomorrow". The manager told us she was "Trying to source appropriate groups for people to join. I have some people who love music, singing and dancing".

The manager was in the process of supporting one person to book their holiday. This person was excited about their holiday and showed us a brochure of where they would be staying commenting "I booked my holiday". The manager told us "The holidays are crucial for people; it's about continuing to increase community activities". Staff told us "We are working on planning more activities, it's about finding things they are going to enjoy" and "People need more activities and the manager is working on this".

We reviewed the activity timetable which showed what activities people were attending that week and saw it included things such as banking, room clean, pamper day, music group and walk with friends or family. The manager told us "Activity plans need work. People do attend day centres and we are trying to encourage people to be more involved and do things. We are going to create an activity board so people can see what's coming up. We are aware it needs improving". Relatives and friends of people were keen to see their loved one's participate in more activities commenting "We have been pushing for her to do more, she has certain things she likes", "Activities may be one thing that has changed and I hope it will now be a move to get people out and about more" and "[X] has enough to do, when there was a staffing problem she didn't but the staff are more settled now".

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. We saw in people's care plans it recorded who the person had regular contact with and how this was maintained in the form of visits, phone calls or letters. One staff member told us "Relatives visit, some come regularly, one person and their friend visit each other, we encourage it, people are welcomed". One relative said "My relative spends weekends at home with us. We have phone calls, and rings us up twice a week".

People had been provided with information on how to make a complaint if needed. This had been provided in an easy read format also for people who needed information in this way. The last formal complaint had been received in 2007. The manager told us any informal concerns that arise are managed as they arise. These had not been previously recorded but the manager is considering doing this in the future. Relatives told us "We raise anything with the manager and have a chat, she encourages us to talk to her" and "I would feel happy raising any concerns, the manager has been very good, excellent, she's got their welfare at heart".

Requires Improvement

Is the service well-led?

Our findings

The service had experienced a period of instability with different managers coming and leaving the service. A previous manager was still registered with The Care Quality Commission (CQC) as the registered manager for the home despite having left a year earlier. A notification had been sent in to notify CQC a new manager was in post but an application to de-register the previous manager had not been sent.

The new manager had been in post since July 2016 and was about to start the process to become the registered manager now her probationary period was almost complete. Staff told us they had seen positive changes since the new manager had started commenting "There have been changes in the management, the new manager is brilliant, we have someone here now and everyone is feeling more secure, including the people living here. She listens and acts", "It's a lovely atmosphere, the focus is on the tenants and the manager is adding to that and is an asset, giving the tenants a good quality of life, it's a lovely place to work", "The manager is like a breath of fresh air, it feels more settled" and "When I started there was no manger so that was not great. Since we have new manager it's been good, she's picking everything up now, she listens to everyone".

Relatives told us there had been a lot of changes with managers in the home but felt confident in the new manager leading the service saying "There has been some changes in managers, she loves her job", "There have been changes in managers" and "I have spoken to the manager and she is addressing some of the things that have slipped, she was aware and dynamic in expressing she was addressing things. I am reassured by the new manager who will move things forward, she's very receptive". The manager told us "It's been hard without a permanent manager, staff are very welcoming, they need a settled base and permanency".

During our inspection we saw that one incident that had been reported to the police had not been notified to CQC. We use this information to monitor the service and ensure they responded appropriately to keep people safe. We saw that the incident had been managed safely by the service and we discussed this with the manager. The manager explained to us that "We did not believe that this incident met the threshold for notifying CQC. Whilst we accept that an incident was reported to the Police, the incident did not affect the health, safety or welfare of people we support, staff or visitors. For this reason, we did not submit a statutory notification to CQC". We have since informed the manager that any incident reported to the police should immediately be notified to CQC going forward.

Staff meetings were held monthly, however the last one had been cancelled due to sickness. We reviewed the minutes of previous staff meetings and saw events affecting the service had been discussed. The manager told us "The staff team are amazing, people genuinely care, they just need the motivation to try things".

Internal audits had identified shortfalls and the manager was taking action in response to these. The manager had identified some of the things we found on inspection but not all of them. We looked at the manager's online compliance system, which tracked all people's monthly health and medication, for

example the last time they went to the optician and if they received an annual health check.

When an incident or accident had occurred it was recorded through the provider's system called MENAC, a reportable system online. This was then checked by a senior manager and the quality team. We saw that each person has a separate section in their care plan with any incidents or accidents logged and the actions taken. The manager told us "We make sure we have appropriate plans in place and try things, we learn from our mistakes. We discuss with staff when incidents occur and risk assess incidents to make them safer".

We saw that the last resident meeting has taken place in August 2015. The manager told us a meeting had not been held since she had come into post because "We want to find a way to do this in the most effective way and want the communication in place first, so we can have a meeting in the most effective way for people to communicate their views". We saw that one person living at the home had recently been involved in the interview process for recruiting new staff. The manager told us "All people have time to chat with the interviewees and one person was involved in the interview process".

We saw that staff completed a monthly update with each person which looked at things including what the person had enjoyed that month, things they may have achieved, the contact they had shared with their family and friends and any future events they wanted to plan for. These monthly updates were then meant to be signed by the person and staff member, however we saw that often no signature was obtained from the person or other sign of agreement noted. The manager told us this should have been completed by staff and would ensure going forward it was addressed.

The manager took steps to ensure staff were aware of their responsibilities relating to their role. We saw a 'Must read' folder was in place for staff, in which the manager would put any updates or changes to people's needs and care. Staff would then read and sign it to ensure they were working from the most up to date information. The manager told us "As a staff team we talk a lot. We learn on a daily basis".

A regional and area manager were in place and the manager told us she felt supported since taking up her position at the home commenting "My manager has been very supportive, I don't feel unsupported, Mencap as a whole is a forward thinking company. We have started a leadership developmental programme to be good leaders and take responsibility for our learning, there are lots of opportunities".

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were being deprived of their liberty without the appropriate legal authorisation in place. Regulation 13 (5).