Mrs Tracey Jayne Mitchell

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Inspection report

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Date of inspection visit:
03 January 2017

Date of publication:
31 January 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 3 January 2017 and was announced. We gave the provider four days' notice (this was over a bank holiday weekend) because we wanted to make sure the provider was available on the day of the inspection. We also wanted to visit people who used the service and wanted to be certain they were willing to meet us.

The service is also known as Future Living and provides a supported living service to people living in their own homes. People who live in the supported living properties have individual tenancy agreements. At the time of the inspection they were providing personal care and support to three people who shared a bungalow in the Broadclyst area a few miles outside of Exeter. The service is run by Mrs Tracey Jayne Mitchell as a sole provider. As a sole provider she is not required to employ a registered manager. Instead they had opted to manage the service themself. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was previously inspected on 18 December 2015. At that inspection we were unable to check that staff had been recruited safely because some staff recruitment records had not been stored securely and were missing. We also found some risks to people's health had not been regularly monitored, and that quality monitoring systems were not fully effective. During the inspection on 3 January 2017 we checked to see if these matters had been addressed. We found staff records had been stored securely and were available for the inspection. However, the records showed safe recruitment procedures had not always been followed. Checks had been carried out on applicant's criminal record history and their suitability to work with vulnerable people. However, there was a delay in obtaining references and these were sometime obtained several weeks after new staff began working in the service. This meant there was a risk that people were not always supported by staff with the appropriate experience, character or trustworthiness. The provider assured us references and DBS checks will always be taken up in future before new staff begin working for the service.

We found some improvements had been made to the quality monitoring systems but lack of recording of monitoring checks by the provider meant quality monitoring remained only partially effective. Concerns found at the previous inspection relating to risks to people's health had been addressed through regular six monthly health checks at the local health centre.

At the time of this inspection the service supported three women who shared a bungalow. The provider told us they had no plans to increase the size of the service in the near future. Each person had a tenancy agreement for their bedroom and the use of shared communal areas in the bungalow they rented. Staff were allocated 24 hours a day to support each person on a shared basis. In addition staff were available to provide support on a one-to-one basis according to each person's needs. We met the three people during our inspection. They had little or no ability to communicate verbally, although we saw from their responses

they were able to understand what people were saying. They were relaxed and happy and led active and fulfilling lives. A relative told us they telephoned the service every week and said "As far as I am aware (person's name) is receiving first class care both day and night. We certainly have no complaints. They are 'spot on'. We cannot visit the service regularly, but as far as we are aware we cannot fault the management of the service."

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. There were always at least two staff available to support people during the day and at night there was one staff available. Staff told us they had received good training on a range of topics relevant to the health and safety of people who used the service. They received regular supervision and told us they were well supported. They understood the importance of enabling people to make choices and decisions about their lives where possible. Staff were caring and respectful.

Each person had been involved, as far as they were able, in drawing up a plan of their care needs. Care plans were clearly written and contained detailed information about all aspects of their health and personal care needs. Staff were aware of risks to each person's health. Risks such as moving and handling, diabetes, epilepsy and choking were explained in the care plans and understood by the staff team. Staff sought advice and guidance from health and social care professionals promptly when needed. However, they had not received recent advice from specialists on the prevention of choking. This was sought promptly following the inspection.

Medicine were stored and administered safely. Each person had secure storage facilities in their room and received individualise individualised support from staff to ensure they received their medicines in accordance with the prescriber's instructions.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations. You can see what action we told the registered provider to take at the back of the full version of this report. We also made one recommendation regarding the providers' quality improvement systems.

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 fully safe.

People were not fully protected from being looked after by unsuitable staff because safe recruitment procedures were not always followed.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual support needs.

Most risks were identified and managed in ways that enabled people to maintain as much independence as possible and to remain safe.

Is the service effective?

Good

The service was effective.

People received personal care and support from staff who were trained to meet their individual needs.

People were encouraged to carry out day to day tasks with staff support to develop daily living skills and to maintain their independence.

People were supported to maintain good health and to access health and social care professionals when needed.

The service acted in line with current legislation and guidance where people lacked the mental capacity to make certain decisions about their support needs.

Is the service caring?

Good

The service was caring.

People received care from staff who were kind, compassionate and respected people's personal likes and dislikes.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality

People, or their representatives, were involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive.

People were consulted and involved in decisions about their support needs to the extent they were able to express their preferences.

People's individual needs and preferences were understood and acted on.

People led active and fulfilling lives.

Is the service well-led?

Requires Improvement

The service was not fully well led.

The provider's quality assurance systems were not fully effective in maintaining and promoting the standards of service provision.

The service had a caring and supportive culture focused on meeting people's individual support needs and increasing their social inclusion.

People were supported by a motivated and dedicated staff team and accessible and approachable management.

Mrs Tracey Jayne Mitchell

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 3 January 2017 and was announced. The provider was given four days' notice (this was over a bank holiday weekend) because the location is a supported living service for adults who are often out during the day. We needed to be sure the provider would be available on the day of the inspection. We also wanted to visit people in their home and needed to check that they would be willing to let us meet them. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. The last inspection of the service was carried out on 18 December 2015 when we found one breach of the Health and Social Care Act. The service was rated as 'requires improvement'.

During the inspection we met the provider, three members of staff and three people who used the service. The people who used the service were unable to communicate verbally and therefore we observed their interaction with staff. We also reviewed the records relating to their care including care plans, medicine administration records, records of cash handled on their behalf, daily diaries and communication with health professionals. We also looked at staff recruitment files, staff training records and records relating to the management of the service. After the inspection we contacted one relative, and also health and social care professionals involved in people's care.

Requires Improvement

Is the service safe?

Our findings

At the last inspection we were unable to check that safe recruitment procedures had been followed before new staff began working with people because some staff records were missing. We found the service had breached Regulation 17 of the Health and Social Care Act 2008 because records relating to staff recruitment, training and supervision had not been maintained or retained securely. At this inspection staff records were available for inspection. However, these showed that safe recruitment procedures were not always followed. The provider had obtained Disclosure and Barring Service (DBS) checks before new staff began working at the service. The DBS checks people's criminal record history and their suitability to work with vulnerable people. However, there had been a delay in obtaining references before new staff began working in the service. This meant there was a risk that people were not always supported by staff with the appropriate experience, character or trustworthiness. For example, one member of staff had begun working in the service in February 2016 but references had not been received until the following April and May. Another member of staff began working for the service in December 2016 but no references had so far been received.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed.

One member of staff told us they were confident that a DBS check and references had been carried out before they started work. We spoke with the provider about their recruitment procedures and they assured us references will always be taken up in future before new staff begin working for the service.

The agency provided support to three people within a shared house. The provider told us people who used the service may be at risk of choking. Each person received individual support to help them manage these risks, for example one person had a soft diet, while another person had their food cut up into small pieces. However the service had not received recent input from health specialists such as speech and language therapists (known as SALT). This meant the staff could not be certain they were following current safe practice advice to prevent people from choking. After the inspection the provider told us they had contacted the local SALT team promptly to ask for updated input and advice for each person to ensure they were following safe practice.

Staff were aware of risks to each person's health. Risks such as moving and handling, diabetes, epilepsy and choking were explained in the care plans and understood by the staff team. At the last inspection we found some risks such as weight loss or weight gain, and the risk of pressure sores had not been regularly reviewed. The service did not use risk assessment tools to help them identify the level of risk, and the records did not show people's weights. During this inspection we saw evidence that Staff supported people to attend health checks at the local doctor's surgery every six months and these health checks had covered risks to people's health. Two people had been weighed at the surgery and their weights had been recorded in their care plan. One person had been unable to use the scales at the surgery and the manager told us they had arranged for the company that provided the overhead hoist equipment to weigh the person using a specially adapted hoist. The person had been supported to eat a healthy diet and they hoped that when the person was next weighed they will have lost sufficient weight to enable them to use a walking aid.

After the inspection we contacted a GP who told us "Although I have not seen (person's name) since Feb 2016, she has attended for regular and routine health checks as appropriate and I have no cause for alarm or concern regarding her care."

Where people used equipment to help them move safely this had been carefully assessed and staff had received training and clear instructions to ensure people were supported to use the equipment safely. Overhead tracking was in place for one person who needed a hoist to help them move. The person also used a wheelchair to move around and a specialist bed to help them change position.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. For example, people were encouraged to help prepare meals and hot drinks if they wished. Staff knew that one person was at risk of scalding from hot kettles, and they supported the person to remain safe while at the same time enabling them to make their own drinks. We watched a member of staff support the person by helping them with the hot water, while encouraging and supporting the person to carry out all other steps towards making the drink. The person added sufficient cold milk to cool the drink and they were then able to take the drink safely back to their chair and drink it. Staff told us they felt it was very important to help people retain as much independence as possible.

Although people were unable to tell us they felt safe, they appeared relaxed and happy and responded positively when staff spoke with them. Staff had the knowledge and confidence to identify safeguarding concerns and told us they would act on any concerns to keep people safe. Staff received training on safeguarding at the start of their employment. We spoke with a member of staff who had been employed in the last year. They understood the different types of abuse and were confident they would speak out if they had any concerns that people were being abused. They knew how to contact the local safeguarding team, although they also felt confident that they could approach the provider in the first instance. They were confident the provider would listen and take appropriate action to any concerns. They told us they had trust in all of the staff team to keep people safe from abuse. They said, "We trust each other. We have really good communication. When it comes to the ladies concerns we talk about it."

The risk of financial abuse was minimised because the provider had safe systems in place to ensure any cash handled by staff on behalf of people was recorded and checked. We looked at the records of cash held for one person and found they had been accurately recorded. People had been supported to budget their money safely. Appointees (either relatives or the Local Authority) had been agreed to manage their income and arrange for each person to have sufficient money each week to pay for bills and living expenses.

There were sufficient staff employed at all times of the day and night to support the person's care package and meet each person's individual needs. The provider told us that during the day there was always at least two staff available to provide care and support for the three people who used the service on a shared basis. Documents were available that explained how each individual received the care funded, either on a shared basis or on a one-to-one basis.

When people went out a third member of staff was available. At night one waking member of staff was on duty. Staff told us they felt there were enough staff employed to meet people's needs. One member of staff said "yes, we rarely have a problem." On the day of our inspection one person was at home supported by one member of staff and two people were out for the day, supported by two staff. We looked at the staff rotas and these confirmed satisfactory staffing levels were available at all times. A member of staff told us they were confident there was always enough staff available to support each person's funded care package and meet their individual needs. They talked about the support provided when people went out, saying "They always ask me if I need anything. I never go alone. There's always (staff name) or (another staff name)

with me."

People were supported to store and manage their medicines safely. Each person had a secure storage cupboard in their room to keep their medicines safe. The medicines were supplied by a local pharmacy in blister packs. Medicine administration records (MAR) had been recorded after each medicine had been administered by staff and there were no unexplained gaps. Staff had received training on the safe administration of medicines before they were allowed to administer medicines. Where people had been prescribed creams staff had been given sufficient information about the safe administration of the creams, and when opened packs should be disposed. Two senior members of staff were responsible for ordering new supplies and checking stocks of medicines received from the pharmacy every four weeks. We spoke with a senior member of staff about the medicines prescribed for one person and they had a good understanding of the medicines and their use. The records explained how to support people who had been prescribed medicines on an 'as required' basis such as paracetamol for pain relief.

A relative told us they were completely satisfied with the care their loved-one received. They told us "We have no qualms at all about (person's name) safety." They were unable to visit the person regularly, and instead they kept in touch by phone calls and video computer technology. They told us whenever they rang the telephone was always answered quickly, and by staff who had a good knowledge of the person. To the best of their knowledge they were confident the staff understood risks to the person's health and sought medical treatment and advice when necessary. The staff knew the person was at risk of illness if they went out in cold weather and the relative told us "I am grateful for that." They also told us the person's medicines had been reviewed regularly by their GP.

Good

Is the service effective?

Our findings

The service was effective. People received personal care and support from staff who were trained to meet their individual needs. The provider told us all new staff were working towards a qualification in care known as the Care Certificate. This is a nationally recognised training programme for newly employed staff who have not had recent experience working in a care setting. The qualification gives staff the basic skills they need to care for people safely and effectively.

All staff had also received training on important health and safety topics including manual handling, first aid, food safety, safeguarding adults and administration of medicines. A member of staff told us they felt their induction was thorough and included 'shadow shifts' where they worked alongside experienced staff until they were competent to work on their own. Their induction period also provided them with time to read each person's care plan to enable them to get to know each person's needs fully.

Staff had received training in a variety of ways including in-house training by a specialist training company, and also through on-line training courses. A member of staff said they had "Lots of training, and we are still updating." They said the quality of the training was good and the provider was always willing to help with any areas of training they did not understand. Another member of staff told us "(Provider's name) has given us all on-line training, and we recently had a trainer come to do training with us." The provider gave us a copy of their training matrix. This showed staff had received, or were working towards completing training on topics such as reablement, pressure sore prevention, person centred care, nutrition, learning disabilities, health and safety, falls prevention, duty of care and equality and diversity.

Many of the staff worked shifts from 8am to 9pm, and 12 hour waking shifts overnight. Staff told us they were happy working these hours. They said it meant people received consistent care each day from the same staff, and it also meant that people were able to go out for the whole day without the need to return home early due to staff shift changeover.

Staff received support and guidance to enable them to carry out their role effectively. A member of staff told us they received supervision regularly from senior support staff or the provider. They told us "They always help me." Staff told us communication was very good. The provider told us they aimed to provide supervision to each member of staff every three or four months approximately.

People were supported to maintain good health and to access health and social care professionals when needed. Each person visited their local GP every six months for a routine check-up. Care plans contained evidence of appointments with consultants and specialists including epilepsy nurses, physiotherapists, and learning disability nurses. Information and advice from the specialists was stored in the care plans for staff to read.

Care plans contained a document called a 'hospital passport'. This document contained essential information about the person's health and personal care needs and important people in their lives. This information was intended to be taken with the person if they were admitted to hospital in an emergency.

People were encouraged to carry out day to day tasks with staff support to develop daily living skills and to maintain their independence. During our inspection we saw staff asking people what they wanted to do, and offering guidance and support to help each person maintain as much independence as possible. People were supported as far as they were able to make choices about their daily lives.

The service acted in line with current legislation and guidance where people lacked the mental capacity to make certain decisions about their support needs. All staff had received training on the Mental Capacity Act 2005 (MCA) during November 2016. Staff made sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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.

The provider had a good understanding of each person's legal rights. Where people needed support with finances or important decisions the appropriate authorisations had been obtained through the Court of Protection. One person had an advocate appointed to make important decisions on their behalf. Two people had relatives who acted as appointees on their behalf. The provider also told us that, where necessary, best interest decisions had been sought for matters that people had been unable to make their own decisions on.

People received a diet that met their individual needs and preferences. People were supported to choose the meals they wanted each week. People went with staff to shop for food, and helped with meal preparation as far as they wished or were able. For example, some people liked to help staff with making sauces to accompany their meals. The provider had allowed a budget to cover staff meals while on duty. This meant that staff could sit with people to share a meal with them.

Staff were aware of each person's likes and dislikes. Staff were also aware of each person's normal eating routine. For example, one person had a very set routine for eating their meals, insisting the meals must be presented on two side plates. The staff knew the person sometimes took up to an hour before they ate their meal, and that the person did not like hot food and therefore chose to eat their food when it had cooled down. The staff were aware of the need to encourage the person to eat sufficient food to maintain a healthy weight and told us if they were concerned about the person's intake they offered snacks throughout the day. Staff also told us that if people got up very early they were sometimes offered a breakfast when they woke, and another a bit later at their usual breakfast time. Another person had been supported by staff to eat a healthy diet to enable them to lose weight, and the provider was confident this was being achieved.

Daily diaries contained evidence of each person's daily activities including meals they had chosen. For example, one person often chose to eat fruit such as kiwi fruit or blueberries with Weetabix for breakfast. We asked a member of staff how they knew the person liked kiwi fruit with their breakfast. They explained how they had offered different foods including fruits for the person to try and they had found the person really enjoyed kiwi fruit. The person had chosen to eat the fruit with their breakfast and this had now become a firm favourite.

Good

Is the service caring?

Our findings

The service was caring. People received care from staff who were kind, compassionate and respected people's personal likes and dislikes. Although none of the people who used the service were able to express their views verbally we observed people smiling and relaxed when staff were with them. The staff were friendly, cheerful, and encouraging at all times. Staff chatted with people about the things they had done, places they had been, and items that people had purchased, and people responded positively.

The provider and staff had a good understanding of each person's individual personalities and communication methods. They understood the signs to look for that showed a person may be upset, or may be feeling unwell. A member of staff told us "Staff don't jump to conclusions. We explore the reasons why a person may appear upset. We sit back and watch for a while before jumping in and acting." The provider and staff told us "People come first." They explained that people were given choices about every aspect of their day. They said "There is no coercion. Staff know if people don't want to do something.

There was a consistent staff team which enabled people to build relationships with the staff who supported them. Staff also told us that people were never hurried, and were able to do things in their own time, when they wanted. For example, one person often enjoyed a lie-in in the mornings. A member of staff said "Staff know this – that's fine." They also told us that one person sometimes did not want to go to bed but instead chose to sit in their bedclothes in the chair in their room until they were ready to get into bed. Another person often woke during the night and they were always offered a warm drink. This usually helped them to go back to sleep.

People's privacy was respected and people were able to spend time alone in their bedrooms if they wished to. During our inspection one person chose to sit in their bedroom during the afternoon. Staff told us the person often chose to sit quietly in their own room for a while each day.

Each person had their own chair in the living room and they had favourite belongings within close reach of their chairs. Staff described how one person had increased the number of possessions over the last year. They told us they had seen a marked improvement in the person's happiness and well-being in the last year. The person now enjoyed having some of their possessions next to their chair (where in the past they had very few possessions). Sometimes the person was observed smiling and giggling. When other people went to bed the person often chose to stay up late, spreading their possessions across the floor in the living room.

Staff also described how a person loved praise, for example when staff helped them to brush their hair. Staff sometimes asked them "Who's that beautiful lady in the mirror?" and they said the person always smiled and giggled. A person who had previously rejected physical contact from staff now sometimes approached staff and put their head on the staff's shoulder. Staff offered hugs and the person sometimes accepted this.

Staff protected people's dignity and showed their respect for them in many ways as they cared for them. For example, one member of staff told us that people always received personal care in the privacy of their own bedroom or the bathroom. They said they always made sure the door was closed and the curtains drawn to

protect people's dignity. One person sometimes chose to leave the toilet door open when they used the toilet, and staff were aware of this and 'hovered' outside the toilet to ensure other people did not enter or go near while the person was in there.

People and their relatives were given support when making decisions about their preferences for end of life care. People had care plans for how and where they would like to be cared for at the end of their lives. The provider told us they had liaised with relatives to ensure the staff had information about such matters as funeral arrangements, and who should be contacted.

Good

Is the service responsive?

Our findings

The service was responsive. Each person held their own care plan in their bedroom. They had been supported to decorate the outside of the folder to make the care plan their own. Each person had been involved, as far as they were able, in the contents of the care plans. The care plans were well laid out and typed to enable them to be read easily. The plans contained pictures and photographs to enable the person to be involved as far as possible. Photographs of staff, families and friends were included. A person who had recently received input from a health professional had a step-by-step photographic plan in place showing each step of the procedures the staff were expected to follow.

People or their relatives were involved in developing their care and support plans. The plans were personalised and detailed daily routines specific to each person. The plans contained a personal history to help staff understand the person's background and family history. Each person's communication methods were clearly explained. Daily routines such as getting up, going to bed, activities and outings, food and personal care routines were clearly explained. For example, one care plan said "I am usually awake by 9am", and then went on to explain how the person let staff know when they wanted to get out of bed by flipping back their bed clothes. We asked two members of staff how they knew when people wanted to get up in the morning, and when they wanted to go to bed. They described each person's individual routines exactly as stated in the care plans. For example, a member of staff said that they carefully checked on people in the morning to see if they were awake. When they knew the person was fully awake they told us "We ask them if they want to get up. (Person's name) will usually get up. (Another person's name) will give the 'thumbs up' when they are ready. We don't force people to do anything they don't want to do. We give them other options."

The care plans were regularly reviewed and updated. We were told that two senior members of staff usually sat down together and reviewed the care plans on a regular basis. A member of staff confirmed the care plans were correct, saying "Yes, they've been updated." There were good communication sharing systems between staff to make sure staff knew about any changes in people's care needs.

People were offered a range of activities they could be involved in, based on their agreed package of care. On the day of our inspection two people went out for the day. One person had been feeling poorly recently and therefore they remained at home due to the cold weather and risk of further illness. Staff talked about the things the person enjoyed doing when they were at home, including looking at books and watching films.

One person had their own car which staff could take them out in. The provider had made a car available for staff to use to take the other two people out. Staff told us people usually went out a couple of times a week, sometimes just for a drive, but often to favourite places such as garden centres, cafes, shops and supermarkets. People had recently been to the theatre to watch two pantomimes, and staff told us how people had enjoyed these. They also attended local clubs occasionally.

One person loved visiting charity shops. On the day of our inspection the person returned home with items

they had purchased in a charity shop and proudly showed the staff their purchases. The person had a number of items already on their table in the living room so staff offered to help them move some items to their room. The person used sign language to tell the staff which items they wanted to be moved. Staff clearly understood the person and carried out the person's instructions with cheerful and friendly banter.

We saw evidence of a range of arts and crafts people enjoyed when they were at home. In the conservatory there was a selection of art and craft materials. Displayed on the walls of the bungalow were attractive art works created by the three people who used the service. They also enjoyed 'pampering' sessions, including nail painting. People enjoyed wearing attractive clothes, and one person also enjoyed wearing jewellery. Staff understood the things that people liked doing, the places they liked going to. The provider told us they were looking at ways of supporting people to go on holiday in the coming year. The provider also told us about the Christmas celebrations people had recently enjoyed, including lots of presents. They told us the celebrations had taken place over two days, allowing people plenty of time to open presents and enjoy good home cooked meals "with all the trimmings".

A relative told us they were confident staff knew people well and made sure they lead active and interesting lives. They told us they had telephoned the service earlier in the day and had been told that the person was receiving an aromatherapy massage at the time of their call. They told us "She loves that." They also told us that, weather permitting, their loved one often went out to places they enjoyed. They said "So often when I have called they have just been out for the day." They said the person loved going to a local hydrotherapy pool. The pool was being refurbished but they had been assured that as soon as it was open again the person would be able to return for regular visits.

People who used the service were unable to make verbal complaints. The provider and staff told us they were aware of each person's body language and considered the possibility that their body language may indicate they were upset or unhappy. No complaints had been received by the service in the last year.

Requires Improvement

Is the service well-led?

Our findings

The service was not fully well led. At the last inspection we recommended the provider improved their quality monitoring systems. At this inspection we found the quality assurance systems had improved a little, but remained only partially effective in maintaining and promoting the standards of service provision. They told us they regularly carried out checks and audits on all aspects of the service, including medicines checks, care plan checks, and checks on people's money and purchases made on their behalf by staff. However, none of these had been documented, and therefore there was no evidence of the frequency of the audits or checks, or of their findings or actions to address any problems they may have found. During this inspection we found that the provider had not always checked to ensure safe recruitment procedures had been followed before new staff began working with people.

We recommend the provider seeks advice and guidance from a reputable source to help them establish an effective quality assurance procedure.

Before the inspection the provider completed a Provider Information Return (PIR). This is a document in which the provider was asked to give us information about their service and how it is managed. In the PIR the provider told us "We listen to family and carers and welcome their ideas and suggestions". They also told us "We have a 'complaints and whistle blowing' policy to highlight any areas of concern. Policies and procedures are updated and all staff informed of any changes". During the inspection we found that the provider had elements of good quality monitoring systems in place. They had a clear intention of putting people first and constantly improving people's lives and the support they received. They had an awareness of the need to improve their quality monitoring systems, and told us in the PIR that in the next 12 months they planned to "Look into other organisations and look at how they monitor their services".

We found some records were well maintained (for example care plans and daily diaries), while other records (for example recruitment records and records of monitoring checks) were incomplete or unavailable. After the inspection we contacted a professional with financial responsibility for two people who used the service. They told us "I have always found the home to be clean and tidy and both clients are well supported for their financial needs. (Provider's name) keeps good financial records for expenditure incurred for our two clients". However, they went on to say the provider was slow to respond to requests for information such as an inventory for personal items purchased on behalf of people. The provider told us they recognised they sometimes failed to maintain records, although records relating to the care of people who used the service were seen as a priority.

A relative told us they telephoned the service every week and said "As far as I am aware (person's name) is receiving first class care both day and night. We certainly have no complaints. They are 'spot on'. We cannot visit the service regularly, but as far as we are aware we cannot fault the management of the service."

The provider told us they kept their skills and knowledge up to date in a variety of ways, including attending all training sessions with the staff. They kept themselves updated through web sites such as Skills for Care and the CQC website and newsletters. They also carried out research to enable them to constantly seek

ways of improving the lives of the people who used the service. For example, they told us they had recently found some hand-held devices called 'memory books' which people could use to store photographs along with messages and recordings. They plan to use these as an interactive tool that staff can use with people to help them discuss people, things, places and activities that are important to each person.

Staff told us there was good communication between the provider, senior support staff, support staff and families. Meetings were held every month between the provider and senior support staff. The provider told us they planned to hold full staff meetings in the future. Staff told us the provider sought their views on the service and encouraged them to make suggestions about any improvements that could be made to benefit the people who used the service. The provider had sent out questionnaires to staff, professionals and family members in the past to gain their views on the service. Responses had been minimal, mainly due to the small size of the service. The provider also described how they kept one person's family (who were unable to visit regularly. involved by using computer video technology to enable the relatives to see and speak with the person.

The provider told us about their ethos, visions and values for the service. They said it was important to "Keep the ladies safe from harm and to promote their independence as much as possible. Giving them the best quality of life. It is very much 'their home'. We do not see it as our place of work." They went on to say "Ultimately for me it is about making sure the ladies are happy. To mimic, as much as possible, our way of life – to be able to make choices. They live life to the full."

Staff talked about a positive and caring culture. They told us they enjoyed their jobs and felt well supported.

The provider was aware of their statutory requirements to inform the relevant authorities of notifiable incidents. They told us there had been no incidents or accidents since the last inspection.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to carry out adequate checks to ensure applicants were entirely suitable for the post before new staff were appointed.