

Leonard Cheshire Disability

Shore Lodge - Care Home Learning Disabilities

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Shore Lodge provides accommodation for up to ten adults who have physical and learning disabilities. It is part of the Leonard Cheshire Disability (LCD) organisation. The home is situated on the outskirts of Dartford in Kent.

This inspection was carried out on 04 March 2016 by one inspector. It was an unannounced inspection. There were 9 people using the service at the time of the inspection.

There was a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

Following the last inspection in July 2015 the registered provider and registered manager were served with warning notices in respect of breaches the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider sent us an action plan addressing the requirements of the notices. At this inspection we found that the required improvements detailed in the warning notices had been made. At the last inspection we also issued a requirement notice in relation to consent. At this inspection we found that, although improvements had been made, the registered manager and staff did not fully understand the requirements of the Mental Capacity Act 2005.

Staff were trained in the principles of the Mental Capacity Act 2005 (MCA), however we found that assumptions had been made in respect of people's mental capacity to make decisions. It was recorded on people's care plans that they did not have the capacity to make decisions. The registered manager and staff had not understood that an assessment of a person's capacity needed to be carried out for each decision to be made, where they believed the person may be unable to make the decision. This placed people at risk of losing their right to make a decision because assumptions were made or because they had not been able to make a previous decision. This was a breach of regulation. You can see what action we told the provider to take at the back of the full version of the report.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were completed based on the needs of the individual. Staff understood what action they needed to take to keep people safe. Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced. Action had been taken to reduce the risks to people's safety.

There were sufficient staff to meet people's needs. Thorough recruitment procedures were in place to ensure staff were suitable to work with people.

Medicines were stored, administered and disposed of safely and correctly. Staff were trained in the safe

administration of medicines and kept relevant records that were accurate.

The service was clean, well maintained and designed to meet the needs of the people that used it. Risk within the premises and in the use of equipment had been assessed and managed effectively. Staff knew how to minimise the risk of infection spreading in the service.

Staff knew people well and were trained and competent to meet people's needs. They had the opportunity to receive further training specific to the needs of the people they supported. Staff felt supported and received one to one supervision sessions and an annual appraisal of their performance. Staff were clear about their responsibilities. This ensured they were supported to work to the expected standards.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted where needed and the least restrictive options were considered as per the Mental Capacity Act 2005 requirements.

People were provided with meals that were in sufficient quantity and met their needs and preferences. People enjoyed their meals. Staff knew about and provided for people's dietary preferences and restrictions.

People were promptly referred to health care professionals when needed. Staff included advice from health professionals in individuals' care plans and records showed that this advice was followed.

Staff were caring and treated people with kindness and compassion. They knew each person well and understood what was important to them. Staff understood how to communicate with each person. People's privacy was respected and people were assisted in a way that respected their dignity.

People were involved in their day to day care. People participated in reviewing their care plans as far as they were able and relatives were invited to attend reviews with people's consent. Personal records included information about people's life history, likes and dislikes and preferred activities. The staff promoted people's independence and encouraged people to do as much as possible for themselves, however this was not planned for proactively as part of the care plan. We have made a recommendation about this.

Information about the service, the facilities, and how to complain was provided to people and their relatives. People were asked their views about the service at regular intervals, however the registered manager had not considered alternative ways to seek the views of those who did not use verbal communication or could not complete a questionnaire. We have made a recommendation about this.

People were supported to take part in activities that responded to their individual needs and interests. Work was underway to develop more opportunities for meaningful activities and occupation for people.

Staff told us they felt supported by the registered manager. The team had worked hard to develop the culture of the service to reflect the person centred principles the registered provider committed to deliver. Improvements had been made, but it was too early to see that these had been fully embedded in the culture of the service. We have made a recommendation about this.

The registered manager was open and transparent in their approach and receptive to recommendations for improving the service. The registered provider ensured the registered manager kept up to date with any changes in legislation that might affect the service and they had carried out regular audits to identify how the service could improve. The registered manager had acted on the results of these audits and made

necessary changes to improve the quality of the service and care.

We recommend that the registered manager review each person's support plan to ensure it outlines how staff can promote their independence and help them to achieve their goals and aspirations.

We recommend that the registered manager review how the views of people using the service are sought to ensure it meets individuals' communication needs.

We recommend that the registered manager continue to closely monitor staff practice and to regularly assess the culture of staff practice to ensure it reflect person centred values.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Staff were trained to protect people from abuse and harm and knew how to refer to the local authority if they had any concerns.

Risk assessments were centred on the needs of the individuals and there were sufficient staff on duty to meet people's needs safely.

Safe recruitment procedures were followed in practice.
Medicines were administered safely.

The environment was secure and well maintained.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

The registered manager and staff had not fully understood the principles of the Mental Capacity Act and how these should be applied.

Staff were trained and had a good knowledge of each person and of how to meet their specific support needs.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink.

People were referred to healthcare professionals promptly when needed.

The premises had been designed and fitted with equipment to meet the needs of the people that used the service.

Is the service caring?

Requires Improvement 

The service was not consistently caring.

Staff promoted people's independence and helped them to

identify goals, but effective systems for planning how these were to be achieved were not in place.

Staff were caring and treated people with kindness, compassion and respect and recognised their individuality.

People's privacy and dignity was respected by staff.

People were consulted about and involved in their care and treatment.

Is the service responsive?

The service was not consistently responsive to people's individual needs.

The service sought feedback from people and their representatives about the overall quality of the service. However, it was not clear how people, who did not use verbal communication, had been supported to have their say.

People's care was personalised to reflect their wishes and what was important to them. Care plans and risk assessments were reviewed and updated when their needs changed. The delivery of care was in line with people's care plans.

A range of activities was provided and this was under review to ensure people had a wider range of meaningful opportunities.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

The culture in the service had improved since our last inspection to reflect person centred values. However, this needs to be embedded into the culture of the service so that it becomes natural practice for staff. The registered manager encouraged suggestions for improvement and acted on these.

The staff told us they felt supported by the registered manager.

There was an effective system of quality assurance in place. The registered manager and the registered provider carried out audits to identify where improvements could be made. Action was taken to implement improvements.

Requires Improvement ●

Shore Lodge - Care Home Learning Disabilities

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 carried out 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 was carried out on 04 March 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events. We reviewed our previous inspection reports and sought feedback from the local authority commissioning service. Following the last inspection in July 2015 the registered provider and registered manager were served with warning notices in respect of breaches the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As part of the planning for this inspection we reviewed the action plans sent to us in response to the warning notices.

We looked at three people's care records. This included assessments of needs, care plans and records of the care delivered. We observed to check that people received the care and treatment agreed in their care plan. We reviewed documentation that related to staff management and two staff recruitment files. We attended a handover meeting in the service. We looked at records relating to the monitoring, safety and quality of the service and sampled the services' policies and procedures.

People that used the service were not able to talk to us about their experiences of using the service so we spent time observing care, in communal areas, to judge whether the service was meeting their needs. We also reviewed comments and feedback sent to the commission, and the service, from relatives to understand people's experience of the care provided. We spoke with the registered manager, the acting deputy manager and two members of care staff. We spoke with three health care professionals involved with

the service to seek their views.

Is the service safe?

Our findings

Feedback and comments from relatives and health professionals involved in the care of people was that people were safe. We saw that people were comfortable and relaxed in the presence of staff.

At our last inspection in July 2015 we found that the service was not safe. We found breaches of regulations in relation to safeguarding people from abuse, ensuring safe care and treatment, managing the risk of infection in the service and sufficient staffing. A warning notice was issued in respect of three of these breaches and a requirement notice was issued in respect of safeguarding people from abuse. The registered provider sent us an action plan addressing the requirements of the notices. At this inspection we found that the required improvements had been made.

Staff understood what was meant by abuse and how to recognise the signs and report any concerns. Staff knew how to access information about safeguarding and where the policy related to the safeguarding of adults was located. A flow chart for reporting alleged abuse was clearly displayed on the staff noticeboard. Information about people's rights to protection from abuse was displayed in an easy read format on the noticeboard in the entrance hall. Staff training records confirmed that they had completed training in the safeguarding of adults and this was renewed annually. Staff understood their responsibility to report any concerns about abuse or the safety and wellbeing of people and were confident to do so. The registered provider had a whistleblowing policy that provided protection for staff that wished to raise concerns anonymously or with other agencies outside the service. Staff were aware of the policy and were confident to use it if required. The service had a policy to ensure people's equality, diversity and human rights were protected. Staff we spoke with had a good understanding of equality, diversity and human rights. People were protected by staff that understood how to recognise and respond to the signs of abuse.

Risks to individuals had been assessed as part of their care plan. This included the risk of falls, choking, developing pressure wounds and poor nutrition. These were reviewed regularly to ensure they remained effective. Staff were aware of the risks that related to each person and the guidance that was in place to minimise these. For example, some people were at risk of choking and required a soft diet. Staff understood the importance of supervising people who were at risk of choking during meals. Where a recent incident had occurred the registered manager had reviewed the relevant risk assessment to establish any further risk reduction measures that could be taken. Advice had been sought from the speech and language therapy team in regard to the texture of soft foods. We discussed with the registered manager the benefit of providing a specific learning session for staff on soft diets and they undertook to arrange this.

People at risk of developing pressure wounds had appropriate pressure relieving equipment in place and effective care plans to ensure they were helped to change position as often as they needed to. Staff followed safe procedures for helping people to move around the service and for using equipment, such as hoists, to help people to mobilise. Accidents and incidents were recorded and monitored by the registered manager to ensure hazards were identified and reduced. The risks to individuals' safety and wellbeing were regularly assessed and minimised.

The registered manager completed a monthly assessment of each person's needs to establish how many staff were required to be deployed in the service. Rotas indicated sufficient staff were in attendance on both day and night shifts to meet people's assessed needs. Staff told us that staffing levels were sufficient to meet people's needs and to help them to attend their planned social and occupational activities. Staff confirmed that they had enough time to support people to prepare meals and to ensure that the premises were cleaned each day. During the inspection there were sufficient staff available to respond to people when they needed assistance. The service had one vacancy for a deputy manager to which they were recruiting. A senior care staff was undertaking the role on an interim basis. The service did not require the use of agency staff. The registered manager told us that holidays and sickness were covered by members of the permanent team who undertook additional hours. There were sufficient numbers of experienced and qualified staff deployed to provide the care people needed.

The registered provider followed robust procedures for the recruitment of new staff. The staff files we viewed contained interview records, references and a disclosure and barring check. Gaps in employment history were explained. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. Staff we spoke with told us they had felt supported through their induction and had been able to request further time shadowing if they felt they needed it. New staff were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

The environment was safe. The premises had been assessed to identify risks and action taken to minimise these. A fire risk assessment had identified a missing fire door strip. The registered manager had replaced this. Staff tested the temperature of the water from various outlets each week to ensure people were not at risk of water that was too hot. Equipment was maintained in good order and had been checked and serviced at appropriate intervals to make sure it was safe to use. Portable electrical appliances were serviced regularly to ensure they were safe to use. All hoisting equipment was regularly serviced and staff had been trained in the safe operation of these. Bed safety rails were in place, where needed, as a result of a risk assessment for each individual. There was a system in place to identify any repairs needed and action was taken to complete these in a reasonable timescale. Risks within the premises had been identified and minimised to keep people safe.

The service had an appropriate business contingency plan that addressed possible emergencies and identified temporary accommodation. Staff were trained in providing first aid. Staff had been trained to use the fire policy in practice and to use the fire protection equipment around the home. There was always a member of staff on duty who had been trained as a fire marshal. Fire training included a practical drill to evacuate individuals according to their personal evacuation plans that were based on their needs. This meant that staff knew how to respond in an emergency to ensure people's safety.

People's medicines were managed so that they received them safely. The service had a policy for the administration of medicines that was regularly reviewed. Staff had received appropriate training and the registered manager had made checks of their competence to administer medicines safely. An effective system was in place to ensure medicines were correctly ordered and received, stored, administered and recorded. The supplying pharmacy had carried out an audit of medicines management in January 2016. The recommendations made had been actioned by the registered manager. We saw that staff administered medicines to people following safe practice. They kept accurate records of the medicines people had taken. People were protected by effective systems for ensuring they received the medicines they needed at the right time and in a safe way.

People lived in a clean environment. Staff supported people to clean their own bedrooms and there were cleaning schedules in place for the daily and weekly cleaning of other areas of the service. We found that the underside of a bath hoist and one commode had not been cleaned properly. We showed this to the acting deputy manager who, before we left the service, arranged for a system for a weekly check of these areas to be established. The service held a policy on infection control and practice that followed Department of Health guidelines and helped minimise risk from infection. Staff understood good infection control practice and the importance of effective handwashing in reducing the risk of infection. Guidance about handwashing was displayed above hand wash basins. We saw that staff used disposable gloves when needed. Staff understood and followed safe procedures for managing soiled laundry and clinical waste. The registered manager had ordered a new washing machine with sluice facility to replace one that was not functioning effectively. This meant that people's risk of acquiring an infection was reduced.

Is the service effective?

Our findings

People's relatives told us that they felt the staff were provided with the training they needed and understood how to meet their relative's needs. Feedback from health professionals involved in the service was that improvements had been made in the effectiveness of service delivery.

At our last inspection in July 2015 we found that the service was not effective. We found breaches of regulations in relation to staff competence and support, adequate nutrition and hydration, meeting health needs and consent. A warning notice was issued in respect of three of these breaches and a requirement notice issued in respect of consent. The registered provider sent us an action plan addressing the requirements of the notices. At this inspection we found that the requirements of the warning notices had been met. Significant improvements had been made to obtaining people's consent, however the registered manager and staff did not fully understand the requirements of the Mental Capacity Act where people were not able to make their own decisions.

Staff were trained in the principles of the Mental Capacity Act 2005 (MCA), however we found that assumptions had been made in respect of people's mental capacity to make decisions. Whilst the registered manager and staff understood that a best interest decision was required where people did not have the capacity to make a decision, they had not ensured that assessments of people's capacity were made in relation to each decision to be made. Three people's care plans included an overarching statement about their capacity to make decisions that stated that the person did not have the capacity to make decisions due to their learning disability. The decision to be made was not specified and no capacity assessment had been completed. We discussed with the registered manager and the acting deputy manager the requirement, under the MCA, for an assessment of capacity to be made in respect of each individual decision a person is required to make where it is believed they do not have the capacity to do so. The registered manager and acting deputy manager did not have a clear understanding of this requirement. We found that people had been administered a flu vaccination, but it was not clear how their consent had been sought.

The requirements of the Mental Capacity Act 2005 were not fully understood and met. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw staff seeking consent from people before providing day to day care and support. They informed people before helping them to move or eat, of what they were going to do and why. Staff understood the importance of communicating clearly and giving people the time they needed to think about and make decisions. Tools were available to help people make day to day decisions, for example photographs of foods available on the menu.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the DoLS with the registered manager and they demonstrated a good understanding of the processes to follow. Appropriate applications to restrict people's freedom had been submitted to the DoLS office for people who needed continuous supervision in their best

interest. The registered manager had considered the least restrictive options for each individual. This ensured that people's right to liberty were protected.

Staff had completed the training they needed to provide safe and effective care. Where refresher courses were required this had been identified by the registered manager and courses booked. The registered manager and acting deputy manager were booked to complete training in delivery of safe moving and handling training for staff in March 2016. Staff completed training sessions in health and safety, safe management of medicines, equality and diversity, safeguarding adults, fire safety and infection control. Additional training was provided to equip staff to meet the specific needs of people using the service. This included behaviour support awareness, managing the risk of choking, epilepsy and nutrition and hydration. Some of these courses had been provided in response to shortfalls found at our last inspection. We saw that staff applied the principles they had learnt in their training in practice, for example, they ensured that people were seated correctly for meals to reduce the risk of choking.

New staff were required to complete an induction to their role. This included a range of face to face and online training sessions. New staff were assigned a buddy and undertook a number of shadowing shifts before working as part of the rostered staff numbers. Leonard Cheshire Disability had a system for all new staff to complete the 'Care Certificate' that was introduced in April 2015. The care certificate is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care homes are expected to uphold. No new staff had been recruited at the service since its introduction, but the registered manager had the required documents in place to implement this for the next new employee. Staff were supported to gain qualifications relevant to their roles in health and social care. All staff, with the exception of two, had completed a qualification and the other two staff were working towards this. The registered manager had completed a range of management and leadership qualifications and courses. This meant that staff were able to develop their skills and knowledge to care for people effectively.

Staff told us they felt supported in their roles. They said that they could talk to the registered manager or acting deputy manager about people's care. We saw that the registered manager and acting deputy were available to staff throughout the day to answer their questions or provide support. The organisation had a policy for all staff to have a supervision meeting with their line manager every two months. This had not taken place regularly throughout 2015, however the registered manager had identified this shortfall and put a programme of supervision meetings in place for 2016. Records showed that supervision meetings focused on staff development needs and provided an opportunity for staff to share their views about the service. An annual appraisal of staff performance took place for all staff to ensure expected standards of practice were maintained. This ensured that staff were appropriately supported and clear about how to care effectively for people.

People were asked what they wanted to eat and menus were planned based on people's requests and their known preferences and dietary needs. People had an assessment of their nutritional needs. Staff were aware of people's allergies and dietary restrictions. They were aware of the types of food that were suitable for people's specific health conditions, for example to reduce the risk of choking. The registered manager had supported staff to develop their cooking skills and had provided a range of cook books and guidance from other staff who were more confident in preparing certain meals. People appeared to be enjoying their meals and staff checked regularly if they were happy with what they were eating. Staff offered people drinks frequently throughout the day and at mealtimes. Where people were assessed as being at risk from dehydration, staff monitored their fluid intake and kept accurate records to identify any concerns. People were provided with sufficient food and drink to meet their needs.

People had their health needs assessed and care plans put in place to meet these needs. People's wellbeing

was promoted by regular visits from healthcare professionals. People had been referred to healthcare professionals when necessary. People were weighed monthly and fluctuations of weight were noted and acted upon. People's care plans included relevant, up to date information about their specific health conditions. Advice from health professionals had been included in the care plan to ensure it was consistently followed by staff. Records about people's health needs were kept and the outcome of health appointments was recorded so that staff knew what action to take. The service had access to the learning disability mental health team that was located in the community hospital on the same site. Staff told us they had a positive working relationship with all healthcare professionals and were able to obtain advice in relation to a range of health needs. There was clear information in a person's care plan to ensure staff could recognise an epileptic seizure and what action to take to respond. Each person had a health action plan that identified their health needs and actions for maintaining good health. People were supported to access hydrotherapy sessions to increase their mobility. Where one person had made the decision to no longer attend these sessions staff had respected this and arranged for them to access alternative physiotherapy services to meet their needs. Staff responded effectively when people's health needs changed.

The premises had been designed to meet the needs of people with physical disabilities. The service was provided on one level and corridors and doorways widened to allow people using a range of mobility equipment easy access. All the bedrooms were large and had ensuite bathroom facilities. People's bedrooms had been recently redecorated to their preferences. Large bathrooms and shower rooms were provided in the service to enable people to bathe using a range of equipment to meet their mobility needs. Ceiling track hoists were fitted in each room and surfaces and equipment had been lowered or raised to meet people's physical needs as required. Signs were in place to help people identify areas of the service such as bathrooms. We discussed with the registered manager that the hallways in the service would benefit from decoration and pictures to provide a homely feel.

Is the service caring?

Our findings

People had positive relationships with staff that were relaxed and friendly. People's relatives told us the staff were kind and helpful and they were confident that their relative was treated respectfully.

At our last inspection in July 2015 we found that the service was not caring. We found a breach of regulation in relation to dignity and respect. A warning notice was issued in respect of this breach. The registered provider sent us an action plan addressing the requirements of the notice. At this inspection we found that the required improvements had been made.

Staff spoke respectfully to people and took their time when providing support so as not to rush them. People were provided with communication aids appropriate to their needs to help them express themselves and to communicate effectively with staff and others, for example pictures and photographs. Staff had developed positive relationships with people. They had taken time to find out about people's life history, family, interests and what was important to them and had recorded this in their care plan. Staff were able to talk about people's individual preferences and personalities. We saw that staff chatted with people about things that were important to them. They understood what people liked to do with their day and created opportunities for them to do so.

We saw that staff respected people's privacy. They ensured doors and curtains were closed when providing care and knocked on people's bedroom doors before entering. People's information and personal records were stored securely and staff were careful not to discuss information about people in front of others. Staff respected people's privacy and treated them with respect.

People and their families or representatives were involved in their day to day care. They were involved in reviewing their care plans and their relatives were invited to participate in an annual review of their care plan with their consent. People were provided with information about the service. They were given information about the services provided and how to make a complaint if they needed to. A copy of the complaints procedure was also displayed in the entrance hall and issued to people's relatives.

Staff were aware of the importance of providing the right level of support to ensure that people's needs were met, but also to enable them to do as much for themselves as possible. There was a range of equipment and adapted plates, cutlery and cups to allow people to eat and drink as independently as possible. We saw staff encouraging people to be involved in household tasks such as cleaning and preparing meals and we saw photos of people taking part in daily activities that utilised their skills. People's care plans did not include written plans that specified how staff should promote each person's independence. This meant that it may not happen consistently or in line with people's preferences or needs. People had goals and aspirations identified, for example to visit a family member and attend a football match. Whilst staff were able to describe what action was being taken to achieve these goals the person's care records did show what plans were in place to achieve these. We recommend that the registered manager review each person's support plan to ensure it outlines how staff can promote their independence and help them to achieve their goals and aspirations.

Is the service responsive?

Our findings

People's relatives told us that they were satisfied with the service that was provided to their relative. Health professionals told us that the service had recently worked proactively with them to improve the range of activities provided to people to ensure they were personalised and meaningful.

At our last inspection in July 2015 we found that the service was not responsive. We found a breach of regulation in relation to providing personalised care that met people's needs. A warning notice was issued in respect of this breach. The registered provider sent us an action plan addressing the requirements of the notice. At this inspection we found that the required improvements had been made.

People had an assessment of their needs and a care plan was in place to meet each need. The plans were detailed and included clear information for staff to follow to meet the need, for example effective ways to communicate with each person. People had a communication passport that informed staff how to recognise how the person was feeling and whether they were in pain. Each person had a one page profile which outlined what people admire about them and what was important to them. This ensured that staff knew what people's preferences were before delivering their care. People's care plans included information about their preferences, for example what time they liked to get up and whether they liked a bath or shower. Plans also detailed how people preferred their hot drinks and how many pillows they liked on their bed. Staff addressed people in the way they preferred and knew what their preferences were in relation to their daily routine. We saw examples of personalised care in practice, for example one person had favourite television programmes they liked to watch and another person liked to have a daily walk. Records showed that support had been provided to enable these people to do these activities. People had been supported to plan outings and holidays that met their interests. During the inspection we saw that staff were quick to recognise and respond to people's needs, for example a request for a drink. One person went to their room and got their coat out. A staff member recognised this as their request to go out and went out for a walk with the person. This meant that people received care that was personalised and met their needs.

People had their social needs and interests met. People were supported to undertake social activities and to spend time in the way they wished. Some people accessed activities and education sessions at a local day centre. Outings were arranged to places of interest and for coffee and meals. People were supported by staff to visit family members if they wished. Entertainment was also provided in the service with regular themed singers and celebration parties. The registered manager had made referrals to the occupational therapy team for all people using the service for additional support and guidance in planning meaningful and personalised activities for people. Training and information sessions were planned with the team for the following week.

People were supported to meet their religious and cultural needs. Staff understood how to meet people's religious and cultural needs in respect of practicing their faith, attending church and particular care requirements. Where people wished to attend church regularly this had been supported.

The registered manager and the registered provider sought the views of people using the service through an

annual questionnaire and quarterly residents meetings. Where people were able to complete the questionnaire and vocalise their views in meetings it was clear that their voice was heard. However the registered manager had not considered alternative and creative ways to enable those who did not use verbal communication to share their views. It was not clear how people, who did not use verbal communication, had been supported to have their say. Relatives' views were also sought through an annual survey and twice yearly meeting. The last survey of the views of people and their families showed people were happy with the service they received. We found that relatives meeting minutes highlighted their satisfaction with the improvements that had been made to the service since our last inspection

The provider had a clear complaints policy and procedure. The complaints procedure was displayed in the reception area and a copy given to people and their relatives. This was also produced in pictorial format, but staff confirmed that not all the people in the service would be able to understand and use this. People were asked if they had any complaints at their care plan review meeting and in residents' meetings, however it was not evident what additional steps had been taken to enable those who do not use verbal communication to share their views. Complaints were recorded and responded to appropriately. We saw that the registered manager had dealt with complaints in an honest and transparent way. We recommend that the registered manager review how the views of people using the service are sought to ensure it meets individuals' communication needs.

Is the service well-led?

Our findings

People's relatives commented that the service had improved in the past few months, particularly in terms of communication between the service and people's families.

At our last inspection in July 2015 we found that the service was not well led. We found a breach of regulation in relation to ensuring effective systems for monitoring and improving the quality and safety of the service. A warning notice was issued in respect of this breach. The registered provider sent us an action plan addressing the requirements of the notice. At this inspection we found that the required improvements had been made.

The registered manager told us they had focused on changing the culture of the service from an institutional task based environment to a person centred and responsive service. We found that improvements had been made to the culture of the service. Staff showed that they consulted people before providing any care and supported them to make their own choices and control as much of their daily routine as possible. The language that staff used when talking to and about people was more respectful. Staff worked more as a team and were open in challenging each other in their practice. However the registered manager acknowledged that this shift in culture would take time to fully embed into practice. We saw that the registered manager and acting deputy manager were addressing practice that was not person focused through staff supervision and team meetings. The registered manager was receptive to recommendations for improvement and keen to move the service forward to provide a good service. The registered manager was visible in the service and accessible to staff, people and their relatives. They knew each person who lived in the service and were sensitive to their needs. We recommend that the registered manager continue to closely monitor staff practice and to regularly assess the culture of staff practice to ensure it reflect person centred values.

Staff were clear about their roles and responsibilities. They told us that they felt the service had improved in recent months and they were satisfied with the support they received to carry out their roles. Staff members told us that the registered manager was supportive of their individual needs and circumstances and worked with them to ensure they could carry out their roles effectively.

The registered manager had effective systems in place for monitoring the quality and safety of the service and making improvements. Staff reviewed people's care plans on a monthly basis and made changes as people's needs changed. A range of audits were carried out by the registered manager and other senior managers in the organisation to identify risks or shortfalls in practice. Where improvements were identified the registered manager had addressed these and signed the action plan to confirm when they had made the required improvements. The registered manager had been supported by a senior manager to complete the action plan in response to the warning notices. Regular meetings, visits and audits had been carried out and the registered manager told us they had felt supported to make the improvements. However, the registered provider had not identified that the registered manager and staff did not have a clear understanding of the requirement for capacity assessments under the Mental Capacity Act 2005.

The registered manager was open and transparent. They notified the Care Quality Commission of any significant events that affected people or the service. They participated in safeguarding meetings concerning people's safety when necessary and had worked positively with commissioners to complete a recent improvement plan. The registered manager had displayed their CQC rating in the entrance hall. The registered manager regularly participated monthly meetings for the registered managers within the organisation. These meetings included learning sets as well as providing a forum for peer support.

The registered manager kept accurate and complete records about the care provided to ensure people's needs were met. People's records were kept securely. All computerised data was password protected to ensure only authorised staff could access these records. Staff completed Information Governance Training to understand the key principles of the Data Protection Act and their responsibilities and legal obligation to manage records in the service. Daily records of the care provided to people reflected the care required in their individual plan. The records were sufficiently detailed to allow the manager to monitor that people received the care they needed.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The requirements of the Mental Capacity Act 2005 were not fully understood and met. 11(3)