

# Key Healthcare (Operations) Limited

## Victoria House

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

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?

Good 

### Overall summary

We inspected Victoria House on 29, 30 April and 11 May 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

At the last comprehensive inspection in November 2014 we found that there were multiple breaches of the regulations relating to care. In light of this we varied the provider's conditions of registration to prevent people with certain types of conditions being admitted to Victoria House.

We revisited the home in December 2014 and found significant improvements had been made. We did, however find that the home was in breach of regulations relating to: assessing and monitoring the quality of service provision; respecting and involving service users; and records.

At this inspection we reviewed the action the provider had taken to address the above breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found that the provider and manager had continued to oversee the way the care and

# Summary of findings

treatment was delivered and the overall operation of the home; had improved the way staff worked to support people to be as independent as possible; had improved record keeping practices and these had led to the home meeting the above regulations.

Victoria House is registered to provide nursing and residential care for 68 people and the service operates across three distinct units. The home caters for people with a physical disability and people with dementia some of whom may need nursing care. At the time of the inspection 44 people lived at the home.

In December 2014 the registered manager resigned. 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. At this inspection we found a new manager was in post and they had applied to become the registered manager but noted they commenced working at the home mid-April 2015.

During the inspection we found that the new manager had commenced a range of processes designed to monitor and assess the ongoing performance of the home, such as audits. We found that this review had led to actions plans being developed. We saw that the processes had led the manager to quickly gain in-depth knowledge of the home and areas for improvement.

We found, as the manager had, that closer scrutiny needed to be given to ensuring sufficient staff were on duty with the skills, experience and competency to meet people's needs. The provider had converted the unit, Regent House to meet the needs of older people. This meant the 44 people were accommodated in the physical disability unit; middle floor nursing unit, top floor nursing unit and the Regent House unit.

Although the provider completed a needs analysis and this led to 1 nurse and eight staff being on duty during the day and 1 nurse and 5 care staff overnight. No consideration was given to the design and layout of the building. This layout of the building meant, particularly overnight, one staff member was left to cover whole floors and they did not have swift access to support. We observed that even with one member of staff acting as a

float it took 40 minutes for the lone worker to get the support they needed to complete positional changes. Also some of the people displayed marked behaviours that challenge and this had not been factored in to how many staff were needed to ensure people remained safe in these units. We found that the provider had not risk assessed the impact that the building and lone working would have upon the delivery of safe care.

We saw there were systems and processes in place to protect people from the risk of harm. However, these needed to be improved as staff were not reporting incidents to senior staff.

We found that in between December 2014 and the new manager starting much of the useful dementia friendly items had been removed but not replaced with anything meaningful. Also the activities coordinators had left and were in the process of being replaced. This change meant that people were not engaged in meaningful activity and occupation throughout the day and we heard from visitors this had been usual for the home since February 2015. The manager was aware of this issue. They discussed the plans for improving this aspect of people's lives. We found that the manager had obtained a range of items people could use to entertain themselves; they had created new spaces in the home for people to go; they had employed a new activity coordinator and they were in the process of creating a new café.

Staff had a greater understanding of the requirements of the Mental Capacity Act 2005 and had appropriately requested Deprivation of Liberty Safeguard (DoLS) authorisations. Staff had been working hard to ensure capacity assessments were completed in line with the Mental Capacity Act 2005 code of practice. They and the manager recognised that they were still developing the skills needed to always complete these accurately and they needed more space on the sections relating to people's ability to take on board information to write their analysis.

We found that the manager had worked closely with staff to ensure they provided care and treatment that was effective. We saw that all interactions between staff and the people who used the service were person-centred and supportive. We found that this had led to

# Summary of findings

improvements in individual's presentation and we were able to hold full conversations with people who used the service. This change meant we could talk to people about their care.

We found that care records now reflected the treatment people received and staff routinely ensured, when necessary individuals were referred to external health care professionals.

Staff took action to monitor people's weight and ensured they were provided with sufficient food and fluid. The cook designed menus that were nutritious and offered a range of alternatives including fortified for people who were at risk of losing weight.

We found that medication practices had improved and staff were administering prescribed medicines safely.

We heard how the manager was in the process of reviewing people's needs to ensure the home could meet their needs. Where this was not the case the manager had taken action to ensure the person's needs could either be met or they moved to more suitable accommodation.

We found that staff were appropriately recruited and had received a wide range of training including condition specific training such as courses related to supporting people who were living with dementia.

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

People told us they were now confident that should they have a complaint this would be fully investigated by the manager and resolved to their satisfaction.

The manager and staff had reviewed and updated all of the records maintained at the home such as care records, audits, policies and training information.

We found that the building was very clean and was being maintained. We found that all relevant infection control procedures were followed by the staff at the home.

When we concluded our inspection the provider had resolved the breaches of regulations identified at the last inspection. We found that action was needed to address aspects of one of the regulated activities regulations 2014, of the Health and Social Care Act 2008, which you can see at the back of the full version of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to the registered manager.

There were skilled and experienced staff on duty to meet people's needs, however at times these were insufficient to meet the demands of the design of the building. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Appropriate systems were in place for the management and administration of medicines.

Checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

**Requires improvement**



### Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through training.

People's needs were assessed and care plans were produced identifying how to support needed to be provided. These plans were tailored to meet each individual needs.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and how to apply the legislation.

People were provided with a choice of nutritious food, which they chose at weekly meetings. People were supported to maintain good health and had access to healthcare professionals and services.

**Good**



### Is the service caring?

This service was caring.

People told us that staff were extremely supportive and had their best interests at heart. We saw that the staff were very caring, discreet and sensitively supported people.

Staff were constantly engaging people in conversations and these were tailored to individual's preferences.

People were treated with respect and their independence, privacy and dignity were promoted. People actively made decisions about their care. The staff were knowledgeable about people's support needs.

**Good**



# Summary of findings

## Is the service responsive?

The service was responsive.

People's needs were carefully assessed and care plans were produced, which identified how to meet each person's needs. These plans were tailored to meet each person's individual requirements and reviewed on a regular basis. The staff were extremely knowledgeable about each individual's needs and rapidly identified any changes.

We saw people were encouraged and supported to take part in activities and some routinely went on outings to the local community.

The people we spoke with were aware of how to make a complaint or raise a concern. They told us when they had recently had concerns these were thoroughly looked into and reviewed in a timely way.

Good



## Is the service well-led?

The service was well led.

The manager was effective at ensuring staff delivered a good service. We found that the manager was very conscientious. They reviewed all aspects of the service and took action to make any necessary changes.

Staff told us they found the manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

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

Good



# Victoria House

## 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 29, 30 April and 18 May 2015 and was unannounced.

On the first day the inspection team consisted of an inspector, specialist advisor who was an occupational therapist 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. The expert by experience who formed a part of the team specialised in the care of older people.

The provider had not completed a provider information return (PIR), as we did not request this on this occasion. 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.

Before our inspection, we reviewed the information we held about the home and contacted the Clinical Commissioning Group (CCG) to obtain their views after their recent audit.

During the visit we spoke with 16 people who used the service, nine relatives, the regional manager, the manager, and two nurses, two heads of care, three team leaders, ten care workers, the assistant cook, the maintenance person and a domestic staff member. We also undertook general observations of practices within the home and we also reviewed relevant records. These included nine people's care records, ten staff files, audits and other relevant information such as policies and procedures. We looked round the home and saw people's bedrooms, bathrooms and communal areas.

# Is the service safe?

## Our findings

We found that the provider had converted the unit, Regent House to meet the needs of older people and 44 people were accommodated across the whole home.

We saw that across the four units, five of the people could present with behaviour that challenged. One person who was deemed to have capacity would become quite disruptive when they returned from visits out of the home and their behaviour had led to some of the people on their unit becoming reluctant to go into communal areas. One person who was bedbound had recently moved to units to one where people who had memory difficulties lived. The change in room had led to them to often finding other people who used the service coming into their room uninvited and they found this disconcerting. In another unit one person could become aggressive with little warning so staff had to be vigilant and although one-to-one support was provided this was under review. We discussed these difficulties with the manager who confirmed they were already taking action to ensure the people's needs could be met at the home and if not they were intending to ensure people moved to more appropriate accommodation.

The provider completed a needs analysis and this led to one nurse and eight staff being on duty during the day and one nurse and five care staff overnight, which was higher than that suggested in the guidance the provider used. However no consideration was given to the design and layout of the building. The layout of the building meant, particularly overnight, one staff member was left to cover whole floors and they did not have swift access to support if needed. We observed that even with one member of staff acting as a float it took 40 minutes for the lone worker to get the support they needed to complete positional changes. Also some of the people displayed marked behaviours that challenged and this had not been factored in to how many staff were needed to ensure people remained safe in these units. We found that the provider had not risk assessed the impact that the building and lone working would have upon the delivery of safe care.

Four relatives told us they visited every day and found that there were times when they had been concerned about the safety of residents. They gave us examples such as when only two staff were on duty and both were needed to take someone to the toilet, this meant people in the lounge were left and were vulnerable particularly the people with

challenging behaviour present. Very recently relatives observed that peoples' baths being suspended for the day because of shortage of staff. A relative also had concerns about the fact that there was only one member of staff on the unit at night. Their relative needed turning every two hours, which takes two people. They have been told that a staff member on the next floor comes to help but were sceptical about this in view of the fact that the people on the next floor would be at risk without any staff at all. From our observations, staff did take steps to ensure people living at the service were safe but staffing levels were not sufficient to meet people's needs.

We also found that staff were not recording all the incidents, which meant the difficulties they experienced supporting people with behaviour that challenged were not recorded so were not used to objectively review whether these people could continue to live at the home. Nor were they able to use such information to make a case for needing more staff on duty.

This was a breach of Regulations 12 (Safe care and treatment); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people who used the service and relatives what they thought about the home and staff. People told us that other than the difficulties they experienced with staffing levels and with certain individuals who resided at the home they felt improvements had continued to be made.

People said, "I really like the staff, they are very good and very caring and I am happy in here". And, "There were problems in here, but this has changed and now the staff makes sure I get everything I need."

Relatives said, "I come in everyday as I am worried that my relative would not be safe in here but since this manager came into post I am finding these worries are reducing." And, "I have every confidence that the staff know how to look after my relative."

We spoke with ten members of staff about safeguarding and the steps they would take if they felt they witnessed abuse. We asked staff to tell us about their understanding of the safeguarding process. Staff gave us appropriate responses and told us they would report any incident to senior managers and they knew how to take it further if need be. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was



## Is the service safe?

protected through the organisation's whistle blowing and safeguarding procedures. The manager was able to clearly detail how they would ensure alerts were made to the appropriate authorities.

People who were identified to be at risk had appropriate plans of care in place such as plans for ensuring action was taken to manage pressure area care; reduce behaviour that challenged; and safely assist people to eat. Charts used to document change of position; food and hydration were clearly and accurately maintained and reflected the care that we observed being given. This meant people were protected against the risk of harm because the provider had suitable arrangements in place. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. Staff could clearly articulate what they needed to do in the event of a fire or medical emergency. Staff were also able to explain how they would record incidents and accidents. A qualified first aider was on duty throughout the 24 hour period.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Accidents and incidents were managed appropriately. The manager completed a thorough analyse of incidents to determine trends and how used this to assist them to look at staff deployment and actions that could be taken to reduce incidents and accidents.

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. Staff were observed to wash their hands at appropriate times and with an effective technique that followed national guidelines. We spoke with the domestic staff member who told us they were able to get all the equipment they

needed. We saw they had access to all the necessary control of hazardous substances to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely.

We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT). This showed that the provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We saw that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits.

We looked at the recruitment records for ten staff members. We found recruitment practices had improved and were safe. Relevant checks had been completed before staff had worked unsupervised at the home. We saw evidence to show that recently appointed staff had attended interview and the manager had obtained information from referees. A Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly. Arrangements were in place for the safe and secure storage of people's medicines.

Senior staff were responsible for the administration of medicines to people who used the service and had been trained to safely undertake this task. We spoke with people who told us that they got their medicines when they needed them.



## Is the service safe?

We found that information was available in both the medicine folder and people's care records, which informed

staff about each person's protocols for their 'as required' medicine. We saw that this written guidance assisted staff to make sure the medicines were given appropriately and in a consistent way.

# Is the service effective?

## Our findings

At this inspection the people and relatives we spoke with told us they thought the staff were good and had ability to provide a service, which met their needs. Relatives they told us that the staff worked very closely with them and always kept them informed of changes in peoples' condition.

People said, "I am very pleased with the care." And "Staff are always there when I need a bit of help." And, "The carers are great – no qualms." And, "In recent months the staff to be on the ball."

All the staff we spoke with told us that since the registered manager had come into post they had felt more supported. Staff said, "The new manager has introduced himself to all the staff and he open to us making suggestions." All the staff we spoke with were able to list a variety of training that they had received over the last year such as moving and handling, infection control, meeting people's nutritional needs and safeguarding. Staff told us they felt able to approach the management team if they felt they had additional training needs and were confident that the provider would facilitate this additional training.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. We saw the registered manager was aware of their responsibilities in relation to DoLS and was up to date with recent changes in legislation. We saw the registered manager acted within the code of practice for the Mental Capacity Act 2005 (MCA) and DoLS in making sure that the human rights of people who may lack mental capacity to take particular decisions were protected. The manager told us they had been working with relevant local authorities to apply for DoLS authorisations for people who lacked capacity to ensure they received the care and treatment they needed and there was no less restrictive way of achieving this outcome.

The manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. They had not only ensured that where appropriate Deprivation of Liberty

Safeguard (DoLS) authorisations had been obtained. The manager clearly understood the principles of the MCA and 'best interest' decisions and ensured these were used where needed.

We found that staff did struggle to understand that when people had capacity they could make unwise decisions, however, when these impinge on other people at the home staff had the right to impose rules or ask the person to leave if they were unwilling to comply with the house rules. This led to staff tolerating unacceptable behaviour because they believed they could take no action.

The manager had recognised this gap and outlined that they were sourcing additional training. Plans were in place for staff to complete other relevant training such as how to apply the Mental Capacity Act 2005 principles, how to complete capacity assessments and record 'best interest decisions'.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. All the staff were up to date with mandatory training and condition specific training such as working with people who were living with dementia. We found that all of the staff had also completed any necessary refresher training such as for first aid.

We found that staff had completed an in-depth induction when they were recruited. This had included reviewing the service's policies and procedures as well as shadowing more experienced staff. Staff we spoke with during the inspection told us they had regularly received supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. We saw records to confirm that supervision and appraisal had taken place. We saw that the manager was completing competency checks for nurses and care staff.

The written records of the people using the service reflected that the staff had a good knowledge and understanding of people's care and nursing needs. The care plans showed evidence of risk assessments, assessed needs, plans of care that were underpinned with evidence based nursing; for example people who were at risk of losing weight had monthly assessments using a recognised screening tool. We saw that MUST tools, which are used to

## Is the service effective?

monitor whether people's weight is within healthy ranges were being accurately completed. Where people had lost weight staff were contacting the GPs and dieticians to ensure prompt action was taken to determine reasons for this and improve individual's dietary intake.

We observed that people received appropriate assistance to eat in both the dining room and in their rooms. People were treated with gentleness, respect and were given opportunity to eat at their own pace. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. We observed the meal time experience in different parts of the home. We found that on the whole during the meals the atmosphere was calm and staff were alert to people who became distracted and were not eating. People were offered choices in the meal and staff knew people's personal likes and dislikes. People also had the opportunity to eat at other times. All the people we observed enjoyed eating the food and very little was left on plates.

Staff maintained accurate records of food and fluid intake and were seen to update these regularly. Individual needs were identified on these records; for example one person who has a catheter had a minimum fluid intake over 24 hours documented on the fluid chart.

We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments. We saw that since the last inspection the provider had taken action to ensure staff contacted other healthcare professionals as soon as people's needs changed or where they needed additional expertise such as contacting tissue viability nurses. People were regularly seen by their treating teams and when concerns arose staff made contact with relevant healthcare professionals. We saw that people had been supported to make decisions about the health checks and treatment options. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

# Is the service caring?

## Our findings

All the people we spoke with said they were happy with the care staff delivered. People said, “The staff here are fantastic.” And, “The staff are brilliant and really are helpful.” And, “The staff are really kind and caring.”

Relatives told us that the hands on care delivered by staff was very good and since last year the home had improved but work was still to be done. The manager was also of this view and outlined the areas of strength they saw when staff supported people and the areas he intended to develop. The manager felt that staff needed more support to fully understand positive risk-taking and how person-centred care was used to enable people to become more independent.

The staff that we observed showed a very caring and compassionate approach to the people who used the service. This caring manner underpinned every interaction with people and every aspect of care given. We noted, however, that one staff member although trying to be supportive used a paternalistic and controlling behaviours when working with people. We discussed this with the manager who undertook to complete additional training with this person.

Staff spoke with us about their passion and desire to deliver high quality care. They were very keen that the provider and manager supported them to design the home so it delivered the best care possible for people. Staff were extremely empathetic towards the people who used the service and relatives. Staff said, “I want this home to be the best in the area and one that is renowned for its high standards.” And “Since the manager came in to post I feel confident that we can improve every aspect of the service.” And, “We put the service users first as they are the most important people here, and they are at the end of the day paying for a service so should get a very good one, shouldn't they.”

All of staff including catering and domestic staff were seen to use a wide range of techniques to develop strong therapeutic relationships with people who used the service. We found the staff were warm, friendly and dedicated to delivering good, supportive care.

The staff showed excellent skills in communicating both verbally and through body language. One person who was being assisted to eat their meal was unable to speak but staff watched their face to gain prompts around when they would like more food. Observation of the staff showed that they knew the people very well and could anticipate needs very quickly; for example seeing when people wanted to go outside, or have more food or was becoming anxious. Staff acted promptly when they saw the signs that people were becoming anxious and were able to support people to deal with their concerns.

The manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. The staff we spoke with explained how they maintained the privacy and dignity of the people that they care for and told us that this was a fundamental part of their role.

The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for and told us that this was a fundamental part of their role. Staff said, “I always treat people with respect.” We saw that staff knocked on people's bedroom doors and waited to be invited in before opening the door. The service had policies and procedures in place to ensure that staff understand how to respect people's privacy, dignity and human rights.

People were seen to be given opportunities to make decisions and choices during the day, for example, what to have for their meal, or where to sit in the lounge.

The environment supported people's privacy and dignity. All the bedrooms we went into contained personal items that belonged to the person such as photographs and pictures and lamps.

Throughout our visit we observed that staff and people who used the service engaged in general conversation and enjoy humorous interactions. From our discussions with people and observations we found that there was a very relaxed atmosphere.

# Is the service responsive?

## Our findings

At the inspection in December 2014 we found that many areas of the home were not Disability Discrimination Act compliant both in terms of meeting the needs of people with a physical disability and the needs of people living with a dementia. The dementia care units had not been developed to make the units dementia friendly so were not decorated in ways that enhanced people's level of independence and supported them to find their way around and to their own room. Recognised guidance had not been followed in respect of creating a dementia friendly environment such as how to use colour and material to make it easier for people to make their own way around a unit, find toilets and find meaningful occupation. Also adapted cutlery was not made freely available for the people who used the physical disabilities unit. The regional manager at that time had started to review this and take action to ensure improvements were made to this unit.

We found that in between December 2014 and the new manager starting the acting manager had removed much of the useful dementia friendly items but not replaced them with anything meaningful. The provider had purchased a range of adapted equipment for the physical disabilities unit but the manager had not asked an occupational therapist to review this and ensure they were tailored to meet each person's needs. We found that this had led to everyone, irrespective of whether they needed it or not were given adapted cutlery. We discussed this with the manager and they arranged for a Teesside University occupational therapist student to come into to the home to complete a 'role emergent' placement. This type of placement allows students to assess and develop services within the community.

We found that in March 2015 the activities coordinators had left and the manager was in the process of recruiting replacements. One person was due to start work in May 2015. However, at the inspection we found that this change meant that people were not engaged in meaningful activity and occupation throughout the day. We heard from visitors this had been usual for the home since February 2015. The manager was aware of this issue and discussed the plans for improving this aspect of people's lives. We found that since the manager had come into post in mid-April 2015 they had obtained a range of items people could use to

entertain themselves; they had created new spaces in the home for people to go; they had re-instated a range of the missing signage and artefacts; and they were in the process of creating a new café.

People told us how the staff provided a service that aimed to meet their needs. We saw that people were engaged in different but limited activities such as sing-alongs, watching films and engaging in conversations with people. The people on the physical disabilities unit were more self-driven so had organised their own time and went out during the day or completed hobbies.

We saw that staff responded to any indications that people were experiencing problems or their care needs had changed. We found the manager was critically reviewing current practices at the home to make sure they were in line with expectations. We saw that the manager had sourced a range of current guidance such as NICE guidelines and was supporting staff to consistently apply these to their practices.

The staff discussed how they had worked with people who used the service to make sure the placement remained suitable. They discussed the action the team took when people's needs changed to make sure they did everything they could to make the home a supportive environment and ensure wherever possible the placement still met people's needs.

At the inspection in December 2014 we found that the care records did not always accurately reflected people's current care needs. This inspection we reviewed the care records of nine people and found that each person had a detailed assessment, which highlighted their needs. The assessment had led to a range of support plans being developed, which we found from our discussions with staff and individuals met their needs. We found that as people's needs changed their assessments were updated as were the support plans and risk assessments.

Staff were able to explain what to do if they received a complaint but commented that they rarely received complaints. They were also able to show us the complaints policy which was in the office on all floors. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We spoke with people who used the service who

## Is the service responsive?

told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. We saw that when complaints had been made in the last 12 months these had been thoroughly investigated and resolved.

We noted, although these were dealt with appropriately staff recorded them in different documents and did not always record their actions in the complaints folder. We saw that the manager had introduced a new system for

collating this information and had started to draw together all of the documents. They were using this information to check that areas where actions were identified as needed in order to improve the service had been completed. They were also creating a lessons learnt document so the staff team could share their experiences of where things within the home could be improved and what actions they would do differently in the future.

# Is the service well-led?

## Our findings

In December 2014 we found the systems for assessing the performance of the home had been revised following our inspection in November 2014 but more work was needed to ensure these could be demonstrated as effective.

At this inspection people we spoke with told us that improvements had been made to the home and these seemed to be sustained. They did note some areas where further improvements were needed but told us they felt confident that the manager would make the necessary changes. People told us they had raised concerns with the manager and they had immediately taken steps to make sure these were resolved. The staff told us that they were confident that the manager would ensure the home improved and became a centre of excellence. People told us that they found the staff recognised any changes to individual's needs and took action straight away to look at what could be done differently.

We found that the manager was very reflective and critically looked at how staff could tailor their practice to ensure the care delivered was completely person centred. The staff had a detailed knowledge of people's needs and explained how they continually aimed to provide people with good quality care.

We found that the manager clearly understood the principles of good quality assurance and used these principles to critically review the service. The manager told us about the systems they had put in place to monitor the performance of the home and how these were proving to be effective but all recognised these needed to be consistently operated and that they needed to be regularly reviewed to ensure they were effective. We found that they had implemented systems that actively monitored the

service and used the information they gathered to make improvements. We saw that the manager had supported staff to review their practices and constantly looked for improvements that they could make to the service.

We saw that the manager had held meetings with the people who used the service, relatives and staff, which provided a forum for people to share their views.

The staff we spoke with had a pride in the home that they work in. Staff said, "I feel since the manager came into post I have a real sense of worth because I am allowed and supported to do a good job." All the staff members we spoke with described that they felt part of a big team and found the manager was very supportive. They all discussed how the homes' management team wanted to provide an excellent service and really cared about the people at the home.

The staff we spoke with discussed how they as a team reflected on what went well and what did not and used this to make positive changes. The meeting minutes and action plans were viewed confirmed that staff consistently reflected on their practices and how these could be improved.

Staff told us that they felt comfortable raising concerns with the manager and found them to be responsive in dealing with any concerns raised. Staff told us there was good communication within the team and they worked well together. We found the manager to be an extremely visible leader who demonstrably created a warm, supportive and non-judgemental environment.

We found that the provider had systems in place for monitoring the service and they now conducted monthly reviews to keep abreast of developments in the home. We also found that the regional and registered manager had plans in place to continuously oversee these systems and were driving them and staff to deliver an exceptional service.



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 12 HSCA (RA) Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	<b>The provider needed to ensure risks to the health, safety and wellbeing of service users were consistently assessed and action was taken in timely manner to mitigate them.</b>
Treatment of disease, disorder or injury	