Heart of England Mencap

Valley Road

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection site visit took place on 24 and 29 January 2018 and was announced.

Valley Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service provides short respite accommodation to people who have learning disabilities and complex health needs. The care home is a ground floor building and is registered to provide care for up to four people. Nobody resides at the care home on a permanent basis. At the time of our inspection visit there were three people receiving a respite service on both days of our inspection. The service is currently provided to twenty people.

At the last inspection in November 2015, the service was rated Good overall. However at this inspection we found improvements were required in relation to how the service assessed, monitored and improved the quality and safety of the service for people. Therefore the rating has changed since our previous inspection, from Good to Requires Improvement overall. This is the first time the service has been rated Requires Improvement.

There was a registered manager in post. 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 registered manager was in the process of making improvements to the service. However, we found medicines were not always managed safely and checks had not identified where improvements were required. Risks to people's safety were not always properly managed. We found processes to monitor the quality of service were not always effective and improvements were required in the way the service assessed, monitored and improved the quality and safety of the service for people.

The registered manager did not always work within the principles of the Mental Capacity Act 2005 [MCA]. Improvements were required to ensure people's capacity was assessed, best interest decisions were recorded and consents were obtained in accordance with the MCA.

People were protected from the risks of harm or abuse because staff were trained in safe-guarding and understood their responsibilities to raise any concerns with the registered manager. The registered manager made sure there were enough suitably skilled, qualified and experienced staff to support people safely and effectively.

Care plans were personalised and easy to understand. However information was missing in some care

plans, for example, some identified risks had not been assessed.

People knew how to complain, however improvements were required in the way complaints were managed. We found there were limited ways people could share their experiences of the service and information was not always accessible to people with complex needs.

The provider checked staff's suitability to deliver care and support during the recruitment process. Staff were trained to meet people's needs effectively and people were supported to maintain their health. People were supported to eat and drink enough to maintain a balanced diet that met their needs and preferences.

People told us staff were caring. Staff knew people well and understood their likes, dislikes and preferences for how they wanted to be cared for and supported. Staff respected people's right to privacy.

We found breaches of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. Medicines were not always managed safely and checks had not identified where improvements were required. Risks to people's safety were not always properly managed. Staff understood their responsibilities to protect people from the risk of harm. The provider checked staff's suitability to deliver care and support during the recruitment process.

Is the service effective?

Requires Improvement

The service was not consistently effective. There were gaps in the registered manager's understanding of their responsibilities in relation to the MCA and improvements were required to ensure people's capacity was assessed, best interest decisions were recorded and consents were obtained in accordance with the MCA. Staff were trained to meet people's needs effectively. People were supported to maintain their health.

Is the service caring?

Good

The service was caring. Staff knew people well and understood their likes, dislikes and preferences for how they wanted to be cared for and supported. People told us staff were caring.

Is the service responsive?

Requires Improvement

The service was not consistently responsive. People were confident to raise any concerns or complaints about the service, however improvements were required in the way complaints were managed and how information was made accessible to people.

Is the service well-led?

Requires Improvement

The service was not consistently well-led. The registered manager was in the process of making improvements to the service. However, we found processes to monitor the quality of service were not always effective and improvements were required in the way the ser-vice assessed, monitored and improved the quality and safety of the service for people.

Valley Road

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 was 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.

The inspection visit took place on 24 and 29 January 2018. It was a comprehensive inspection. We gave the service 48 hours' notice of the inspection visit. This was to ensure the registered manager, staff and people who used the service were available to talk with us when we visited. The inspection was under-taken by one inspector.

We used information the provider sent us in the Provider Information Return. This is in-formation we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR gave information about planned improvements, which were still in progress at the time of our inspection visit.

Prior to our visit we reviewed the information we held about the service. We looked at information received from relatives, the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority. They had visited the service twice in the previous 12 months and made recommendations for improvements, which were in the process of being made.

During our visit we spoke with one person about what it was like to use the service. We observed how care and support was delivered in communal areas and we observed how people were supported at mealtimes. We also spoke with the registered manager, the team leader and three support workers about the service. We were unable to speak with people who used the service during our visit, due to their complex needs. Therefore, following our inspection visit we telephoned four relatives of people who used the service and asked for their views.

We reviewed five people's care plans and daily records to see how their care and treatment was planned

and delivered. We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We reviewed the provider's quality monitoring system.

Requires Improvement

Is the service safe?

Our findings

At this inspection, we found improvements were required in medicine management and how the risks to people's health and safety were managed. Therefore the rating has changed since our previous inspection, from Good to Requires Improvement.

There was a procedure to identify and manage risks associated with people's care. When people started using the service, an initial assessment of their care needs was completed that identified potential risks to providing their care and support. The registered manager explained some of this information had been shared with them by the local authority following their review of people's needs and some information was shared by relatives. We found some identified risks had been recorded but not assessed in full on people's care plans. For example, there was no assessment of risk for people who required staff to support them to mobilise within the service using specialist equipment. There were risks assessments in relation to people's general mobility, however there were no assessments of risk for people specifically moving around within the service, including risk of falls. This meant the risk for some people with complex mobility needs had not been properly managed and there was limited guidance for staff on how to support people to move round the service safely. For example, one person had been reviewed by an occupational therapist [OT] and received pressure relieving equipment to use at the service. The person's care plans had not been updated and did not contain guidance on how to use the new equipment prior to staff supporting them to use the equipment. We asked two members of staff how they operated the new equipment safely and they could not tell us. One member of staff fetched the equipment manual and read this to us. We raised this with the registered manager who told us they were in the process of rewriting risk assessments to make them more personalised and to include more detail.

Some people were prescribed medicines on a when required/as needed basis. We found there were protocols in place to guide staff on when to administer 'as necessary' medicines. However, the protocols did not include sufficient guidance for staff to establish if medicines were required. For example, one person had complex health needs and limited communication skills and they had been prescribed pain relief as required. The protocol did not give staff guidance about how they could communicate with the person to establish if they needed medicine, or what signs to look for to indicate they were in pain. This put people at risk of receiving these types of medicines inconsistently, or when they were not required. We discussed this with the registered manager who was not aware of the lack of clarity in the protocols. They advised staff were currently in the process of updating protocols for everyone who used the service. We found guidance for staff on how to apply prescribed topical creams did not include body maps to identify where creams should be applied. This put people at risk of receiving medicines inconsistently.

The provider completed audits of medicines, finances and records on an ad hoc basis. The provider had not checked the quality of medicine management in the previous 12 months. The team leader had recently begun a monthly spot check of various issues, including medicines. They looked at the records for the people staying at the time of the check only. This meant there were gaps in the checking processes and audits were not effective because they had not identified concerns we found on the days of our inspection visit. We discussed this with the registered manager who told us they would ask the provider to check the

quality of their medicine management to ensure their procedures were effective.

Relatives told us they felt their family members were safe at the home. One relative said, "I have no qualms leaving [Name] there." We saw people were relaxed with staff and approached them with confidence, which showed they trusted them. The provider's recruitment procedures included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care.

People were protected from the risk of abuse because staff knew what to do if they had any concerns about people's health or wellbeing. Staff understood their responsibilities to challenge poor practice and to raise any concerns with a senior person. The team leader explained how staff maintained close contact with the local authority and reported any concerns they had. They told us they knew people well and recorded any triggers which raised people's anxiety, to help staff support people to maintain their well-being.

Some relatives told us they were not aware of who they should report any safeguarding concerns to and they had not been provided with information about how to do this from the provider. We discussed this with the registered manager, who told us they would review the information people were provided with.

We found there were enough staff to provide support to people when they needed it. The registered manager explained staffing levels were worked out in advance and were dependant on the needs of the people who used the service during that period. The team leader explained the service was able to be flexible to people's needs and sometimes offer respite stays at short notice, because the staff worked flexibly and covered additional shifts when asked.

The provider had processes to manage environmental risks, this included regular testing and servicing of the premises and equipment. Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency.

Staff told us cleaning the service was a shared responsibility and they followed cleaning schedules. We saw the schedules were effective and included tasks to be completed on a daily and weekly basis. We saw staff maintained good hygiene levels in the kitchen. For example, stored food was labelled when it was opened, in order to reduce the risk of consuming out of date food. Personal protective equipment such as aprons and gloves were available for staff to use and we observed they used these when required. Staff received infection control training and were able to explain what action they took to reduce the risk of spreading infectious diseases.

Requires Improvement

Is the service effective?

Our findings

At this inspection, we found improvements were required in how people's capacity was assessed, how people were supported to make decisions in their best interests and how their consent was obtained. Therefore the rating has changed since our previous inspection, from Good to Requires Improvement.

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 an assessment shows a person lacks mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager explained they were in the process of applying for DoLS for everyone who used the service, because they felt people did not have the capacity to consent to certain aspects of their care and treatment which could amount to a restriction to their liberty. They had prioritised people with the most complex needs and were in the process of applying for DoLS for eight people. This included five reapplications for DoLS orders which had expired. At the time of our inspection, one of the applications was being assessed by the local supervisory board and the rest of the applications were still in the process of being submitted by the registered manager.

We found not everyone who used the service had undergone assessments for their understanding and memory, to check whether they could weigh information sufficiently to make their own decisions or whether decisions would need to be made in their best interests. We found there was no guidance for staff about what support people required to make decisions.

The registered manager told us because most people who used the service lacked the capacity to make decisions, staff worked within the MCA and made decisions on their behalf in their best interests. For example, staff supported people with everyday choices about what to wear. We found staff made decisions for people in their best interests, for example, referring people to health professionals when they were ill. Staff told us most people had parents who they involved when making best interest decisions. Relatives confirmed staff had contacted them for advice when making certain decisions, for example referring people to the GP. However, we found best interest decisions were not consistently recorded, so it was not clear on people's care plans why the decisions had been made and who had been involved in making the decisions.

We found the registered manager had not established if people had legally appointed representatives who could make decisions about their welfare on their behalf. Records showed people's relatives had signed people's consent forms for decisions such as agreeing to have photos taken. However, there was no information recorded to show if relatives had the legal authority to make decisions on behalf of people, so there was a risk peoples legal rights may not be upheld. We discussed this issue with the registered manager who advised us they would clarify if people had legal representatives as soon as possible, in order to ensure

people's rights were protected.

The registered manager acknowledged there were gaps in their understanding of their responsibilities under the MCA and made a commitment to improve their understanding by attending further training and researching the subject. They assured us they would take action straight away to ensure everyone who used the service was assessed for their levels of understanding, care plans would be updated to provide staff with guidance on how to support people to make more complex decisions and the providers process for obtaining consents would be reviewed to ensure it was obtained in accordance with the MCA.

We found this was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff explained how they obtained consent from people before they supported them. Staff explained it was difficult to obtain consent because most people who used the service could not communicate verbally. Two members of staff told us, "We record when people decline things and we try different things" and "It's about knowing people's body language. For example, I will show one person an object of reference and they will either hold my hand and come with me, or they look away and I know this means they don't want to engage." During our inspection visit, we saw staff talked to people to help them understand how they were supporting them.

Staff told us they felt confident in their skills because they had time to get to know people well and had training that was relevant to people's needs. Different methods of training were provided which suited different ways of learning. Staff were positive about training and one member of staff told us, "Training is good I enjoy it." The registered manager told us all staff had recently undertaken training in dysphagia provided by a local health care professional, to help them provide more effective care for people who were affected by this. Dysphagia is a condition where people have difficulties swallowing. Health care professionals are people who have expertise in particular areas of health, such as nurses or consultant doctors. The registered manager explained they were in the process of securing further training for staff to develop their understanding of how to interact with people who have complex needs.

All staff received an induction, training and support that gave the skills and confidence to meet people's needs and promote their welfare. The induction training included the Care Certificate. The Care Certificate provides staff with a set of skills and knowledge that prepares them for their role as a care worker. This demonstrated the provider was acting in accordance to nationally recognised guidance for effective induction procedures to ensure people received good care. Staff told us they had regular meetings with a more senior member of staff to discuss their work and identify any areas for development. The team leader explained because they were a small team they could be more flexible in the way they supported staff. They found this had improved staff's performance and helped make the service more effective.

People who used the service had complex needs and required a high level of support to maintain their well-being. We saw staff prepared meals and supported people to eat and drink in a way that met their individual needs and was safe. One relative told us, "The range of meals is really good. They know and are respectful that we like healthy eating and don't let [Name] eat too much junk food." Staff explained they created the menu using people's food preferences on their care plans. One member of staff told us, "We look at people's dietary requirements and work round them to write menus. Some people can understand and will choose themselves, so we show people what is available." We observed staff support one person to eat an evening meal. Meal time was relaxed and the person chose where they ate their meal. They were supported to use adapted cutlery and utensils to help them eat and drink independently, to encourage their life skills.

Staff monitored people's appetites to see if they were at risk of poor nutrition. Everyone who used the service had been reviewed by the Speech and Language Therapist [SALT] to assess if their diet was suitable for their needs and to ensure they could enjoy their food and eat safely. We saw people's care plans included a list of their needs and allergies and any cultural or religious preferences for food and had been updated to include any advice given by SALT. A relative told us, "Staff know [Name]'s food preferences because they had advice from SALT and they know to avoid certain textures of food."

Staff understood people's individual medical conditions and were observant for changes in people's behaviours. Staff told us they supported people and referred them to health care professionals if they had a concern about their well-being. For example, staff had recently supported one person to be reviewed by an OT due to concerns about their health. The person had obtained special equipment to reduce the risk of pressure areas forming.

Staff told us they were currently in the process of being supported by SALT to write 'communication profiles' for people. These formed part of people's care plans and contained personalised information about people's communication needs, to help staff communicate more effectively with people.

The registered manager explained all care plans included a 'hospital passport', which gave important information about people's needs in a clear way and could be transferred with them to hospital if required. They told us one person had recently been admitted to hospital with their passport and hospital staff had given the service positive feedback about how informative the document was.

The building was on the ground floor level. There were four bedrooms for people using the service and one for staff to use during sleep in shifts. There was a communal bathroom containing a sensory bath, a communal shower room and a communal toilet. One bedroom contained an ensuite shower and toilet. Every bedroom contained a ceiling hoist and an external exit route. Hallways and doorways were wide enough to allow people to use specialist equipment safely, such as hoists. There was a limited range of equipment for people to use if they wished to relax in communal areas. For example, there was one recliner chair, two beanbags and a floor mat. Staff told us the floor mat was used by some people who could not weight bare, so they could change position and stretch out. We saw staff used the bean bags to reduce the risk of falls for some people when they sat on sofas in communal areas. Staff told us they felt there could be more equipment in communal areas to meet peoples individual requirements, to help them relax and to stimulate them. There was a secure, shared garden which people could use. There was a specially adapted wheelchair swing and a summer house, however this equipment required maintenance and could not be used at present.

Good

Is the service caring?

Our findings

At this inspection, we found people were as happy using the service as they had been during our previous inspection. The rating continues to be Good.

Relatives told us they felt staff cared about people and valued them as individuals. Two relatives told us, "[Name] is happy to go there. Staff notice changes in [Name] now they've got to know [Name]" and "Staff are definitely caring, they share things with us that have happened." All the staff we spoke with enjoyed their work. Two staff members told us, "I love it here because we support the same people and I have formed relationships with them and got to know them…. It's very rewarding working here" and "I love working here, I love being able to do stuff with the guys and see them smile."

We observed caring interactions between staff and people who used the service. For example, one person was displaying signs of anxiety and we saw a staff member gently reassured them until their mood changed and they became less anxious. We saw staff regularly checked one person's temperature. They told us this person got cold quite easily and we saw they maintained their temperature by covering them with a blanket when required. We found the way staff supported people, reflected guidance in their care plans.

The registered manager told us person centred care meant, "Making sure care is all about the individual's needs and what they like." Staff shared the registered manager's caring ethos. One member of staff told us, "It's about the people we support and how they would like things done."

Staff were compassionate and supported people according to their individual needs. Staff took time to listen to people and supported them to express themselves according to their abilities to communicate. Staff knew people well and we saw they shared jokes with people and enjoyed each other's company. For example, staff made eye contact when they spoke with people, to check people understood their words. People were confident to seek support when they wanted it, which showed they trusted staff.

Staff told us it was difficult to know what people's preferences were due to their complex needs and so they relied on information in people's care plans to allow them to support people in the way they preferred. They told us they found out what people's preferences were by watching their body language and by asking their families for information. One member of staff told us, "Because we support the same people, we get to know them, what they like and don't like." Care plans had a one page profile called 'All about me', which included information about people's needs including their preferences, such as religion and culture. Staff told us this profile was useful and helped them support people in a more person centred way.

People's preferred communication methods were recorded in their care plans. A member of staff explained how they communicated with one person who had limited verbal communication. They told us they used picture cards with objects of reference on them to help their understanding. They said, "I can tell by [Name]'s body language and the noises they make if their needs have changed."

Staff told us they had training on equality and diversity issues and were confident they could support people

to maintain their individual beliefs, including cultural or religious traditions. Staff told us about one person who observed a religious faith and we saw there was guidance for staff in their care plans about their faith. We found staff respected people's cultural dietary requirements and supported people to follow specialist diets.

Staff understood the importance of treating people with dignity and respect. A member of staff gave an example of how they helped to maintain people's privacy, they told us, "Some people have quiet time, for example in the in the bath if it is appropriate."

Requires Improvement

Is the service responsive?

Our findings

At this inspection, we found improvements were required in the way complaints were managed and how information was made accessible to people. Therefore the rating has changed since our previous inspection, from Good to Requires Improvement.

The registered manager explained how people were initially assessed before they first used the service. They told us a meeting was held with people's relatives and they were asked for their views on how they felt their family member should be supported. The registered manager explained no one who used the service had been involved in the initial assessment of their care, due to their complex needs. They told us people's relatives and where appropriate, local authority workers, had been asked for information and this had been used to write people's care plans. Relatives confirmed they had been invited to meetings and felt involved in planning care and support for their family members. The registered manager told us independent advocates had not been used as part of the care planning process. This meant people's relatives were contributing on people's behalf to their care planning and support.

Staff told us they were involved in writing people's care plans. One member of staff told us, "All staff input to care plans at team meetings and gather information from each other, so we do not miss anything out." We found some care plans contained detailed guidance for staff to help them support people safely. However, this was not consistent and there was information missing in some care plans. For example, some identified risks had not been assessed, for example, risk of falls and pressure areas developing for people with limited mobility. We discussed this issue with the registered manager who told us they were in the process of reviewing people's care plans and risk assessments.

Relatives said they would raise any concerns with staff. The provider's complaints policy was accessible to people in a communal area. The policy was in large print with pictures to help some people's understanding. The policy informed people how to make a complaint and the timescale for investigating a complaint once it had been received. However, the policy was not clear if complainants would receive a written response to their complaint and what their rights were to appeal following receipt of that response. During the inspection visit we asked for information concerning the number of complaints received by the service within the previous 12 months. The information we received during our inspection visit was inconsistent and we queried this with the registered manager following our inspection visit. There was a delay in the provision of the information and the registered manager acknowledged improvements were required in the way they recorded complaints. They told us there had been three complaints in the last 12 months and seven compliments. When we reviewed the complaints, we found the registered manager was not clear at what stage one complaint had progressed to, because it had not been updated on the complaint form. We discussed this with the registered manager who told us they would seek clarification from the provider and review the policy and recording methods in line with best practice. These meant improvements were required in the management of the complaint process, to ensure the registered manager had access to information, could oversee issues and identify if any action were required to improve the service.

Information was not always made accessible to people who used the service. For example, the provider had sent out surveys to everyone who used the service, in the same easy read format. We did not see people's individual communication needs had been reviewed to see if this format was suitable for them. We saw in the last survey sent out to people in 2016, a relative had commented that their family member did not have the capacity to respond to the survey.

Staff told us people's key workers arranged review meetings with people's relatives. A key worker is a member of staff who is allocated to support a person on an individual basis. A member of staff told us they had built up a good bond with one person's relatives through the care review process. One relative told us, "[Name] gets on well with their key worker, they are lovely and they know [Name] best which is brilliant. They spend a lot of time together." Relatives told us they had been invited to review their family members care plan and felt able to make suggestions in the care planning process.

People took part in different activities, including watching DVDs and were supported to use sensory equipment, such as coloured lights. Staff told us the support they offered people was limited due to the equipment they had available. The registered manager told us the provider was in the process of obtaining equipment which would allow staff to support people more in sensory activities. The registered manager did not know when the new equipment would arrive and told us they would seek clarification from the provider regarding this.

Relatives told us staff shared information with them, which was important because many people who used the service had complex needs and were unable to communicate verbally. Staff used a communication book to record key information. For example, activities people engaged in, what they ate and drank and about how they were feeling. On the day of our inspection visit we observed a staff member also verbally updated a relative with information about their family member's mood and about what they had been doing during their stay. Staff contacted people's relatives prior to their respite stay to identify if there had been any changes to the persons health and medicines. A relative told us, "Staff ring us to ask about any changes, this is useful because things change quite rapidly."

Requires Improvement

Is the service well-led?

Our findings

At this inspection, we found improvements were required in the way the service assessed, monitored and improved the quality and safety of the service for people. Therefore the rating has changed since our previous inspection, from Good to Requires Improvement.

The registered manager had been in post since June 2017 and was also the registered manager for three of the provider's others services. They were aware of their responsibilities to provide us with notifications about important events and incidents that occurred at the service. We found one event which called into question one person's safety, had been not been referred to the CQC in a timely way. We discussed this with the registered manager who provided a notification to the CQC following our inspection visit and we were satisfied the person's safety had been protected.

During our inspection we encountered difficulties obtaining information. The registered manager told us, "We have systems in place, but it's just not that easy to find information."

We found processes to monitor the quality of service were not always effective. They included service spot checks made by the team leader on a three monthly basis. These looked at issues related to the safe maintenance of the property such as lighting and water. For example, a weekly fire alarm test was delayed to avoid one person becoming anxious due to the loud noise. A further spot check of medicine management was carried out by the team leader on a monthly basis. We saw where actions were identified, improvements had been made. However, spot checks only reviewed people's records who were using the service at that time and therefore, there were gaps in the checks.

Additional checks were carried out by the provider's senior staff on an ad hoc basis. There had been one finance audit in the previous 12 months and no checks on medicine management or the standard of care plans. This meant existing processes were not fully effective because they did not identify concerns we found during our inspection visit. For example, a lack of individual risk assessments related to people's needs, a lack of information on medicine protocols and gaps in recording on MARs, a lack of information on care records to identify what support people required to make decisions and inconsistent recording of best interest decisions. This meant there were gaps in the provider's processes to assess, monitor and mitigate risks relating to the health and safety of people who used the service. There were also gaps in the provider's processes to maintain an accurate and complete record for people who used the service, including decisions taken in relation to their care.

We found there were limited ways people could share their experiences of the service. The registered manager told us a survey was issued in 2016 requesting people's views. Separate surveys were sent to people who used the service, relatives and health professionals who supported people and to staff. The registered manager explained the provider had collated the responses received across all the provider's services. They were unable to tell us if any specific actions were required for the service following the survey. This meant the survey had not been an effective method to obtain feedback from people because there was no evidence of any evaluation of the responses, or improvements made to the service as a result. We

discussed this with the registered manager who told us following the inspection visit, the provider was in the process of updating the quality survey to, 'Reflect the range of customers we support, especially to reflect that many customers have additional speech and language needs and the broader cultural mix of families using the services requiring us to provide multi-language documentation.' The registered manager told us there were other ways people could share their views of the service, these included the complaints and compliments procedure and carers meetings, where families were asked to identify improvements to the service. They told us they were in the process of introducing a new feedback form for relatives to complete following respite stays, which would help them to identify ways to improve the service.

We found this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives we spoke with were satisfied with the quality of the service. One relative told us, "We are very grateful for the service." A member of staff told us, "I'm really proud to work here." All the staff we spoke with understood their roles and responsibilities, however they did not always feel supported and motivated. A member of staff told us, "We don't see the registered manager very much, and we can't always get hold of them so we ring head office and speak to a senior manager." They told us they would like more "Recognition," from the provider.

The registered manager explained they also managed three of the provider's other services and they divided their time between each service. The registered manager explained they were aware of how staff felt and they were making cultural changes within the service to raise staff morale. For example, they told us they were developing staff to become more independent and update care plans themselves. They explained how they motivated staff by being open with them and holding regular team meetings. They asked staff for agenda items before meetings and shared organisational updates with staff. They said, "I tell staff what's going on and we talk about things…. We try to make it open and everyone talks about issues. This works best and staff aren't afraid to talk to us." Staff told us they were able to make suggestions at team meetings, which were considered by the registered manager. The registered manager told us it was important to praise staff. They explained the provider had introduced an annual award called, 'Make it meaningful,' to celebrate staff's success and help them feel valued.

Staff told us the registered manager and the team leader were approachable. The team leader said, "We are a small close team and staff tell me their concerns." They told us the registered manager was, "Open and supportive" and they met once a month with the registered manager and staff from the providers other services. They told us they met at the provider's other services and this helped them to share information about different ways of working. The registered manager told us they were developing the team leader's skills and the team leader managed the service in their absence. The registered manager told us they met with their manager on a monthly basis and told them about events within the service, however there was no set agenda for these meetings. The registered manager told us they felt supported by their manager. They said, "They trust me to highlight things." They attended a board meeting and shared information about the service annually with the provider.

The registered manager had been working alongside the local authority commissioners to make and maintain improvements to the service. The local authority had visited the service twice within the last 12 months and made multiple recommendations for improvements. The registered manager had addressed some of the issues, which demonstrated they were committed to making improvements to the service. However, they were still in the process of completing the recommended improvements.

The registered manager told us they kept up to date with best practice by reviewing information provided by

organisations such as the CQC and Social Care Institute for Excellence [SCIE]. They told us they attended local forums, to share information and best practice with other registered managers. A forum is an external event hosted by the local authority and enables service providers to get together to share their knowledge and new initiatives.

The provider demonstrated its commitment to raising the standards of social care by working alongside other organisations. They had achieved an 'Investors in People' award, which is an internationally recognised accreditation for good people management. They had signed up to the Social Care Commitment with Skills for Care. The Social Care Commitment is a promise made by people who work in social care to give the best care and support they can. The provider was also a member of the United Kingdom Accreditation Service (UKAS). This meant the service was independently evaluated against recognised standards, to improve the quality of the service and share good practice. The provider was a disability confident employer, which meant it guaranteed to interview all disabled applicants who met the minimum criteria for vacancies. They were a member of the Association for Real Change [ARC] England Community, which supports and connects organisations who provide services to people with learning disabilities.

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
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not acted in accordance with the Mental Capacity Act 2005 to ensure they had obtained consent for care and treatment from those people who lacked the capacity to make decisions themselves.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that systems or processes were established and operated effectively to assess, monitor and improve the safety of the service provided or to assess, monitor and mitigate the risks relating to the health and safety of people who used the service. They had not maintained accurate and complete records for people. Their governance system did not ensure their practice was evaluated or improved.