

## Leonard Cheshire Disability

# Marske Hall - Care Home with Nursing Physical Disabilities

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

### Overall summary

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.

This was an unannounced inspection carried out on 8 and 14 July 2014.

Marske Hall provides personal and nursing care for up to 30 people with a physical disability. At the time of the inspection there were 28 people who used the service. Accommodation is provided over two floors. All bedrooms are for single occupancy and have a separate

# Summary of findings

toilet and sink. Some of the bedrooms have a wet room and one has a bath. Communal areas include a large lounge, dining room, activities room, gym, conservatory and atrium. There is a large enclosed garden.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. We found a breach of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm.

The Registered Manager had been trained and had a good knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager understood when an application should be made, and in how to submit one. This meant that people were safeguarded and their human rights respected.

We found that people were encouraged and supported to take responsible risks. People were encouraged and enabled to take control of their lives.

People told us that they were cared and supported by suitably qualified, skilled and experienced staff. People told us that there was enough staff to give them the help and support that they needed. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff started work.

Staff who worked at the service were extremely knowledgeable about the care that people received. Staff and people who used the service spoke of person centred care. People who used the service and relatives told us they were very happy with the care that they received.

People told us that they were provided with a choice of healthy food and drink which helped to ensure that their nutritional needs were met. People told us that they liked the food provided.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

People and relatives told us that they were supported by caring and compassionate staff. People we spoke with said they were happy with the care provided and could make decisions about their own care and how they were looked after.

We observed interactions between staff and people who used the service. We saw that staff were kind and respectful to people when they were supporting them. Staff were aware of the values of the service and knew how to respect people's privacy and dignity.

People's care and support needs had been assessed before they moved into the home. Care records we looked at detailed people's preferences, interests, likes and dislikes and these had been recorded in their care plan. Staff and people who used the service spoke of person centred care; however care records did not always reflect this. Care records did not always show the most up to date information about people's needs, support required and risks. Care records were not always evaluated on a regular basis.

We saw that people were involved in a wide range of activities both in-house and in the community. We saw that staff engaged and interacted positively with people. We saw that people were encouraged and supported to take part in activities. Activities were arranged both on an individual and group basis. People were given the opportunity to pursue their hobbies.

Appropriate systems were in place for the management of complaints. People and relatives told us that the registered manager was approachable. People we spoke with did not raise any complaints or concerns about living at the home.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

# Summary of findings

## 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 safe.

People told us they felt safe. Staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff knew how to recognise and respond to abuse correctly. People were actively involved in making decisions. Where people lacked capacity and restrictions may amount to a Deprivation of Liberty Safeguard (DoLS) the registered manager was aware of procedures to follow.

Staff at the service enabled and supported people to take responsible risks.

There were enough qualified, skilled and experienced staff to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Good



### Is the service effective?

This service was effective.

Staff who worked at the service had received induction, training and support. Staff were extremely knowledgeable about the care that people received.

People told us that they were provided with a choice of healthy food and drink which helped to ensure that their nutritional needs were met. People told us that they liked the food provided.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

Good



### Is the service caring?

The service was caring.

People and relatives told us they were supported by caring and compassionate staff. People we spoke with said they were happy with the care provided and could make decisions about their own care and how they were looked after.

We observed interactions between staff and people who used the service. We saw that staff were kind and respectful to people when they were supporting them. Staff were aware of how to respect people's privacy and dignity.

Good



### Is the service responsive?

The service was not responsive to people's needs.

Requires Improvement



# Summary of findings

Care records did not always show the most up to date information about people's needs, support required and risks. Care records were not always evaluated on a regular basis.

We saw people were involved in a wide range of activities both in-house and in the community. We saw people were encouraged and supported to take part in activities. Activities were arranged both on an individual and group basis. People were given the opportunity to pursue their hobbies

Appropriate systems were in place for the management of complaints. People and relatives told us that the registered manager was approachable.

## Is the service well-led?

The service was well led.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

Accidents and incidents were monitored by the manager and the organisation to ensure any trends were identified.

Good



# Marske Hall - Care Home with Nursing Physical Disabilities

## Detailed findings

### Background to this inspection

We inspected Marske Hall on 8 and 14 July 2014. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting. The inspection team consisted of two inspectors and an expert by experience with expertise in adults with a physical disability. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the home this included notifications sent to us by the registered manager and safeguarding referrals from the local authority. The provider completed a Provider Information Return (PIR) which we received prior to the inspection. 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. After the inspection we contacted the local authority, Healthwatch and the dietician linked to the service.

During the inspection we spoke with 13 people who used the service and with four relatives. We also spoke with the registered manager, three registered nurses, a cook, a

volunteer co-ordinator, three care staff, an activity organiser and with a volunteer. We spent time with people in the communal areas and observed how staff interacted with people and the care and support delivered to people.

We observed how people were supported at lunch time and during activities. We looked at six people's care records, five recruitment files, the training matrix and eight staff training records, as well as records relating to the management of the service. We looked round the home and saw some people's bedrooms (with their permission), bathrooms, communal areas and the garden.

At the last inspection on 23 July 2013 the service was found to be meeting the Regulations we looked at.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

During the inspection we spoke with ten staff. Staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff we spoke with told us that they had confidence that the registered nurses and the registered manager would respond appropriately to any concerns. The manager said that abuse was discussed with staff on a regular basis at supervision and during staff meetings. Staff we spoke with confirmed this to be the case. Staff told us that they had received safeguarding training at induction and on an annual basis. We looked at the homes training matrix and saw that 97% of staff had received safeguarding training in the last 12 months. We saw that the home had a whistleblowing policy that was last reviewed and updated in November 2013. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had a safeguarding policy which informed staff of procedures to follow and who they should contact if abuse was suspected.

The home's management team had worked with other individuals and agencies to safeguard and protect the welfare of people who used the service. The home has had seven safeguarding incidents in the last 12 months. Safeguarding incidents had been reported by either the home or by another agency. Incidents had been investigated and appropriate action taken. People we spoke with told us they felt safe. One person said, "Every one of the staff are so easy to talk to and approach." Some of the people who used the service lacked capacity to make their own decisions, so staff at times might have needed to decide what would be in their best interests. We spoke with the manager who had a good knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager informed us of the procedure they followed if a person had been identified as lacking capacity or was deprived of their liberty. The registered manager told us there were two people who needed an authorisation in place. An authorisation is made following on from a best interest meeting where it had been agreed a deprivation is needed to keep that person safe. We saw evidence of authorisations and review dates. During discussions all staff said that they would

involve family to help with any decision making, if a person was unable to do this independently. We also saw records to confirm that advocates had been involved to ensure that decisions had been made in the best interest of people.

The registered manager told us that staff supported people to take responsible risks. Some people who used the service went out independently to the shops, pub and into town. One staff member we spoke with said, "People are both encouraged and enabled to take control of their own lives." Staff were able to tell us of action they took to minimise risk. Staff told us that people took their mobile phone out with them and maintained regular contact with the service.

The registered manager and staff we spoke with told us that some people displayed behaviour that challenged the service. Staff were able to tell us of triggers to the behaviour and how they would respond. Staff told us that they had received training in challenging behaviour and de-escalation techniques. Staff told us that they had a policy of no restraint. This meant people were protected against the risk of harm because the provider had suitable arrangements in place.

Risk assessments were evident on the care files looked at during the visit. These helped staff to identify people who were at risk and needed support. For example, risk assessments for skin integrity, moving and handling, falls and nutrition. The risk assessments and care plans we looked at had been reviewed and updated regularly. The registered manager told us that in the event of a medical emergency an ambulance would be called and that staff would follow the emergency operator instructions until an ambulance arrived. The registered manager told us that staff had undertaken training in first aid. We saw records to confirm that this training was up to date. This meant that staff had the knowledge and skills to deal with foreseeable emergencies.

During the inspection we looked at the records of five newly recruited staff to check that the home's recruitment procedure was effective and safe. Evidence was available to confirm that appropriate Disclosure and Barring Service checks (DBS) had been carried out before staff started work at the home. References had been obtained and where possible one of which was from the last employer. We found that four of the five staff files did not detail a full employment history. We found that prospective staff had not been specific on the months and years that they had

## Is the service safe?

been previously employed. This meant that potential gaps in employment could not be explored. The registered manager told us that they had an effective recruitment and selection process to make sure that the service employed staff who were fit, suitable and had the appropriate skills and knowledge to work with young adults. The manager told us that some people who used the service would conduct the interviews with staff to help to ensure that they employed the right staff. During the inspection we looked at interview notes which contained the names of people who used the service who had been involved in the interview process.

During the inspection we spoke with the volunteer co-ordinator who told us that the same recruitment and selection process was followed for volunteers who were to spend time with people who used the service. Before volunteers started work they also have a DBS check undertaken and references are obtained. During the inspection we spoke with a volunteer who confirmed this to be the case.

The registered manager told us that the service employed 74 staff which consisted of the registered manager,

registered nurses, senior care assistants, care assistants, catering staff, domestic staff, an activity co-ordinator, two handy men and a volunteer co-ordinator. The registered manager told us that some care staff were employed and worked on an as needed basis and when other staff were on holiday or when sickness occurred. Through our observations, discussions with people and staff we found that there was enough staff on duty with the right knowledge and experience to care for people. One person said, "They are always there when I need a hand." At the time of the inspection there were 28 people who used the service. The registered manager and staff told us that there was one nurse on duty during the day and night and seven care staff from 7:15am until 2:15pm and five care staff from 2pm until 9pm. On night duty there was two care staff on duty. We looked at duty rotas which confirmed that this was the case. A staff member we spoke with said, "Staffing numbers reflect the needs of people and the service." We found at the time of our inspection there was enough qualified, skilled and experienced staff to meet people's needs safely.



# Is the service effective?

## Our findings

We saw that people held suitable qualifications and / or experience to enable them to fulfil the requirements of their posts. Staff we spoke with during the inspection told us that on commencement of employment they undertook a full induction which included reading policies and procedures and shadowing other experienced staff whilst they provided care and support. On the day of the inspection there was a newly recruited registered nurse who was working in addition to other staff on duty and shadowing another trained nurse. We looked at the induction records of the last five staff recruited. We saw that all staff had commenced or completed the induction.

The registered manager showed us a training chart which detailed training that staff had undertaken during the course of the year. We saw that staff had received training in health and safety, infection control, moving and handling, and fire safety. We saw that the registered manager had a way of monitoring training. The registered manager told and showed us how she monitored what training had been completed and what still needed to be completed by members of staff. We saw that the majority of staff were either trained in first aid or emergency first aid. The registered manager told us how she prioritised the training that was needed most. She showed us an online training calendar in which she could find out when and where training was taking place and book staff onto the training. The training chart highlighted that some staff training was due for fire safety, moving and handling and food hygiene. We saw that the registered manager had identified training dates and had either booked training or was in the process of booking the training. We saw on the training chart that staff had undertaken other training in acquired brain injury and dementia care. This training was specific to the people they cared for. During the inspection we looked at the training matrix of five staff and compared this against their individual training records we found that training documented on the training matrix matched up to certificates on file.

Staff we spoke with during the inspection told us that they felt well supported and that they had received supervision and an annual appraisal. The registered manager told us that they did not have a high turnover of staff and that many of the staff had worked at the home for a number of years. The registered manager told us that she and other

senior staff worked, supported and carried out supervision with all staff on a regular basis. We were told that an annual appraisal was carried out with all staff. During the inspection we looked at the supervision matrix and saw that staff that worked at the home had received supervision on a regular basis. We saw records which confirmed that all staff had received an annual appraisal. One staff member we spoke with said, "I feel well supported. We support each other. We are able to raise any concerns or issues and we are listened to."

The registered manager told us the nurses who worked at the home undertook continuous professional development. She told us that they subscribed and received numerous journals.

People we spoke with told us that they felt cared for by skilled and knowledgeable staff. One person said, "They know me well." Another person told us how staff knew them so well that when they became unwell and their mental health deteriorated, staff were quick to take the appropriate action.

People told us that they were provided with a choice of suitable food and drink. We spoke with the catering assistant and looked at the home's menu plan. The catering assistant told us that they had the necessary resources to provide good quality food that met people's needs. The menus provided a varied selection of meals. A vegetarian option was also provided at each meal time. We saw that other alternatives were available at each meal time such as a sandwich, soup or salad. The registered manager and catering assistant were able to tell us about particular individuals, how they catered for them, and how they fortified food for people who needed extra nourishment.

We observed the lunch time of people who used the service. Lunch time was relaxed and people told us they enjoyed the food that was provided. Those people who needed help were provided with assistance. On the day of the inspection there was sufficient staff to support those people who needed help. Staff sat with some people and helped them cut up their food. Other people were provided with encouragement to eat. Food was well presented and looked appetising. Throughout the day people were offered both hot and cold drinks for example, tea, coffee and juice. People we spoke with said that they enjoyed the food provided. One person said, "I really like the food and last week we had a barbeque. We had



## Is the service effective?

sausage, burgers, pasta, salad and crisps.” Another person said, “The food is very good. I like pork but not the vegetables.” We found people were provided with sufficient meals and drinks. One relative we spoke with during the inspection told us how they had lunch at the home every Sunday. They told us that they enjoyed the food and appreciated being able to spend time as a family.

The catering assistant said that fresh fruit, vegetables, frozen foods, dried products and meat were delivered at different times during the week. The catering assistant told us how they spoke with new people who used the service to find out their preferences.

The registered manager informed us that all people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity.

The registered manager told us that some people who used the service were unable to maintain adequate nutrition orally and as such had a PEG tube (Percutaneous Endoscopic Gastrostomy). This is a way of introducing foods and fluids directly into the stomach. We saw people who were PEG fed had a plan of care which informed of the feeding regime. After the inspection we spoke with a dietician who visited the service on a regular basis. The dietician was very complimentary of the staff who worked at the service. The dietician told us staff monitored people's food intake and weight well and were quick to seek advice where needed. The dietician said, “I find staff are very proactive. They will ring with concerns about weight loss or if a person is not tolerating their feeds. They are very quick to make new referrals, more so than any other home, if they have any concerns.” The dietician told us how they were impressed recently when staff noticed that a person had lost weight and became disengaged at meal time. They told us how the service had made changes to create a calm and pleasant mealtime experience for the person. The dietician did raise one concern that the home's hoist scales were not always accurate despite having been serviced. We mentioned this to the registered manager who told us that they were looking to purchase some new weighing scales.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. People were supported and

encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments. We saw people had been supported to make decisions about the health checks and treatment options. One person said, “They are quick to ring the doctor if I'm unwell. They always look after me very well.”

A relative we spoke with told us how the staff at the home made sure people received their annual flu vaccination and regular smear tests. We saw people had health / support plans. This detailed the medication people were taking and the reason why. This also detailed information on people's physical and mental health. We saw in records we looked that when concerns were raised regarding the mental health of one person staff responded very quickly and made an appointment to be seen the next day. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed. Discussion with staff and the records we looked at identified that staff quickly recognised when people became unwell or if they observed any changes. We saw that staff were quick to recognise when people's pressure areas became red and take action to prevent further breakdown. This meant that people were supported to maintain good health and had access to services to receive ongoing healthcare support.

The registered manager told us that they paid for a private physiotherapist to come into the home to assess people and determine the exercise people needed. The home employed a physiotherapy assistant to work 20 hours a week. The private physiotherapist worked with the physiotherapist assistant to explain and show exercises that people needed to do or that the assistant needed to do for other people. The registered manager said that many people who used the service were unable to exercise and the physiotherapist assistant needed to perform passive exercises on people.

During the inspection we sat in and listened to the handover for staff who were coming on duty. We heard the registered nurse inform staff of people who had been seen by their doctor and prescribed antibiotic therapy, medication increases / decreases, changes to and the reason why. The registered nurse generally updated staff on people's health and general wellbeing. This meant that staff were aware of how to support people with their care and treatment.

# Is the service caring?

## Our findings

People we spoke with said they were happy with the care provided and could make decisions about their own care and how they were looked after. One person said, “It is really great here I can do as little or as much as I want. The staff are lovely. I lived at another home before I moved here and this is much better. I am much happier.” A relative we spoke with said, “Nothing is too much trouble when they are looking after my relative.”

During the inspection we sat in the activities room so that we could see both staff and people who used the service. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion and interacted well with people. People who used the service had complex needs. We saw that staff communicated well with people and explanations of care were given in a way that could be easily understood. We saw that all staff took the opportunity to talk with people, listen and show a genuine interest in what they had to say.

We saw staff supported people well during the inspection. We saw that both people who used the service and staff were affectionate to each other whilst ensuring that professional boundaries were maintained. Throughout the visit we observed and heard staff encourage people, provide reassurance and speak to each other with respect. This helped to ensure wellbeing.

At the time of the inspection there were 28 people who used the service. During our visit we reviewed the care records of five people. Each person had an assessment, which highlighted their needs. Following assessment, care plans had been developed. Those people who wanted to or their relatives / representatives were involved with planning their care. Care records reviewed contained information about the person's likes, dislikes and personal choice. This helped to ensure that the care and treatment needs of people who used the service were delivered in the way they wanted them to be.

During the inspection we were shown a letter dated October 2013. The letter informed that one of the staff who worked at the home had been nominated by a person who used the service for an Encephalitis Society Exceptional service award in recognition of exceptional service by an individual. The person who used the service wrote in their nomination ‘She helps me with all the things I can’t do any

more like washing, shaving and makes me smart.’ They also said, ‘She fixes my television and listens and waits when I struggle to say my words. I can’t wait for her shifts.’ Following this in March 2014, Leonard Cheshire Disability nominated and awarded a certificate to the staff member as an inspirational woman.

We saw staff treated people with dignity and respect. When the catheter bag of one person was showing staff quickly and discreetly covered this up. When asking people if they needed to go to the toilet staff were quiet and discreet. Staff were attentive and interacted well with people.

The atmosphere was lively, there were many occasions during the day where staff and people who used the service engaged in conversation and laughed. We observed staff speak with people in a friendly and courteous manner. We saw that staff always got down to the person’s level to ensure that eye contact was made. This demonstrated that people were treated with dignity and respect. We asked people who used the service if their dignity was maintained and if they were treated with respect. One person said, “They always cover me up.”

The environment supported people's privacy and dignity. All bedrooms were for single occupancy. Some people had personalised their rooms and brought items of furniture, ornaments and pictures from home. We saw one person with limited communication had lots of sensory equipment in their bedroom. One person told us that they liked butterflies and that staff had arranged for someone to paint these on the bedroom wall. All bedrooms had a lockable bedroom door and some people who used the service had their own key. All bedrooms had a lockable draw to store items of a personal nature. We did observe that bedroom doors contained a section of frosted glass which meant that if you looked closely from the outside of the room privacy could be compromised. We asked people about this. People did not think that the frosted glass compromised their dignity. One person said, “It does not bother me.”

Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. Staff told us how they ensured privacy when supporting people with personal hygiene.

## Is the service caring?

We were told by people and staff that people were encouraged and able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. During the course of the day we saw that staff always gave people choice. We

saw that one person asked staff to get their cardigan from their bedroom. Staff then asked the person which colour cardigan they wanted. People were able to eat, have drinks, rest on their bed and join in activities of their choice when they wanted to.

# Is the service responsive?

## Our findings

People's care and support needs had been assessed before they moved into the home. Care records we looked at detailed people's preferences, interests, likes and dislikes and these had been recorded in their care plan. People and their families were involved in discussions about their care and the associated risk factors. Individual choices and decisions were documented in care plans. People and relatives told us that care and treatment needs were regularly assessed and reviewed. When one person who used the service highlighted the need for a raised toilet seat staff were quick to respond and refer the person to the occupational therapist for assessment.

During the inspection we spoke with staff who were extremely knowledgeable about the care that people received. Staff and people who used the service spoke of person centred care; however care records did not always reflect this.

We found that staff who worked at the home were extremely knowledgeable about the care and treatment that people received, however care records did not always reflect this. We found some care plans were better than others. Some care plans provided good information for example; the continence care plan of one person clearly stated the importance of using barrier cream and washing to reduce the risk of becoming sore. Another care plan for feeding clearly stated the feed regime for the person and detailed lots of involvement from the dietician. Some care plans were poorly written for example; a moving and handling which informed that the person needed to use the hoist. This care plan did not provide information for staff on how to do this or how much or little the person could move. Another care plan detailed the importance of ensuring the person was correctly positioned but it didn't state what the position was. Inaccurate plans of care could impact on the care that people received.

We found that other care records were not fit for purpose. We found that care plans were not always reviewed and evaluated on a monthly basis or when there were changes to a person's care needs. We found the care plan for one person on eating and drinking was evaluated in March 2014 then not again until June 2014. This person was highlighted at high risk of malnutrition yet following the June 2014 evaluation staff had documented that it did not need reviewing again until September 2014. One record

indicated that the person had lost weight from March to June 2014 yet this was not reflected within the plan of care evaluation. We saw staff used the Braden scale, which is a tool to identify those people at risk of pressure ulcers. In care records we looked at we found that despite people being at risk the Braden score was not reviewed on a monthly basis. Lack of up to date information could impact on the care and treatment that people received.

Risk assessments had also been completed for a number of areas including falls, moving and handling, choking and burns or scalds. Risk assessments were not individual to the person and did not contain specific measures to reduce or prevent the highlighted risk. We saw one person had a risk assessment for going out independently. This risk assessment did not identify the individual risks to the person or action taken to reduce or prevent associated risks. This meant that people were not protected from the risks of unsafe or inappropriate care and treatment because appropriate records were not maintained.

During the inspection we looked at the records of five people who used the service in relation to eating and drinking. We found that evidence of nutritional screening was available in the care records we looked at. The registered manager informed us that monitoring charts were used to record food and fluid intake when people were assessed at risk. We looked at food and fluid charts, however they contained limited information on food offered, portion size, what had been eaten, and the amount of fluid drunk. We also noted that in three of the five care files we looked at that despite being highlighted as at risk of malnutrition people did not have their weight recorded on a monthly basis. The nutritional screening and weight increase / loss had not been reviewed and evaluated on a monthly basis. We noted in records that some people looked like they had lost a large amount of weight from one month to another; the registered manager told us that the weighing scales were not always accurate. Lack of information could impact on the care and treatment that people received.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw staff engaged and interacted positively with people. We saw that people were encouraged and supported to take part in activities. Activities were arranged both on an individual and group basis. People were given the opportunity to pursue their hobbies. On the

## Is the service responsive?

morning of the inspection we saw people took part in a music and singing session. One of the volunteers sang and played the guitar whilst eight people who used the service joined in and played other musical instruments. We saw that people laughed, smiled and enjoyed this activity. We saw that the activity co-ordinator read articles from the daily newspaper and created discussion and opinion about the articles. We saw that when one person who used the service became upset about one story the activity co-ordinator was quick to reassure the person and moved quickly onto another story. We heard the activity co-ordinator ask people if they wanted to continue with the reading of the paper or if they wanted to do something else. Four people had enjoyed the activity and told the activity co-ordinator that they wanted to continue. Throughout the day we saw that people were asked what activity they would like to do we saw that some people enjoyed playing deal or no deal. One person who used the service played a CD of their choice. In the afternoon we observed people doing jigsaws, drawing and playing games. The activity co-ordinator was observed to spend time chatting with those people less able. The atmosphere was lively and people were heard laughing and were observed to have fun.

People we spoke with during the inspection told us that they had regular outings. One person said, "I go out all the time on my own." Another person said, "I am going to the cinema to see Mrs Browns Boys." A relative we spoke with said, "They go to painting class and exercise class every week." People told us and we also saw in meeting minutes that people had requested to go on holiday to Scarborough, Blackpool and The Lake District. The registered manager said that staff were in the process of arranging this. One person told us that they had been to see The Drifters in concert and was keen to show us their signed copy of the programme. Some people who used the service had accessed college and were undertaking courses in photography, life skills and independent living.

A relative we spoke with said, "I think the volunteers deserve a special mention. They all provide person centred support." They told us how volunteers were matched to people who used the service. One volunteer takes a person to football matches whilst another volunteer supports people to attend college. One person who used the service had requested to learn the French language. This person now received lessons within the home on a regular basis. We were told how people had enjoyed trips out to The Owl Sanctuary, Hollywood Bowl and railway museum.

We looked at the home's complaint procedure, which informed people how and who to make a complaint to. The procedure gave people timescales for action. There was also an easy read version of the complaints procedure and although this contained pictures it was three pages long and some of the people who used the service would not be able to understand it. We discussed this with the registered manager and she said that many people with complex needs had lived at the home for a number of years and staff understood people's body language and knew if they were unhappy. We saw evidence of this on the day of the inspection. During the inspection we looked at the care records of one person with limited communication. This clearly documented the body language the person displayed when they were unhappy.

We saw that a complaints leaflet was displayed on the information board in the corridor for people to see.

During the inspection we looked at the complaints log and saw that there had been one complaint made in the last 12 months. We saw that this complaint had been investigated and responded to appropriately. People we spoke with during the inspection said that they were listened to and that they felt confident in raising any concerns with the staff. People and staff spoke highly of the registered manager and staff. We asked one relative if the registered manager was approachable, they said they were "Really easy to talk to."



# Is the service well-led?

## Our findings

This service was well led. The registered manager showed and told us about their values which were clearly communicated to staff. The registered manager told us about valuing the individual, the importance of working together, honesty, creativity and energy. A staff member we spoke with said, “We have very good values here. We do what we can for everyone and make everyone feel valued as an individual.”

Observations of interactions between the registered manager and staff showed they were open, inclusive and positive. One of the staff we spoke with said, “The culture here is open and receptive. The manager is splendid in supporting staff. I would have no hesitation in raising any issue.” Another staff member said, “We have discussion about lessons learnt as a team and support each other.” Staff we spoke with demonstrated commitment to providing a good quality service. They told us that the registered manager was approachable, supportive and they felt listened to. We found that the registered manager had a good understanding of the principles of good quality assurance. The registered manager recognised best practice and developed the service to improve outcomes for people.

People and relatives we spoke with during the inspection told us that they thought that the home was well led. We asked people if the registered manager was approachable. One person said, “She is lovely and really easy to talk to about anything.” Another person said, “She is there whenever you need her and she always will make time for you.”

We asked the registered manager about the arrangements for obtaining feedback from people who used the service. They told us that a satisfaction survey was used to gather feedback. We looked at the results of a survey undertaken in March 2014 for which the response rate was 57%. The results of the survey confirmed that people were very happy with the care and service that they received. Some people expressed dissatisfaction with the home's minibus. The registered manager told us that a new minibus was now on order. The registered manager told us that they plan to introduce a relative's survey in the near future to gather more feedback on the service and to drive improvement.

The registered manager told us that people who used the service met with staff on a regular basis to share their views and ensure that the service was run in their best interest. We saw records of the last meeting on 18 June 2014. We saw that staff and people had talked about holidays, trips out, the new minibus and about the Care Quality Commission. We saw that people had expressed a desire to have a trip to the zoo over the summer. The registered manager told us that the activity co-ordinator was in the process of arranging this.

We saw records to confirm that full staff meetings took place in February and June 2014. We saw that open discussion had taken place about health and safety, the laundry, cleaning, DoLS, the Mental Capacity Act 2005 and about a new staff member to start working at the home.

The registered manager told us that she undertakes unannounced, out of hour's audits / visits to the service in order to monitor the quality of the service. We were shown records which confirmed that an out of hours visit had taken place on 21 June 2014. The results of the visit were positive.

The handyman and health and safety link staff member carried out regular checks and audits of the environment and equipment to ensure that it was safe. For example, checks of the building, grounds and hot water outlets.

Any accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified. The registered manager confirmed there were no identifiable trends or patterns in the last 12 months. We looked at the incident records and saw there were areas for staff learning and action planning within the document. This system helped to ensure that any trends in accidents and incidents could be identified and action taken to reduce any identified risks.

The registered manager told us of various audits and checks carried out on medication systems, health and safety and hand hygiene. The registered manager told us that senior managers employed by the provider carried out an annual audit to monitor the quality of the service and systems in place. The registered manager showed us the last audit which was undertaken in January 2014. Following the audit an action plan was developed for those areas requiring improvement. We saw that the action plan had been updated as and when actions had been undertaken.

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	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>Regulation 20 (1) (a) Health and Social Care act 2008 (Regulated Activities) Regulations 2010. Records.</p> <p>The registered person must ensure that service uses are protected against the risks of unsafe or inappropriate care and treatment arising from lack of proper information about them by means of the maintenance of –</p> <p>An accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user.</p>