Creative Care (East Midlands) Limited

The Old Vicarage

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 28 and 29 January 2016. The Old Vicarage is registered to accommodate up to 14 people and specialises in providing care and support for people who live with a learning disability. At the time of the inspection there were 13 people using the service.

On the day of our inspection there were two registered managers in place, however one of them was not currently working in this role. 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.

During this inspection we identified concerns that people were not protected from the risks associated with financial abuse. This was because robust processes to monitor the way people's money was spent and then recorded were not in place.

The risk to people's safety was reduced because staff had attended safeguarding adults training and knew the procedure for reporting concerns if they thought people's safety was at risk. Risk assessments had been completed in areas where people's safety could be at risk; however these had not always been reviewed within the required timeframe as recorded in people's support records. Staff were recruited in a safe way and there were enough staff to meet people's needs and to keep them safe.

Accidents and incidents were investigated. Assessments of the risks associated with the environment which people lived were carried out. People had personal emergency evacuation plans (PEEPs) in place. People's medicines were stored, managed and administered safely.

People were supported by staff who received an induction, were well trained and received regular assessments of their work.

The registered manager ensured the principles of the Mental Capacity Act (2005) had been applied when decisions had been made for people. However they did not always record how decisions had been made in people's best interest. People told us they were free to do as they wanted and to go where they wanted. Deprivation of Liberty Safeguards had been applied for where needed.

There was a clear aim to reduce the use of restraint within the home, however at the time of the inspection; an investigation was in place due to the allegation that staff had used restraint inappropriately.

People spoke highly of the food and were supported to follow a healthy and balanced diet. People's day to day health needs were met by the staff and external professionals. Referrals to relevant health services were made where needed.

Staff supported people in a kind, caring and respectful way. People were treated with dignity and staff listened to and acted upon their views. Staff responded quickly to people who had become distressed. Staff used a variety of techniques that enabled them to communicate effectively with people.
Processes were in place that enabled people and their relatives to contribute to decisions about their care and support needs. Independent advocates were used to support people with decisions about their care if they did not have relatives to do so. People's friends and relatives were able to visit whenever they wanted to.

People's support records were in the process of being developed to ensure they were person centred and focused on what they wanted. The current support records contained details of the people's personal preferences and how they would like to be supported with their personal care. Care records were reviewed, although a small number of support plans had not been reviewed as regularly as others. Staff knew people's personal preferences and what interested them. People were encouraged to take part in activities that were important to them. People and relatives felt able to raise a complaint and thought it would be acted on appropriately.

There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided. However, these had not identified the concerns raised within this report.

People who used the service were encouraged to provide their feedback on how to improve the quality of the service they received. Staff understood what was expected of them and felt able to contribute to the development of the service. People spoke highly of the registered manager. The registered manager understood their responsibilities. Staff understood the aims and values of the service and could explain how they used them in their roles.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were not protected from the risks associated with financial abuse.
Assessments to the risk to people's safety were in place, although these were not always reviewed within the required timeframe.

People were supported by staff who attended safeguarding adults training and knew the procedure for reporting concerns.

The registered manager ensured all accidents and incidents were appropriately investigated.

People were supported by an appropriate number of staff to keep them safe. Safe recruitment processes were in place.

People's medicines were stored, handled and administered safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's records showed the principles of the MCA had been used, however best interest documentation was not always in place, when decisions were made for people.

There was a clear aim to reduce the use of restraint within the home, however at the time of the inspection; an investigation was in place due to the allegation that staff had used restraint inappropriately.

Staff were well trained, felt supported by the registered manager and had the quality of their work regularly assessed.

People were supported to follow a healthy and balanced diet and they spoke positively about the food.

People's day to day health needs were met by staff and external professionals and referrals to relevant health services were made where needed.

Is the service caring?

Good

The service was caring.

Staff supported people in a kind, caring and respectful way.

Staff understood people's needs and listened to and acted upon their views.

People were provided with the information they needed that enabled them to contribute to decisions about their support. Independent advocates supported people with making decisions where needed.

Staff used a variety of techniques to enable them to communicate effectively with people.

People's dignity was maintained by staff and friends and relatives were able to visit whenever they wanted to.

Is the service responsive?

Good

The service was responsive.

People's current support records were person centred and plans were in place to improve the records further.

People were encouraged to do the things that were important to them and were provided with the information they needed if they wished to make a complaint

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Regular audits and assessments of the quality and effectiveness of the care and support provided for people were carried out, although these had not identified the concerns raised within this report.

People spoke highly of the registered manager. The registered manager understood their responsibilities and ensured staff knew what was required of them.

People were encouraged to provide feedback on how the service could be improved.

The Old Vicarage

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 28 and 29 January 2016 and was unannounced.

The inspection was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

To help us plan our inspection we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted external healthcare professionals to gain their views of the service provided.

During the inspection we spoke with seven people who used the service. As people had varying levels of communication we also spoke with three relatives to gain their views on the quality of the service provided.

We spoke with eight members of the support staff, the registered manager and the director of operations. We carried out observations of staff interacting with the people they supported.

We looked at the support records for four people who used the service, as well a range of other records such as people's medicine administration records, quality audits and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People were not appropriately protected from the risks of financial abuse. The registered manager told us people who lived at The Old Vicarage were unable to manage their own finances so staff and management supported them with this. We were told when a person spent any money, receipts were kept and then their records were amended to reflect the new amounts. We checked the records for five people. We found the amounts for four of the five people did not tally with what was recorded within their records. Discrepancies ranged from twelve pence to over thirty pounds. Records showed that no audit of people's financial records had been conducted since November 2015.

We also established that when relatives gave cash to staff for their family members to use, sometimes sums of over one hundred pounds, they were not given a receipt to ensure there was proof of the amounts given. This meant if there was a dispute raised by relatives or people who used the service; there was no way of evidencing the exact amount given.

We discussed these issues with the registered manager. They told us they were felt it was a recording issue rather than money being unaccounted for. However, they also acknowledged that more needed to be done to ensure that people's finances were safely and appropriately managed. On day two of the inspection they provided us with details of a new process which they said would protect people from the risk of financial abuse.

The concerns we identified were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us, or gave us positive signals when we asked them if they felt safe. One person said, "I am safe, I like it here." Another person nodded and smiled. A relative said, "Oh yes, [my family member] is safe there. If I wasn't happy, I'd say something or move [name] out of there; but I have no concerns." Another relative said, "The home is great, I am sure [name] is safe."

The risk of people encountering other forms of abuse was reduced because staff could identify the different types of abuse that they could encounter. A safeguarding policy was in place. The staff knew the procedure for reporting concerns both internally and to external bodies such as the CQC, the local multi-agency safeguarding hub (MASH) or the police. Records showed that staff had received safeguarding adults training.

There was information available throughout the home which advised people how to report concerns about their or other people's safety to a member of staff or to external agencies. This information was provided in word and picture format to enable all people living at the home to understand the process.

Assessments of the risks to people's safety were conducted. Each person's support records contained individual risk assessments, these included; accessing the community safely, carrying out tasks independently of staff, and the provision of personal care. Each person's support records contained

different dates by which it had been stated that a review needed to be carried out. We saw the majority of these had been completed within the required timeframe, however some had not. For example we saw a risk assessment for one person stated it was to be reviewed monthly; however records showed it had not been reviewed since September 2015. The registered manager told us they were confident that people's safety was not at risk but acknowledged they needed to ensure that where reviews were required they were completed.

The risk to people's safety had been reduced because regular assessments of the environment they stayed in and the equipment used to support them were carried out. Regular servicing of gas installations and fire safety and prevention equipment were carried out. External contractors were used to carry out work that required a trained professional. A business continuity plan was in place which provided staff with information about how to keep people safe if there was an emergency, such as loss of power, water or gas at the home.

Each person had a personal emergency evacuation plan (PEEP) in place. These plans enabled staff to ensure, in an emergency, they were able to evacuate people in a safe and timely manner. These plans were regularly reviewed to ensure they met each person's current needs.

We looked at records which contained the documentation that was completed when a person had an accident or had been involved in an incident that could have an impact on their safety. Each person had an individual record book that contained a description of the incident, what had led to it occurring and the immediate action taken by the staff. The registered manager, or other appropriate person, reviewed the records and made recommendations where needed. However records showed that a review to ensure their recommendations had been carried out and whether they had been effective were not always carried out. The director of operations told us that if a serious accident or incident occurred then a representative of the provider would investigate.

People and relatives told us they felt staff supported them or their family members to live as free a life as possible. One person said, "I can do what I want. I'm going to see my family later." A relative said, "[Name] can do what they want when they want. The staff are great with them." People's support records contained guidance for staff on how to support people in way which did not restrict their freedom.

Relatives told us they felt there were enough staff in place to ensure their family member was safe. One relative said, "[Name] has never said they have been left alone. When I visit there are always staff around." Another relative said, "There seems to be enough staff. They [staff] are occasionally late when dropping him off for a visit, but they do always call." The staff we spoke with thought there were enough staff available to support people safely.

The registered manager told us that when a person first comes to the service an assessment of their support needs was carried out and then the appropriate number of staff were put in place to ensure their safety. A formal on-going dependency assessment of people's needs was not then carried out, but the registered manager told us if people's needs changed, they ensured they had staff with the right skills and experience to support them.

We observed staff supporting people throughout the inspection. When people required support staff were always available to them. People who required continuous staff supervision and support received it. We saw a staff member needed to leave a person for a short while. They ensured that another member of staff was available before they left them. This ensured the person's safety was not placed at risk by being left unsupervised.

The risk of people receiving support from staff who were unsuitable for their role was reduced because the provider had ensured that appropriate checks on a staff member's suitability for the role had been carried out. For example, records showed that before staff were employed, criminal record checks were conducted.

A person we spoke with told us they were happy with the way their medicines were managed. They also said, "I know what I am having and what they are for." Relatives we spoke with agreed. One relative said, "I have no issues with the way [name's] medicines are managed."

People's medicine administration records (MAR), used to record when a person has taken or refused to take their medicines contained a photograph of them to aid identification. There was also a record of people's allergies. The MARs that we looked at were appropriately completed by staff when they administered people's medicines. These processes ensured staff were able to administer medicines in a safe way.

We observed staff trained in the safe administration of medicines support people with taking their medicines. We saw a person tell staff they would prefer to take their medicine after their breakfast. The staff checked the person's records to establish whether the timings attached to the medication allowed for this, and, after satisfying themselves that it did, agreed to put the tablets back until after breakfast was finished. We saw the tablets were returned to the medicine cabinet, which was then locked. The flexible approach by the staff ensured that people were able to take their medicines in the way they wanted to.

Where people required medicines that were prescribed on an 'as needed' basis, protocols for their administration were in place. These protocols ensure there is clarity about the reason for which the medicine has been administered. If medicines have been administered that can affect a person's behaviour the registered manager reviewed this process to ensure staff had followed the appropriate process.

Where people required liquid or topical medicines such as creams and eye drops, the date they had been opened had been recorded. These types of medicines have a specific timeframe in which they can be used once opened; recording the date of opening reduces the risk of people receiving ineffective medicines.

People's medicines were stored safely and in line with professional guidance. Daily temperature checks of the medicines storage areas had been completed to ensure medicines were stored at a safe temperature. Processes were in place for the timely ordering supply and return of medicines.

Requires Improvement

Is the service effective?

Our findings

People and the relatives we spoke with told us they or their family members were supported by staff who understood their role and they provided effective care and support. One person said, "They [staff] know me." A relative said, "The staff know how to support [name]." Another relative said, "They [staff] seem to know what they are doing."

Staff had received an induction to provide them with the skills needed to support people in an effective way. The registered manager told us staff who were new to the service would complete the newly formed, 'Care Certificate' training to ensure they had the most up to date skills required for their role. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff told us they felt they had the training they needed to carry out their role effectively. Staff also told us they received training in a variety of areas such as the safeguarding of adults, mental capacity and whistleblowing. This training was completed via e-learning or through face to face teaching. Record viewed confirmed the training staff had completed. One member of staff said, "You get your standard training anyway and then any that you feel you need, you can apply for." Another staff member said, "We have a lot of basic training and it's good."

Records showed that staff received supervision of their work and they felt supported by the registered manager. This enabled them to discuss any concerns they had about their role to identify how to develop their skills. A member of staff said, "I have supervision of my work. We discuss the needs of the service users and any problems that I may have. The [registered] manager is very supportive."

People had various communication needs. Some were able to hold a conversation with staff, whilst others used other forms of communication such as pictures, signs and symbols. Within in each person's support records was guidance for staff on how to communicate with each person effectively. The staff we spoke with were knowledgeable about the people they supported and could explain how they communicated with them. We observed staff communicating with people effectively throughout the inspection.

Staff could explain how they supported people to make their own choices about decisions that affected them on a day to day basis. A staff member said, "I always give people a choice; whether it's the food or drink they want or the clothes they wanted to wear." We observed staff giving people choices and listening to and respecting people's wishes throughout the inspection.

A person we spoke with told us they felt the staff gave them choices. They said, "I always choose. They [staff] listen to me." A relative said, "They always give [name] a number of options."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

In each person's support records we saw people's ability to make decisions had been assessed in a wide range of areas, such as their ability to manage their own personal care, finances and medicines. When it had been identified that a person lacked capacity to make a specific decision we saw limited examples of best interest documentation having been completed. This documentation is required to show who was involved with making a decision on behalf of the person. This normally includes people such as a person's relative, key decision makers at the service, whom could include the person's assigned 'key worker' and a member of management. If this documentation is not completed, then it is not possible to determine whether the decision made was in the person's best interest. We raised this with the registered manager. They could not explain why this was not in place but told us they would address this immediately.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Records showed the appropriate applications had been made. The staff we spoke with had a varied understanding of DoLS and how they should use it to support people effectively and legally. This could have an impact on people's ability to lead their life as they wish to.

People's support records included reference to staff using restraint techniques when people present behaviours that may challenge. The records gave clear guidance for staff to follow before using restraint. If restraint had been used, staff completed an incident form explaining why they had used it. This was then reviewed by the registered manager to ensure staff followed the appropriate processes. The registered manager told us the key aim of the service was to provide a restraint-free environment for people to live in. They told us staff were trained in the management of actual or potential aggression (MAPA). MAPA teaches management and intervention techniques to cope with escalating behaviour in a professional and safe manner. The service is also a member of the Restraint Reduction Network (RRN). The RRN's aim is to support organisations to deliver restraint-free care and support to people who use services.

However, we recently received a statutory notification from the registered manager which stated that disciplinary action had be taken against staff members who were involved with restraining a person who presented behaviours that challenge. The concerns were that the techniques used were not appropriate and potentially unlawful. Investigations are currently on-going, but the registered manager has assured us that a full review of all restraint practices at the home will take place to ensure people are cared for and supported safely and effectively.

We spoke with relatives about the use of restraint at the home. None of the relatives we spoke with raised concerns. One relative said, "I have no concerns about the restraint at all. They [registered manager] reassured us when we first visited the home. They put our mind at ease."

People told us the food at the home was good and the relatives we spoke with agreed. One relative said, "The staff try to offer [name] healthy options but [name] won't always accept it. They [staff] do try their best." Another relative said, "We talk with staff about the food that [name] has and make sure we stick to the same plans when [name] comes home to us; so we don't mess with the routine."

People's support records contained a list of their food and drink likes and dislikes. Support plans were in place for eating and drinking, and provided staff with guidance on how to support people effectively with

this. This included information about to how to support people who were at risk of choking and how to monitor people who gained or lost an excessive amount of weight. Processes were in place that ensured referrals to dieticians were made when needed.

The registered manager told us there were not any people who had specific religious or cultural needs in relation to their food, but if they did, they would ensure support was in place.

Relatives we spoke with told us they were happy with the way their family member's health needs were met. One relative said, "[Name] always gets to their appointments. [Name] has just had their eyes tested." Another said, "Whenever [name] has been to an appointment they [staff] ring me to tell me how it went."

People's support records and their health action plans (HAP) were used to record people's health needs and visits to external health and social professionals. They also included visits to specialist healthcare services.

Guidance was in place for staff to ensure they could effectively meet people's day to day health needs. One person's records contained detailed guidance for staff on how to support them if they had an epileptic seizure. The registered manager told us they had identified this as an area where specialist training was needed and this had been booked for staff in February 2016.

Good

Is the service caring?

Our findings

People told us the staff who supported them were kind and caring. One person referred to the staff as their "friends." Another person said, "The staff make me happy." The relatives we spoke with also spoke positively about the staff. One relative said, "The staff are marvellous with [name]. They really seem to care." Another relative said, "They [staff] seem to love [name]. They are great."

We saw there was a good rapport between people and staff. We saw staff talk, laugh and joke with people in a relaxed way. It was clear that staff showed a genuine interest in people, listening to what they had to say and responding in a respectful and patient way.

People's support records contained reference to their religious beliefs. If people wished to practice their chosen religion, then plans were in place to support them. Records showed one person liked to go to church on Sundays and plans were in place to support them.

Staff had a good knowledge of the people they supported and this extended further than what their care or support needs were. People's support records contained detailed information about their personal preferences and their likes and dislikes, and we saw staff use that information effectively when talking with people.

People's needs were responded to quickly and if a person became distressed or upset, staff offered them reassurance in a kind, caring and supportive way. We saw one person become distressed. Two members of staff stayed with the person, one holding their hands and calmly talking to them, the other staff member retreated slightly to give space, but was still available if further support was needed. The calm approach of the staff enabled them to manage the situation appropriately and resulted in the person willingly taking part in an activity.

All of the people living at the home required support from others, such as their relatives, when decisions were made about their support needs. The relatives we spoke with told us they felt involved with the planning of the care. One relative said, "We feel involved and have attended a review, although that was a while ago, I'm sure we're due another one." Another said, "Yes, they [staff] talk to me about [name's] care."

The registered manager told us they had recently introduced a 'core team approach' to planning people's care and support needs. This process involved the person themselves, their relatives if appropriate, their key worker, a member of management and external professionals. This enabled all interested parties to give their views and then an agreed approach was put in place. Where people did not have a relative to speak on their behalf, independent advocates were used. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

We observed staff use a variety of methods to communicate with people to assist them with explaining what they were doing for or with them or what the plans were for the day. We observed staff use a mixture of

verbal and non-verbal techniques to ensure people could understand what was being discussed. People's support records contained pictures, signs and symbols that were relevant to them, which staff used to communicate effectively with them. Some of these followed the 'Makaton' process of communication. Makaton is a language programme which uses signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order.

People were supported to be as independent as they wanted to be. Relatives felt their family members were encouraged to do as much for themselves as they wanted to. One relative said, "They encourage [name] to do things. Although [name] can be reluctant to get involved."

People's support records contained plans and assessments which identified people's level of independence in a number of areas and how staff should support them. For example, one person's support records stated they were living with a condition that would make it difficult for them to dress themselves. However, they wanted to be able to choose their own clothes. There was clear guidance in place for staff to follow to ensure this person's wishes were respected. We saw one person was particularly keen to ensure that carpets and floors were clean. The member of staff supporting them said, "[Name] likes to hoover, so they have their own personal hoover and they enjoy that." Another member of staff said, "We try and promote independence as much as we can."

There was a clear emphasis on supporting people's human rights. Equality and diversity policies were in place. Throughout people's support records, when risk assessments or support plans were put in place, reference to respecting people's human rights was also recorded.

Relatives felt their family members were treated with respect and dignity. One relative said, "They look after [name's] personal care and hygiene really well. When we visit, [name] looks clean and well presented."

Staff respected people's privacy and dignity when supporting them. When people wanted to be alone staff respected their wishes. Staff could explain how they maintained people's dignity when supporting them. One member of staff said, "Dignity is really important here. I would like to be treated with respect and dignity, so I make sure I treat others the way I want to be treated."

The registered manager told us that people's relatives and friends were able to visit them without any unnecessary restriction and we saw them doing so throughout the inspection. The relatives we spoke with confirmed this.

Good

Is the service responsive?

Our findings

People told us they were able to do the things that were important to them and the staff supported them in doing so. During the first day of the inspection the majority of people had gone out for the day to the seaside. When we asked people if they enjoyed it they told us they had. One person said, "I went to Skegness yesterday, it was so much fun." Relatives told us they felt staff supported their family member to lead an active life. One relative said, "They [staff] take [name] out a lot." Another said, "I'd like [name] to do more, but [name] can be reluctant. Staff do take [name] swimming, to discos and other things like that; but it can be difficult."

The staff we spoke with could explain how they supported people to follow the hobbies and interests that were important to them. One staff member said, "We don't have set activities anymore. We don't follow a timetable. We do what they want to do. It is much better."

People's support records contained reference to the activities that people liked to do. When people had done the things that interested them, it was recorded within their support records. In the reception area of the home we saw photographs of day trips to funfairs, boat rides and other events that people chose to attend.

We observed staff discuss the plans for the day with people and listened to their views about what they wanted to do. Some people stated they wished to go out, whilst others decided to stay at home. The staff respected people's wishes.

People were supported to attend college if they wished to. One person had expressed a wish to do so. This was arranged for them with transportation to and from college arranged with the local authority.

The director of operations told us people's support records were in the process of being updated to a new, more person centred style. They told us more needed to be done to reflect people's personalised support needs within their records. We saw an example of the new style of support plan that will be in place for people. The current style of support planning contained sufficient guidance for staff to be able to provide support for people in the way in which they wanted, however it was clear that the new process would enable staff do this much more effectively. The content will be streamlined; displayed more clearly; using a variety of word, signs and symbols, and information individual to each person will be recorded.

People's personal preferences about decisions about their support needs were respected, and where possible, were implemented. Each person had personalised plans in place which described how they would like staff to support them with their personal care. The registered manager also told us that a person had made the decision that they wished to live alone in the home and they were supported to live in a part of the home to do this. Each person's records were regularly reviewed and people and their respective representatives were involved with the reviews. We did find a small number of examples where support plans had not been reviewed as regularly as others. The registered manager acknowledged this had not always been recorded within the support plans, but they were confident that people currently received

person centred care that met their current needs. We did not find any evidence that they were not reflective of people's current needs.

People were encouraged to maintain relationships that were important to them and staff understood the importance of supporting people to reduce the risk of them becoming socially isolated. We spoke with one person who was getting ready to spend the weekend with their family. They said, "I'm going to see my family later. I'm very excited." They spoke cheerily about the things they were going to do and staff were supporting the person to get ready.

A person we spoke with told us they understood how to make a complaint. They said, "If I'm not happy I talk to [the registered manager]." Relatives felt if they made a complaint they would be listened to and acted on. One relative said, "I haven't had to make a complaint, but hope it would be followed up if I did." Another said, "No, never made a complaint, but I would go to the manager if I needed to."

Records showed the registered manager had ensured that when a complaint had been made they were dealt with quickly and people were responded to in a timely manner.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had a variety of auditing processes in place that were used to assess the quality of the service that people received. However these audits did not identify the issues raised within this report. These included the management of people's finances, the inconsistent approach to the reviewing of risk assessments and support plans and the lack of best interest documentation to support some mental capacity assessments. These issues could place the health, safety and welfare of people at risk.

When we discussed these issues with the registered manager they could not explain why their auditing processes had not identified these concerns. For example, when we asked why people's financial records had not been audited since November 2015, they were unable to provide a satisfactory answer. They acknowledged the failure to carry out this audit regularly and robustly, had increased the risk of people experiencing financial abuse.

The director of operations told us an action plan was in place for the home. They told us this plan identified the areas for improvement at the home. They told us the number one priority was to ensure that people received safe, person centred care and support.

People, staff and relatives were actively involved with the development of the service. Regular meetings were held which enabled people to give their views on the quality of the service provided. A relative said, "The manager does seem keen on getting our views."

The staff we spoke with told us they felt their opinions were valued and welcomed. They had regular staff meetings and they were able to raise any concerns or ideas they had that they thought would improve the quality of the service people received. One staff member said, "They [registered manager] had an agenda and staff could put things on it." Another staff member said, "A lot of the things we discussed have happened, so yes, they [registered manager] do listen." Another staff member said, "We're having new TV aerials because they [people using the service] had raised concerns about the telly. We took it to the managers and they agreed to do it."

We were told by the registered manager that the number one aim for the service was to "deliver a restraint free service." This was supported by 'Restraint - Our Mission, Vision, Value and Principles' documentation, available throughout the home. Staff understood this aim and could explain how they contributed to achieving it. One staff member said, "Restraint is absolutely the last resort."

There was a positive and friendly atmosphere throughout the home. Management, staff and people who used the service all appeared to enjoy each other's company. A person who used the service said, "We all get on." A staff member said, "It is such a lovely company to work for and such a nice home to work in." A relative we spoke with said, "Everyone seems so happy there."

The registered manager had supported people who used the service and staff to make links with the local community. People were encouraged to use local shops and supermarkets and people had been introduced

to the staff to help them feel welcomed when they entered the shops.

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place. Staff understood their roles and were held accountable for them. They felt encouraged to develop their skills and felt confident that the registered manager continually looked for ways to improve the quality of the staffing team.

People who used the service and staff spoke highly of the registered manager. A person who used the service said, "I like her." A staff member said, "The manager is great, she treats you with respect. We get a lot of support from her." Another staff member said, "She is a good manager. The team leaders are also there to help, but if they can't, her door is always open." A relative said, "She is great. Every time you need her she is there. It will be nice to have some stability in the manager role". Another relative said, "We are really grateful for the way the manager has persevered to help our [family member].".Another relative raised concerns with us about the high turnover of managers there had been at the service recently. They also said, "I'm not sure who the manager is right now."

People and staff were supported by a registered manager who understood their role and responsibilities. They had processes in place to ensure the CQC and other agencies, such as the local authority safeguarding team, were notified of any issues that could affect the running of the service or people who used the service.

The director of operations told us plans were in place to delegate specific areas of responsibility to staff in order to give them the skills required to develop their roles. They also told us this would ensure staff had an understanding of the key challenges, concerns and risks in all areas of the care and support provided for people. Additionally they told us giving staff more responsibility enabled them and the registered manager to identify staff who would be suitable for supervisory or management positions, either within this home, or others within the provider group.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered person did not ensure systems and processes were established and operated effectively to prevent the potential of financial abuse of service users. Regulation 13 (2)