Lillibet Court Limited

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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

This inspection took place on 12 May 2016. It was unannounced.

Lillibet Court Limited is comprised of 27 single occupancy studio apartments within one converted building. The service provides a choice of sheltered accommodation or accommodation with personal care and support, for adults of all ages who may have a range of needs. These include mental health, learning disabilities, physical disabilities, sensory impairments and dementia.

The service is also registered to provide care and support to people in their own homes, as part of an agreed care package. However, this was not being provided at the time of this inspection.

There were 27 people using the service at the time of this inspection.

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

Staff understood how to protect people from avoidable harm and abuse. However, improvements were needed to review safeguarding concerns; to identify potential patterns and to take any necessary actions to minimise the risk of a reoccurrence.

Risks were managed so that people's freedom, choice and control were not restricted more than necessary. Improvements were needed however, to ensure individual risks associated with people's care were managed appropriately.

There were sufficient numbers of suitable staff to meet people's day to day needs, but improvements were needed to meet people's holistic needs as well as maintain a safe, hygienic environment.

The provider carried out robust checks on new staff to make sure they were suitable to work at the service however, not all legally required checks were in place.

People were supported to access relevant healthcare services. Although improvements were required to ensure people had access to local healthcare services more promptly when they moved from another area.

In addition, a number of people living at the service smoked. There were no arrangements in place to support them to stop smoking if they wished to do so.

People received personalised care that was appropriate to meet their needs. However, improvements were needed to ensure people's needs were more thoroughly investigated before they moved in; to ensure

everyone's individual needs could be met and everyone was safe.

Legally required information was not always reported to, or provided upon request, to the CQC.

Systems were in place to monitor the quality of the service provided however; these had failed to identify and mitigate the risks to one person's health, safety and welfare during a period of almost 18 months.

People were supported to have sufficient to eat and drink.

Systems were in place to ensure people's daily medicines were managed in a safe way and that they got their medication when they needed it.

People received effective care from staff that had the right skills and knowledge to meet their needs.

We found that the service worked to the Mental Capacity Act 2005 key principles, which meant that people's consent was sought in line with legislation and guidance.

Staff were motivated and provided care and support in a caring and meaningful way. They treated people with kindness and compassion and respected their privacy and dignity at all times.

People were given opportunities to participate in meaningful activities.

People were given opportunities to be involved in making decisions about their care and support.

Staff encouraged people to be as independent as possible.

People were also supported to raise concerns about the service and these were responded to appropriately.

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 always safe.

Staff understood how to protect people from avoidable harm and abuse. However, improvements were needed to continually review safeguarding concerns; to identify potential themes and any necessary actions to minimise the risk of a reoccurrence.

Improvements were needed to ensure risks associated with people's care were managed appropriately.

There were sufficient numbers of suitable staff to meet people's day to day needs, but improvements were needed to meet people's holistic needs as well as maintain a safe, hygienic environment.

The provider carried out robust checks on new staff to make sure they were suitable to work at the service however, not all legally required checks were in place.

Systems were in place to ensure people's daily medicines were managed in a safe way and that they got their medication when they needed it.

Is the service effective?

Requires Improvement

The service was not always effective.

People were supported to access relevant healthcare services. Although improvements were required to ensure people had access to local healthcare services more promptly when they moved from another area. In addition, some people might benefit from appropriate information to support them in managing matters affecting their health, such as smoking.

Staff had the right skills and training to meet people's needs.

The service acted in line with legislation and guidance in terms of seeking people's consent and assessing their capacity to make decisions about their care and support.

People were supported to have sufficient to eat and drink.

Is the service caring?

Good

The service was caring.

Staff were motivated and treated people with kindness and compassion.

Staff listened to people and supported them to make their own decisions as far as possible.

People's privacy and dignity was respected and promoted.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People received personalised care that was responsive to their needs. However, improvements were needed to ensure people's needs were more thoroughly explored before they moved in; to ensure these could be adequately met and to promote the compatibility of people living within the same building.

Systems were in place to enable people to raise concerns or make a complaint, if they needed to.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Legally required information was not always reported to, or provided upon request, to the CQC.

There were systems in place to support the service to deliver good quality care however; these had failed to identify and mitigate the risks to one person's health, safety and welfare.

We found that the service promoted a positive culture that was person centred, inclusive and empowering.

There was a registered manager in post who was accessible and a visible presence at the service.

Lillibet Court Limited

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 was unannounced and took place on 12 May 2016. It was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report.

We checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law.

In addition, we asked for feedback from the local authority, who have a quality monitoring and commissioning role with the service.

During the inspection we used different methods to help us understand the experiences of people using the service. We spoke with 10 people living in the service and observed the care being provided to a number of other people during key points of the day, including lunch time and when medication was being administered. We also spoke with the registered manager, deputy manager, two care members of staff, the cook and two relatives.

We then looked at care records for four people, as well as other records relating to the running of the service - such as staff records, medication records, audits and meeting minutes; so that we could corroborate our findings and ensure the care being provided to people was appropriate for them.

Requires Improvement

Is the service safe?

Our findings

The arrangements to manage individual risks to people, were not always adequate. For example, most people had their weight monitored regularly; to identify potential problems associated with weight loss or gain. However, one person had not been weighed accurately since January 2015 because they were not able to use the weighing scales provided at the service. The registered manager confirmed that there was no other method of monitoring the person's weight in place, and records showed the person had previously lost weight. In August 2015 a member of staff had guessed the person's weight, due to no scales being available, and had visually estimated the person had lost more weight. Staff confirmed they had not sought advice from relevant healthcare professionals about the person's weight loss at the time.

Other records showed this had been picked up as a concern by the local authority a month earlier, during one of their monitoring visits. We also saw that the person's care plan, in terms of their dietary requirements, did not include information about monitoring their weight, seeking advice or fortification of food; to help prevent weight loss. Following our inspection, the registered manager confirmed that a referral had been made to the local dietetic service for the person and that sit on weighing scales had also been purchased. However, the delay in providing these and seeking specialist advice had meant the person had been placed at possible risk of malnutrition and poor health for almost 18 months.

This was a breach of Regulation 12 (1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People talked to us about their personal risks and how these were managed. One person told us: "I have regular seizures and we have worked out how to manage the risks when I have one. I feel that I can have my freedom, but know that staff are aware of my condition." We observed this person using a wheelchair to mobilise independently about the building. They explained that the chair provided them with reassurance that if they had a seizure, they would be safe. Another person said: "I have all my meals here, nice and homely. I have a poor memory so I am not safe to make my own food." People told us that risks were managed in a way that did not restrict their freedom, choice and control. For example, one person told us: "We can mostly do just as we want here; I go out a lot into town." Another person told us that to ensure their safety: "We have to tell the staff when we are going out." We observed people coming and going during the inspection; it was clear that the risk management processes in place did not restrict them unnecessarily.

Staff understood the risks associated with people's individual needs, including addiction. One member of staff told us: "I know the signs and triggers to look for; my training helped me to diffuse situations. I am confident to deal with residents who are challenging and recognise they need support." Records showed that information had been provided to support staff in recognising warning signs, in terms of behaviours that might challenge, at an early stage; in order to ensure appropriate support for each person. On the day of the inspection, the provider had arranged for decorators to repaint the exterior of the home. We heard one person getting upset because they said the decorators were going to throw away some planters, which they had recently filled with new plants. Staff confirmed they had not been given advance warning of the contractors arriving, so had not had time to inform people using the service. This showed a lack of

understanding in terms of the needs and potential behaviours of the people living at the service, some of whom were living with complex mental health needs. We noted that staff responded promptly and as a result the situation was dealt with quickly and calmly. The registered manager confirmed after the inspection that she had addressed this with the provider and received assurances that people would receive advance warning of visiting contractors in future.

Systems were in place to ensure the premises and equipment was managed and maintained in a way that ensured the safety of people, staff and visitors. However, people told us it took a long time to get things repaired. We observed some areas requiring attention including a hot tap in one of the toilets used by staff and visitors which had a very low flow, presenting a possible hygiene risk. In addition, records showed that 13 of the 27 people living at the service smoked. There was no covered area for smoking and staff confirmed that a number of people had health issues or were at risk from falling in the wet weather. We saw an email confirming that a maintenance worker was planned to be at the service on the day of the inspection however, they did not turn up.

People reported that the fire bells were tested regularly and reported that they would know what to do in an emergency. Records also showed that individual evacuation plans were in place to support staff and the emergency services in the event of needing to evacuate people in an emergency. However, there was no emergency contingency plan in place, which meant there was no clear onward plan to support people if they needed to vacate the building for any length of time. For example, if there was a fire or flood, or if there was a significant interruption to the delivery of the service such as a utility stoppage or staff shortages. The registered manager was able to evidence after the inspection that she had begun to address this deficit by putting a plan in place.

People told us that they felt safe living in the service. One person said: "It's very safe here; we know there are staff around to help us." Another person told us: "We all look out for each other here, it's like a family." A third person added: "If I saw any staff being rude or mean I would soon report it."

Relatives echoed these comments. One relative told us: "I don't have to worry about him being here. It's relaxed and calm." Another relative said: "I trust this place."

Staff were clear on their responsibilities in terms of safeguarding. They told us they had been trained to recognise signs of potential abuse and were clear about their responsibilities in regard to keeping people safe and reporting potential abuse. One staff member told us: "My training has helped me to understand my role in keeping people safe." Another staff member added: "I want to keep the service users and my colleagues safe; I know what to do and know the signs to look for." We saw that information was on display which contained clear information about safeguarding, and who to contact in the event of suspected abuse.

Records we looked at confirmed that staff had received information and training in safeguarding and that the service followed locally agreed safeguarding protocols. However, records of some safeguarding meetings and outcomes were not available. The lack of a clear audit trail did not demonstrate that arrangements were in place to continually review safeguarding concerns; to identify themes and take any necessary actions to minimise the risk of a reoccurrence. The registered manager took action following the inspection to obtain the missing records and ensure a complete audit trail was maintained in future.

People told us there were sufficient numbers of staff to keep them safe. One person told us: "There's usually two to three staff in the day, many of us don't need help so that's fine." Another person said: "Staff respond very quickly to my call bell as they know I may be having a seizure." People told us there was only one

member of staff on duty at night and some queried whether this was sufficient. One person told us: "There are enough staff but the one on night shift has to work really hard."

Staff were generally content with staffing levels, they appeared relaxed and had time to chat to people. Call bells were heard ringing throughout the day and were answered promptly. However, one staff member told us: "Yes there is enough staff but sometimes if we're busy the cleaning gets left." Another staff member told us that it could get quite stressful sometimes trying to support the level of needs of the people living at the service, in particular the variety of mental health needs. The registered manager confirmed that the service did not currently employ an activity coordinator or domestic staff, so care staff fitted these tasks in with their other tasks. No planned activities took place during the inspection.

Staff explained that some people living at the service were able to clean their own living space, whilst some paid extra for the care staff to support them with cleaning. We saw that there was a housework and laundry rota in place. Although the building appeared clean overall, we did note several rooms to be untidy which could pose a slip/trip hazard for the occupant or staff. In addition, one of the corridors leading to bedrooms had a strong odour of urine all day. The registered manager took action to address this after the inspection. Although there was no indication that people's daily needs were not being met, we queried whether staffing levels were sufficient to meet people's holistic needs as well as maintain a safe, hygienic environment. The registered manager confirmed that there were no staff vacancies, but she did have plans to recruit an activity coordinator; to supplement existing staffing levels and enable care staff to concentrate on providing care and support.

The registered manager described the processes in place to ensure that safe recruitment practices were being followed; to ensure new staff were suitable to work with people living in the service. We were told that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service [DBS] certificate had been obtained. We looked at a sample of staff records and found that the majority of legally required checks had been carried out, but one staff file did not contain verification of why the staff member, who had previously been employed in a position with vulnerable children or adults, had ended their employment in that position. The registered manager confirmed recruitment processes would be reviewed to ensure all required information was obtained prior to new staff working at the service.

Systems were in place to ensure people's daily medicines were managed so that they received them safely. There was a mix of people who managed their own medication and those who staff administered medication to. People told us they received their medication, including pain relief, when they needed it. One person told us: "Staff do all my tablets; they know what they're doing." Another person said: "The staff order my meds (medication) and I then take them myself." People were clear about the purpose of their medication and we saw information was available for staff to remind them about who managed their own medication and who required assistance.

Staff confirmed they had received training to be able to administer medication. They demonstrated a good awareness of safe processes in terms of medication storage, administration and about the purpose of the medication prescribed for people. Clear records were being maintained to record when medication was administered to people, and medication was stored securely with appropriate facilities for controlled drugs and temperature sensitive medication. Records demonstrated staff had received recent medication training and that regular medication audits were taking place, to monitor the systems in place and identify any areas requiring improvement.

Requires Improvement

Is the service effective?

Our findings

People confirmed they received effective care from staff with the right skills and knowledge. They felt the staff had received the right training to do their job. One person said: "I know they all get training, the manager does some of it or I see them come in for sessions." Another person told us: "The new staff stay with one who has been here a long time. They can't be alone straight away." A third person added: "The staff know what they are doing, when I discuss my problems with them they know all about it."

Staff confirmed they received training to carry out their roles, including support to achieve national health and social care qualifications. One member of staff said: "I had induction, I worked with a senior carer and she gave me a lot of confidence." Another staff member told us: "We have training on moving and handling, food hygiene, fire, dementia and safeguarding." A third staff member added: "I know what to do when I observe any challenging behaviour, it doesn't happen very much in here." The registered manager showed us training records which she maintained to enable to review staff training and see when updates / refresher training was due. These confirmed that staff had received training that was relevant to their roles such as mental health, safeguarding, equality and diversity, Mental Capacity Act 2005 (MCA) awareness and Deprivation of Liberty Safeguards (DoLS). We observed care interactions throughout the day and found the approach from staff was supportive and knowledgeable.

Records showed that staff meetings were being held on a regular basis; to enable the registered manager to meet with staff as a group, and to discuss good practice and potential areas for staff development. Staff also confirmed that they had received recent supervision, which provided them with additional support in carrying out their roles and responsibilities. Records we looked at supported this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that systems were in place to assess peoples' capacity and staff had a good understanding of the Mental Capacity Act. However, they were less sure about DoLS and when to initiate best interest decision processes. The registered manager explained that no one living at the service lacked capacity or was subject to DoLS at the time of the inspection. This meant that although they were ready to follow the requirements in the DoLS, they had not yet had the opportunity to put their knowledge into actual practice.

Throughout the inspection we observed that staff sought consent from people before undertaking any activity. One person told us: "The staff discuss with me what we might do and I feel at ease to agree or not."

Staff demonstrated a good understanding of people's needs and encouraged them to make their own choices and decisions, as far as possible. For example, giving them choices in terms of times for breakfast, and when to get up. We saw care staff obtaining informal and verbal consent from people before they undertook aspects of care, and people were seen to respond positively to this approach.

Staff confirmed that the service was not responsible for supporting the majority of people using the service with eating and drinking. One staff member told us: "Many residents just do their own thing. Some eat out or cook snacks." The majority of people we spoke with confirmed they prepared their own food in their flats and did their own food shopping, or had some help from relatives. One resident had their food delivered. They told us: "I ring the local shop and we discuss my requirements, he delivers my order in the same morning. It's very convenient." Other people were provided with food and drink for an additional fee, which was freshly prepared on site.

We spoke with some of these people who all spoke highly of the food on offer and told us they had enough to eat and drink. One person said: "The cook tells you what the main meal of the day is available but you can get an alternative." Another person told us: "The food is lovely, good portions and its nice and hot." A third person confirmed that meal times were flexible and added: "Foods okay, they keep me a hot meal as I don't like to eat it too early in the day." A relative echoed these comments and told us: "The food is always homemade and looks nice."

Staff were aware of the importance of nutrition and hydration for those people the service was responsible for supporting with maintaining a healthy, balanced diet. They had a good understanding of people's individual preferences and dietary requirements, in order to meet their specific needs such as vegetarian and diabetic. For example, the cook told us how she fortified people's meals where they had been assessed at being at risk from poor nutrition or weight loss. A four weekly menu was in place which was changed on a seasonal basis; to ensure people received a variety of food. The cook advised that if anyone did not like what was on offer, they could request an alternative. We saw that this happened. We observed lunch service and saw that people chose whether to eat in the communal dining room or in their own accommodation. Meals we saw looked appetising and people were observed to eat well in a calm, relaxed environment. People were given time to eat and the pace was not rushed. Staff were also on hand to provide support in the event of someone requiring this.

People confirmed they were supported to maintain good health and have access to relevant healthcare services. One person told us: "I sometimes ring the doctor to come out, or the manager will. The surgery responds quickly." Two people told us they had regular visits from the district nurse and felt that there were good communication links between the nurses and staff working at the service. One person said: "The nurse comes from the practice to renew the dressings. She has shown the carer what to do if they leak." Many people had a good understanding of their health issues and told us that for an additional fee, care staff would accompany them if they required, to attend hospital appointments. One person told us: "The carer comes with me for my appointments." A relative added: "Staff take my [relative] to the GP, he wouldn't go otherwise." We observed one person discussing a significant health concern they had with the registered manager. The registered manager provided the person with appropriate information about their condition and how best to manage this, in a calm and clear manner. It was clear from the person's reaction that they had been reassured by the advice provided.

The same person told us they had given up smoking whilst living at the service, which was a great achievement for them and beneficial to their health. However, we also observed many other people frequently smoking outside together. Although this created a positive social situation, there was no evidence of any support for these people to reduce their smoking in order to maintain good health. The registered

manager told us she had planned to get some information leaflets for people, but this had not yet happened.

Concerns were raised about a small group of people who had moved into the service from another area and were living with significant mental health needs. There was no indication that these were not being managed at the time of the inspection however, a relative told us: "I am getting worried about my [relative] as he isn't being seen by the (local) mental health team and he may deteriorate." The registered manager explained there had been delays in the transitional arrangements between the local authorities involved, but we saw she was chasing this up. She also confirmed that the service was well supported by a variety of local community healthcare professionals, who they called upon when more specialist support was required. A record of visits to and from external health care professionals was also being maintained for each person. Records we saw showed that people were in regular contact with external healthcare professionals.

Good

Is the service caring?

Our findings

People confirmed that they were treated with kindness and compassion. They spoke positively about the care and support they received. One person told us: "Everyone is brilliant here they know what care I need and I feel they want to help me." Another person said: "The staff take time to chat to me, they really care." A third person added: "They treat us as individuals and want to make our lives better."

A relative echoed these comments by adding: "Although my [relative] hasn't been here long the staff really try to get to know him and understand him."

Staff demonstrated that they were caring and had a person centred approach. One staff member told us: "I like getting to know the residents. It is their home." Another staff member said: "I like working here; we all care what happens to the residents." Throughout the inspection we observed staff being kind and supportive of people. Communication was relaxed but respectful. For example, we watched the cook laughing and joking with people as she was serving meals. This created a 'home from home' atmosphere. Staff demonstrated a good understanding of the needs of the people they were supporting. When one person became distressed because an external contractor had upset them, they immediately sought out the registered manager to support them. However, we noted other staff were quick to provide support too, and this was given with warmth and passion.

People confirmed they felt involved in making decisions about their care and day to day routines. One person told us: "Staff are always open to listening to what I need." Another person said: "I have a keyworker and if I feel low I talk things through with her and come up with a plan." A third person added: "I feel very involved in what happens to me." Staff all said that they tried hard to involve people in their care. One staff member told us: "I sit down regularly and try to make sure I know enough about their conditions so that I can treat them as an individual." Another staff member added: "We discuss residents and make sure we are all up to date with what's happening." We observed staff sitting with people, discussing their care and what they wanted to happen during the day. We saw that staff listened to people and provided information in a way that was appropriate for each person. When care and support was provided, staff gave thorough explanations beforehand and offered encouragement and reassurance where needed.

People told us that their privacy and dignity was respected. One person told us: "I don't get embarrassed when they help me in the shower. They make me feel important." Another person said: "We all have a door key; I feel my privacy is respected." A third person added: "You are respected here and feel part of a real home." One person put a 'do not disturb' sign outside their door, to enable them to have an afternoon nap; we noted that this was respected by staff until the sign was removed. One staff member told us: "We are taught to treat people well and with respect." We observed many occasions when residents were treated with respect and dignity. For example, people were called by their preferred names and staff spoke discreetly when offering care and support. People also spoke well of the laundry service and the fact their clothes were well cared for.

Everyone told us that visiting was open and family members were welcomed. We observed this to be the

case when one person arrived to find their relative had gone out. Staff were quick to offer them a drink and somewhere to wait. One person introduced us to their pet cat; it was evident that people were supported, as far as possible, to maintain important relationships with those close to them, including pets. The service had its own resident cats too. During the day we saw one of them curled up in one person's living room. It was clear from speaking with the person that they were very relaxed with this and enjoyed the company.

Requires Improvement

Is the service responsive?

Our findings

People told us they were able to contribute to the assessment and planning of their care. One person said: "I am involved with reviews about my care. I have a real say in what happens." Another person told us: "My brother comes in when we have care reviews." A relative added: "As a family we do feel involved in what is happening." Staff told us that before people used the service, they were asked for information about their needs. This information was then used to develop a care plan that reflected how each person wanted to receive their care and support. We reviewed care records and found that people had been asked for information prior to moving in.

Although the service promoted a positive culture that was open and inclusive in terms of who could access the service and live there, we found concerns with the pre admission information for one person who was living with a significant mental health condition. This was because the information did not provide sufficient detail about how the person's condition might present itself to others and how it had been determined that they would be compatible with the other people living in the same building. Information we read indicated that other people and staff would be placed at risk if they moved in. There was no indication that the person's needs were not being met or that other people had been placed at risk since they had moved in, but we discussed this with the registered manager. She acknowledged our concerns and undertook to ensure pre admission assessments contained more detailed information in future.

During the inspection, we found a variety of people with different needs - whose ages ranged from 26 to 97 years, were using the service. We received mixed feedback from them, professionals and relatives on the different needs supported by the service. Some people told us that this worked, and they had no concerns, whilst others queried people's compatibility and whether everyone's needs could be adequately met by the service. One person told us: "I try and talk to the younger lads when we're out smoking. It seems to work." Another person said: "The young guys are all okay; it works for me but not for everyone." A relative added: "There are too many older people here, my [relative] finds that a bit odd. I think they need a plan for what's going to happen in the future." Another relative said: "I often wonder how they can care for such a wide range of people all with different needs and illnesses." During the inspection, we observed that staff supported the mix of people well on the whole, but there were times when we noted it was difficult for them to focus activities, menu choices and day to day events, when trying to accommodate such differences.

Care plans we looked at provided clear instructions for staff to follow; to enable them to provide people with care and support that reflected their individual preferences. We noted that the majority of staff had worked at the service for a number of years and were able to demonstrate that they understood people's needs well. There was also evidence of people's involvement in terms of reviewing their care and support needs. One person told us: "Staff and the manager do discuss if the plans are still ok with me. I feel very involved." Another person added: "I have sat down regularly and reviewed my care." However, we noted that there was not always a clear plan regarding people's goals and aspirations - for example, in terms of furthering their independent living skills and potentially moving on to more independent living. One of the younger people using the service told us they were bored and wanted to more back to the area they had come from. Following the inspection, the registered manager confirmed she had taken steps to support the person in

achieving this wish. She also undertook to review people's care plans with them to ensure they reflected their individual wishes and support them in furthering independence, where appropriate.

People were encouraged to exercise choice and control as far as possible. Due to the nature of the service, people had been provided with individual living areas which enabled them to be as independent as possible. People confirmed they had complete freedom to come and go as they pleased and could make their own choices about day to day living. One person told us: "I just do my own thing; I don't really need any help." Another person said: "I often refuse care from the staff and one of my neighbours helps me. I prefer that as I would have to pay more if they [staff] showered me." Staff recognised people's right to make their own choices as far as possible. One staff member told us: "I try and give choices as much as I can. I do worry when residents refuse to have a wash or shower as I think it reflects badly on us. We can't force people though." Another staff member said: "Some residents just do their own thing and we don't get involved."

Staff gave us examples of how they provided support to meet the diverse needs of people using the service for example, in relation to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in people's care plans and all staff we spoke with knew the needs of each person well. The registered manager spoke to us about someone who had chosen to go by another name. This had been respected and there were plans to change the person's care records to reflect this decision.

People talked to us about their hobbies and social interests. They told us that activities took place on a regular basis both in and out of the service. One person told us: "We go on evenings out to the restaurant; the manager is good at arranging that." Another person said: "We have bingo, 'knit and natter' and board games." No formal activities took place on the day of the inspection, despite the activity plan stating there would be games in the afternoon, and a number of people congregating to take part in these. We observed they looked disappointed when this did not happen. The registered manager confirmed that although there were plans to recruit an activity coordinator for the home, there was not one in place at the time of the inspection. She also acknowledged there had been an oversight on that day in terms of staffing cover to provide activities. Despite this, we observed that a number of people had formed positive friendships whilst living at the service. One person told us: "I have made good friends here; we go to each other's rooms." We saw this happening on numerous occasions and people spent time enjoying one another's company. A hairdresser also visited during the inspection. People told us she came regularly to the service and was well thought of by everyone we spoke with. Records showed that ordinarily, activities did take place on a regular basis, including meals out at local restaurants.

However, it was clear that the activities on offer did not appeal to everyone living at the service. One person told us: "I try to get involved but some of the stuff is boring, there's not much for the younger ones." Another person added: "I just spend a lot of my time in town. I wander in the shops but don't have spare cash to buy things." One person commented on the fact that they were smoking more at the service. The registered manager explained that there were plans for some of the younger adults to access a local resource centre during the day, but funding delays, outside of her control, had meant this was not yet in place. In the interim, she showed us that she had made specific arrangements from the following week, to address the social needs of this group until the funding issues were resolved.

People's independence was promoted and supported. We saw that people were encouraged to get involved in a meaningful way, by helping out with day to day tasks such as cleaning and gardening. Staff confirmed that the service did not employ domestic staff or a gardener. One person told us: "I try and help with odd jobs if I can." Another person said: "I stay involved, I lay the table before meals." A third person added: "I have been helping to try and do the garden." Despite this, we noted the grass to be very long and people appeared unmotivated, spending much of their time smoking outside.

Everyone we spoke with told us they knew how to make a complaint or raise a concern. They felt very confident to report any problems to the manager or her deputy. One person told us: "I would see the manager she would sort it out." Another person said: "I would talk to the manager or her deputy if I had a concern; I have done this in the past and had a meeting." A third person added: "I have had a few niggles and sorted them out quickly with the manager." A relative echoed these comments and told us: "As a relative I am often in touch with the manager by phone, I feel confident that she listens and takes action." Staff confirmed they would feel happy to deal with most complaints, but that the manager would help if it was something serious.

Information had been developed for people outlining the process they should follow if they had any concerns. We spoke with the registered manager who showed us that a record of complaints and compliments was being maintained. We noted from this that concerns were taken seriously, and people were kept updated on the actions taken in response. This showed that people were listened to and lessons learnt from their experiences, concerns and complaints. We also read two cards sent recently from relatives to express thanks to the staff team for the kindness shown to them and their relatives.

Requires Improvement

Is the service well-led?

Our findings

Systems were in place to ensure notifications were submitted to us, the Care Quality Commission (CQC), in a timely way. A notification is information about important events which the provider is required to send us by law. However, our records showed that this was not happening consistently and some notifiable events such as a death of person and incidents reported to the police had not been reported to us as required.

These were breaches of Regulation 16 (1) (a) and Regulation 18 (1) (2) (f) of the Care Quality Commission (Registration) Regulations 2009.

In addition, before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return this form. The registered manager acknowledged our concerns and admitted that the lack of notifications and a PIR had been an oversight on her part. She provided the required information during the inspection and undertook to ensure all legally required information was provided to CQC in the future.

The registered manager talked to us about the monitoring systems in place to check the quality of service provided. Records showed that internal audits and checks took place on a regular basis; to ensure the service was providing safe, good quality care. Areas where checks had taken place recently included maintenance, medication, call bells, care records, daily notes, fire logs, policies and procedures, staff rota, staff handovers, training, complaints and compliments, accidents, safeguarding and DoLS (Deprivation of Liberty Safeguards).

However, we were not assured about the effectiveness of some of the audits in place. For example, internal auditing systems had failed to identify and act upon the fact that one person had not been weighed since January 2015, and according to their records had previously lost weight. We were shown a report from a quality monitoring audit carried out by the Local Authority in April 2016, which had identified a lack of appropriate equipment to enable people at risk of weight loss to be weighed. The registered manager was able to show us that she had requested sit on scales from the provider following the audit, but there was no confirmation of this happening by the time of our inspection. After the inspection, almost 2 months after the local authority's audit, the registered manager confirmed that sit on scales had been purchased. Our findings have shown that the arrangements to mitigate the risks to the person's health, safety and welfare during a period of almost 18 months had been inadequate.

This was a breach of Regulation 17(1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us there were opportunities for them to be involved in developing the service, which included attending meetings and completing satisfaction surveys. Many people mentioned the tenants meetings that took place regularly and told us these were useful for getting issues on the table and dealt with. They told us that notes from the meetings were shared, and this was appreciated as people felt involved and able to

suggest things. For example, one person told us they were gaining views on having a cold drinks water machine and said they intended to bring this up at the next meeting. Records showed that these meetings took place regularly. We were also shown the results of the latest satisfaction surveys completed by people living at the service in April 2016. Fifteen people had returned the surveys and all had provided positive feedback in terms of: involvement with the service, staffing, feeling respected, having their individual needs met, privacy and knowing how to make a complaint. In addition, we saw the latest newsletter written for people and their relatives, which provided useful updates about the service including staffing, activities, health and safety and additional charges.

We noted the atmosphere in the home to be open, friendly and relaxed. We observed people chatting in corridors and each other's rooms. One relative commented: "It does seem open and transparent here. The staff get on well together and integrate with the residents." We saw lots of information around the service for people, staff and visitors including information about safeguarding arrangements, weekly menus, activities and meeting minutes. Information had also been developed setting out what current and prospective users could expect from the service, their rights and also information about fees and the cost of any extra services. This demonstrated an open and transparent approach in terms of how information was provided to and communicated with people. Although, several people mentioned confusion with the charging mechanisms and what services were included in the price and what were on top - such as meals, personal care, cleaning and support with hospital appointments.

A registered manager was in post who had worked at the service for a number of years. People confirmed she was accessible and a visible presence. We observed the registered manager around the service throughout the inspection and it was clear she was well known and thought of by people living there, staff and relatives. One person told us: "Yes I see the manager most days." Another person said: "I know where her office is and often pop up there to chat." A third person added: "The manager is inclusive; she likes to be involved with us." We also read a recent written compliment from someone living at the service regarding the registered manager. They had written: 'You are a wonderful leader and we are all proud of you'.

Staff confirmed that the registered manager was supportive. They told us they knew how to contact her for advice and support. One staff member said: "The manager is good, I feel comfortable that I can speak up if there are any issues." Another staff member added: "[The registered manager] walks around and stops and talks to people." A third staff member told us: "I like working here it's a good place and very friendly. We try to help each other." Staff were clear about their roles and responsibilities. One staff member told us: "We have staff meetings and can have our say." Another staff member confirmed this by adding: "I feel involved and I have my say." We observed staff working cohesively together throughout the inspection and noted the way they communicated with one another to be respectful and friendly. Throughout the inspection we found the registered manager to be open and knowledgeable about the service, she responded positively to our findings and feedback.

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 16 Registration Regulations 2009 Notification of death of a person who uses services Some legally notifiable events, such as the death of a service user, were not being reported to CQC as required.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Some legally notifiable events, such any incident which is reported to, or investigated by, the police, were not being reported to CQC as required.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment One person had been placed at risk because there was no suitable method of monitoring their weight.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Internal auditing systems had failed to mitigate the risks to one person's health, safety and welfare during a period of almost 18 months.

The enforcement action we took:

We issued the provider with a statutory notice called a warning notice