

Real Life Options

Real Life Options - Darlington Road

Inspection report

54 Darlington Road
Hartburn
Stockton On Tees
Cleveland
TS18 5EW

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04 March 2016

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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 1 March 2016 and 4 March 2016. The first day of the inspection was unannounced which meant that the staff and registered provider did not know that we would be visiting. We informed the registered provider of our visit on 4 March 2016.

We last inspected the service in November 2013 and found that it was not in breach of any regulations at that time.

Darlington Road provides care and support for up to seven people who live with a learning disability. The service does not provide nursing care. Darlington Road is a large bungalow with a small first floor extension. Externally there is a large garden. The house is situated close to local amenities.

The home had a registered manager in place. 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.

There were systems and processes in place to protect people from the risk of harm. We saw that individual risk assessments were in place that covered the key risks specific to the person. Staff were able to tell us about different types of abuse and were aware of the action they should take if they suspected abuse was taking place. Staff were aware of whistle blowing procedures and all said they felt confident to report any concerns without fear of recrimination. The registered provider had a whistle blowing hotline and information regarding this is clearly displayed.

People received their medicines as prescribed but medicines were not always stored correctly and the records were not always accurate.

There was a procedure in place to monitor accidents and incidents.

Safe recruitment and selection procedures were in place and appropriate checks had been undertaken prior to staff starting work. Staff had not always received regular supervision, and yearly appraisals to monitor their performance had not taken place.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. Some refresher training was overdue but we received confirmation after our visit that all staff are now booked on to the relevant courses.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

We saw that people were provided with a choice of healthy food and drinks to help ensure their nutritional needs were met. Staff demonstrated knowledge of people's likes, dislikes and special dietary requirements. The service worked with a dietician where necessary. The care records we viewed also showed us that people had appropriate access to health care professionals such as dentists and opticians.

People who used the service had a range of communication abilities. Some people could communicate verbally whilst others used noises, signs or gestures which staff were able to describe in detail and interpreted well. Throughout the inspection there was a relaxed atmosphere and staff interacted with each other and with people who used the service in a very friendly and respectful manner. The scales used to weigh people had been broken for approximately nine months. The garden at the service was not being adequately maintained to enable people to utilise it safely. Staff were doing their best to maintain it in their own time but the service no longer had a gardener.

We looked at support plans and found that they were written in a person centred way and included a good level of detail. The documents within people's support plans were not always completed fully. The review of these documents also needed to be more clearly recorded.

We observed that people were encouraged to be as independent as possible given their high level of support need and were encouraged to participate in activities that were meaningful to them. People were watching films on a computer whilst others relaxed in front of the television or engaged in craft activities. People were also supported to go out into the local community and to maintain a good level of contact with their families.

There was a complaints procedure in place and this had been produced in an easy read format with pictures and placed in every person's support file. There had been no complaints in the previous 12 months.

We found that the registered manager was not conducting effective checks of records and systems at the service as a number of areas of concern had not been identified by the quality assurance process.

At the time of our inspection the registered manager for the service was also managing two other services for the registered provider. Although they were still working at Darlington Road on average three days a week management oversight was lacking within the service and staff and relatives told us they were not happy with the arrangement.

We spoke with staff who told us they felt supported and that the registered manager was approachable but because of current working arrangements was not always available.

Throughout our visit we saw that people who used the service and staff were comfortable and relaxed with the registered manager and each other.

We found the provider was breaching four of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the safe management of medicines, staffing, premises and equipment and good governance. 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?

The service was not always safe.

People were receiving their medicines as prescribed but medicines were not always stored correctly and the records were not always accurate.

Assessments were undertaken to identify risks to people using the service and others.

Staff we spoke with knew how to recognise abuse and reported any concerns regarding the safety of people to senior staff.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The scales used to weigh people had been broken for approximately 9 months. The garden at the service was not being adequately maintained to enable people to utilise it safely.

Staff had the knowledge and skills to support the people who used the service. The service understood and followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's nutritional needs were being appropriately met. People were supported to maintain good health and had access to healthcare professionals and services.

Requires Improvement ●

Is the service caring?

The Service was caring.

People were treated with respect and their privacy and dignity was protected.

Good ●

Staff knew people well. They were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs.

We saw staff engage people in conversations which were tailored to ensure each individual's communication needs were taken into consideration.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

There were errors and omissions in several of the records we looked at.

People's support plans were tailored to meet each person's individual requirements, they were written in a person centred way and contained a good level of detail.

People had opportunities to take part in activities that were important and relevant to them. They were protected from social isolation and enabled to maintain relationships with relatives and access the local community.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The registered manager was not at the service full time and was managing other services that were out of the area. Staff and relatives felt this was having a negative impact on the service.

There were systems in place to monitor and improve the quality of the service but they were not always effective.

Staff and relatives we spoke with told us the registered manager was approachable. Staff said they felt supported in their role and they had regular meetings.

Real Life Options - Darlington 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 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.

The inspection took place on 1 March 2016 and was unannounced. This meant staff and the registered provider did not know we would be visiting. A second day of inspection took place on 4 March 2016, and was announced. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service including statutory notifications we had received. Notifications are changes, events or incidents that the provider is legally obliged to send us. The registered provider completed a provider information return (PIR) which we received prior to the inspection. 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.

At the time of our inspection six people used the service. During our inspection we observed how the staff interacted with people. Because the people using the service were unable to fully verbally communicate with us we used our observation to see whether people had positive experiences.

We reviewed a range of records. This included four staff files, training records, medicine records and records relating to the management of the service such as audits, surveys and policies. We reviewed the care plans of three people to check that records matched with the support we observed and the information provided by staff.

During the inspection we spoke to the registered manager, team leader, three support workers and one person using the service. We also spoke two members of the local authority commissioning team, three people's relatives and two external health care professionals.

Is the service safe?

Our findings

We looked at the way medicines were stored, administered and recorded. The temperature of the room and the medicines fridge was recorded, however the record was not dated so it was not possible to be sure that this had been done every day. Whilst the temperature of the room was within the safe range the temperature of the medicines fridge fluctuated between a minimum of 2.6 degrees Celsius and a maximum on one day of 19.4 degrees Celsius. We saw that the fridge regularly exceeded the recommended maximum of 8 degrees Celsius, and had exceeded 12 degrees Celsius for four days in a row. This meant that medicines were not being stored correctly and may not be safe for use.

One medicine that was stored in the fridge had a shelf life of 48 hours once opened but no date or time was recorded on the open bottle to ensure that this was adhered to.

We saw that on 26 February 2016 the drug returns book had been completed correctly but had not been signed by the pharmacist to confirm the collection of the medicines. When we discussed this with the registered manager we were told that the pharmacy would often send a taxi driver to make the collection and they were not always willing to sign. Staff were not recording this and therefore there was no audit trail to verify the safe disposal of surplus supply of medicines.

There was a medication tracker that was completed if people went out and took their medicines blister pack with them. We saw that this was signed by staff whenever medicines were taken out but was not always signed when they were returned.

We looked at people's medication administration records (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. We saw that two members of staff signed to confirm the administration of medicines. We saw that one person had not been given one of their medicines at morning and lunchtime on one day. We checked this with the member of staff who was the designated responsible person and in charge of medicines administration. We were told that this particular medicine was not in the blister pack that was received from the pharmacy and they had to take the pack so this could be corrected. This had not been documented and recorded on the MAR which meant it was an incomplete record of the person's medicine administration. There was also no explanation given as to why this dispensing error had not been identified when the blister packs had been checked in to the service.

The code 'Q' was regularly being used by staff on the MAR sheets. This code was not one of those printed on the sheet and it was therefore not clear what it referred to. We were told that it meant 'other' and that further information was recorded on the reverse of the sheet. There was a recognised code for 'other', this was 'O' on some sheets and 'F' on others therefore the use of 'Q' without a key to its meaning was confusing.

People's medication support plans were kept on the same file as the MAR sheets and contained a good level of detail about how best to administer people's medicines.

Nobody had been prescribed controlled drugs at the time of our inspection but the service did have a

procedure in place for their storage and recording.

We found PRN protocols for medicines to be taken 'when required' were tucked in the back of one person's medication support plan. No other PRN protocols were found to be on file. We asked the registered manager and the designated responsible person where these were and although we were told that a separate file was kept for these they could not be found. This meant there was no guidance available to staff explaining when these medicines should be used.

We found that the drug count on the MAR sheets did not always match the actual stock level however separate sheets were kept that did show the correct number.

This meant that people's medicines were not always managed safely.

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

The majority of people using the service had complex needs which meant they were not able to communicate with us verbally. During our inspection we saw that people appeared relaxed and comfortable and we observed positive staff interaction and safe moving and handling practice.

Relatives we spoke with said they felt their family members were safe at the service. One relative told us "since moving here [person's name] is safer than they've been in a long time."

The service had policies and procedures in place for safeguarding vulnerable adults. A copy of the policy was kept in a separate file to make it easily accessible for staff.

We spoke with three members of staff about safeguarding. They all demonstrated a good understanding and could identify types of abuse. The staff we spoke with told us they knew what to do if they witnessed any incidents and they would report safeguarding concerns immediately. One staff member said, "The last time I was on abuse training the trainer was gobsmacked how much staff from this service knew." They also told us, "I watch out for signs such as someone becoming withdrawn or crying a lot. It would set alarm bells going if a person isn't normally like that and I know how to report it and who to." The training records showed that staff had all undertaken safeguarding training and the majority (92%) had received up to date refresher training.

We looked at the arrangements in place for managing whistleblowing and concerns raised by staff. Whistleblowing is when a person tells someone they have concerns about the service they work for. The registered provider had a whistleblowing hotline. Details of this were on display in the service and all staff had been given cards with safeguarding and whistle blowing contact information on. Staff told us they felt comfortable to raise any concerns with the registered manager without fear of recrimination.

Each person had a Personal Emergency Evacuation Plan (PEEP) in place and these were held on the fire file. This file also included a plan of the building and isolation points for all utilities. The registered manager told us that a grab file was being prepared so that all relevant documents were readily available to give to the emergency services in the event of a fire and although it had not been completed prior to our inspection we saw the framework for this was in place. We saw records to show that fire alarms and doors were tested weekly. Fire drills and evacuations were carried out every six months.

The PEEP documents contained a good level of detail and each one also had the person's photograph making it easy for people who didn't know the service to identify people. However, the PEEPs were not

dated and it was not possible to identify when they had been produced or whether they had been reviewed to ensure the information remained current. The registered manager told us that the documents would be reviewed and dated.

The service had a business contingency plan in place that included all the information necessary if there were a serious incident which impacted on the normal running of the service. This covered events such as flood, pandemic and equipment failure as well as what action to take if the building was not habitable. The file contained essential contact numbers and emergency care plans for each person and had been updated in January 2016.

We were told that the service had a low turnover of staff. One staff member had recently left and the service was undertaking a recruitment process to replace them. We looked at four staff files and saw that safe recruitment processes and pre-employment checks were in place. Documentation such as application forms and interview records were held at the registered provider's head office but documentation we saw showed that identification had been checked and references had been received. Disclosure and Barring Service (DBS) checks had also been undertaken for all staff. The DBS carry out a criminal record and barring check on individuals who intend to work with children and/or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

Individual risk assessments were in place. These included areas such as moving and handling, medication, finances and bathing. Although some of the risk assessments covered the key risks specific to a person, for example skin integrity, others seemed to be generic risk assessments that had been typed up and a person's name written in. These generic risk assessments had been included in each person's file regardless of whether an individual need was identified. We saw dates and initials written on some of the forms and the registered manager told us that this was when they had been reviewed. However, there was no evidence that a proper review had taken place. The information considered during the review was not documented and the outcome of the review was not noted.

We were told that accidents and incidents were recorded and audited however as there had not been any in the previous 12 months we were not able to check this process.

The registered manager explained that staffing levels were organised according to the needs of people using the service. There is a high level of dependency within the service and we saw staff rotas which showed that there were a minimum of four staff on duty during the day. At times there were five, six or seven staff covering a shift to enable people to go out on activities and still leave the service with a safe level of staff. During our inspection we observed there to be sufficient staff to meet people's needs.

We were told the service never used agency staff. If cover was needed for holiday or sickness then there are five bank staff who can be called upon to provide support. Staff told us that they were willing to cover extra shifts if necessary to ensure the continuity of care for the people using the service. One member of staff told us, "I don't mind doing extra shifts if I need to cover, I love it here."

We observed that the premises were kept clean and tidy. There was plenty of personal protection equipment [PPE] available. A family member we spoke with told us "The service doesn't have a designated cleaner now so it isn't as sparkly clean as it used to be but staff certainly do their best." An occupational therapist who visits the service told us, "the environment is always clean, it's a lovely place to walk into."

We saw records that showed water temperatures were taken regularly and were within safe limits. We saw

documentation and certificates to show that relevant checks had been carried out on the fire alarm, fire extinguishers and gas safety. The hoist had been recently serviced and there had been regular portable appliance testing (PAT) of electrical equipment.

Is the service effective?

Our findings

On the first day of our inspection the service did not have any scales to monitor people's weight. We were told that the service did have scales previously but that these had broken in June 2015 and had not been replaced. Some of the people who used the service had been identified as needing to be weighed on a weekly basis due to concerns about low weight and potential malnutrition. The registered manager told us that when the broken scales were not replaced they had looked for other ways to ensure people were still having their weight monitored. Initially people were being taken to a day centre a few miles from the service and weighed on the scales there. However, this service closed and people were now being taken several miles further away to be weighed in a mobility shop that had scales suitable to accommodate a person in a wheelchair.

Whilst the registered manager had attempted to keep people safe by looking for alternative solutions being weighed in a shop that was open to the public had implications for people's dignity. The shop was also not able to say when or if the scales had been calibrated and therefore their accuracy was not guaranteed. The registered provider did supply new scales on the second day of our inspection but the service had been left without the correct equipment to provide care for nine months prior to this. There had been no attempt made to repair or replace the broken scales during this time.

There was a large garden at the service but when we visited this was in a poor state of upkeep. Part of the perimeter fence was broken and the garden itself was overgrown making it unsuitable for people to utilise the area safely. We were told that there was no longer a budget for the gardener and that staff were trying to keep on top of it but had to do so in their own time when they were not on the rota to provide care.

This was a breach of Regulation 15(1)(e) (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records indicated that staff were not receiving regular supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw notes from supervision meetings on staff files to confirm that some had taken place but they were not in line with the frequency agreed within the supervision contracts signed by staff. We saw that one person had received four supervision sessions in 2015 but other staff only had one meeting recorded in the year. Staff we spoke with told us they felt able to speak to the registered manager at any time and whenever they had concerns they would request a supervision session. The team coordinator told us they felt that supervision sessions with the registered manager were taking place more regularly but not being formally recorded.

Staff had not received annual appraisals and the registered manager was not able to say when these had last taken place. We asked the registered manager whether they had received an appraisal or supervision and they had not. This meant staff did not receive appropriate support through an effective system of supervisions and appraisals.

This was a breach of Regulation 18(2)(a) (Staffing) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

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).

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We checked whether the service was working within the principles of the MCA and applying the DoLS appropriately. At the time of our visit everyone who used the service had been assessed as lacking capacity and as being deprived of their liberty. DoLS had been put in place as the people using the service were all under continuous supervision and control, were not free to leave and lacked capacity to consent to these arrangements. Staff at the service had made appropriate applications to the local authority and the relevant authorisation had been received. The registered manager kept an up to date record of the DoLS authorisations and when they were due for renewal.

Staff had all received training in MCA and DoLS and demonstrated an understanding of the basic principles. The registered manager demonstrated a good knowledge of the legislation and recognised when best interest decisions were required. We saw evidence on care plans to show best interest decisions were being made when the need was identified. For example, one person was receiving their medication covertly, hidden in yogurt, as agreed by their GP. The best interest decision for this was documented fully and included on the DoLS authorisation.

Staff told us they had received all of their mandatory training, for example safeguarding, moving and handling and food hygiene, along with additional training to meet the specific needs of the people using the service. Mandatory training is training that the provider thinks is necessary to support people safely. One staff member said "I've just done my first aid training, it was very good" another member of staff told us "I'm very happy with the training. I'm trained in epilepsy, meds level two and three and I've done palliative care. If there is some training you want to go on they will try and sort it for you."

Relatives we spoke to were confident that the staff had received the right level of training. One relative told us, "They definitely know what they're doing, I know that they've had training for the hoist just recently."

We looked at the training matrix for the service which detailed all of the training staff had received and when this was due for renewal and saw that 80% of staff were fully up to date with all training. However, training records did show that some training was in need of updating. Three staff were overdue moving and handling training and five staff were overdue Team Teach training which equips staff with techniques to handle behaviours that challenge. We were told that this had already been booked and all staff training would be up to date by the end of April 2016.

The home had a domestic kitchen and dining area which was clean and tidy. Weekly menus were decided on a Sunday evening. Staff sat with people who used the service and planned for the week ahead. Staff knew the people who used the service well and told us that from years of experience they have created good and bad food lists for each person. Family members have also been involved in this. Staff told us they kept copies of old menus both for ideas and to ensure variety. One staff member told us, "The variety of meals on the menu is really good."

Staff shopped for food every Monday morning. One person regularly helped with the food shopping. They told us, "I like to buy yogurt. I like chocolate the best."

The service has worked alongside a dietician and a speech and language therapist to ensure that those people with special dietary requirements or difficulty swallowing were correctly catered for. Food was fortified with full fat milk, butter and cream for those that needed a higher calorie diet to help maintain a healthy weight and people's food intake was recorded in their daily notes. We spoke to one of the staff who prepared food at the service and they explained how they had spent two weeks monitoring everything people had eaten to identify how each person responded to different foods and textures and then tailored food preparation to better suit individuals.

One family member told us, "They've cut the food budget. The cooks are quite innovative so people haven't suffered in respect of the food they've received." A member of staff told us, "The budget could be better. I think we do well with the amount we get. We buy the bargains and we make food from scratch."

All staff had undertaken Food Hygiene training and those staff who are in charge of food preparation do not provide personal care in the same shift to avoid any possibility of cross contamination.

We saw evidence that people had regular appointments with healthcare professionals such as psychiatrists, dentists and opticians. Each person also had a Hospital Passport. The aim of the hospital passport was to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

We spoke with an occupational therapist and a community nurse who both spoke highly of their interactions with the service. They said, "Darlington Road is a fabulous service, absolutely no problems at all. You can guarantee that the staff will always run with your advice but will challenge you if they disagree and say why" and "[registered manager] is very heavily involved with external health professionals and he has very confident staff. Because they work with people every day they will often know better than me whether a certain intervention will work for someone." A member of staff we spoke with gave us an example of this proactive attitude. They told us "I noticed that an epilepsy protocol wasn't working for [person's name] and I discussed it with [registered manager]. We went to the epilepsy nurse and had new protocols put in place."

Handover books were completed at the end of each shift and the handover included a full medicine stock count and a finance check.

When we looked around the service we found it to be clean and well decorated. People's bedrooms had been decorated to suit their individual personality and preferences. Rooms had been personalised with items such as fish tanks, light displays and a ball pool. One person had a basket ball hoop in his room because, although they could not throw the ball themselves they enjoyed the sound made when the ball bounced and staff would use the hoop to entertain them. A member of staff told us, "Everything is based around them, the rooms are all decorated in a way they like and the family have a lot of input."

We saw that one person's bedroom had been specially adapted so that they could be hoisted directly into the bathroom without needing to go out into the corridor. This person used to become particularly distressed when being hoisted a greater distance so this adaptation has improved things for them significantly. A 'Snoezelen' area had been created within the home that contained comfortable cushions and lights and we saw in people's daily notes that they regularly spent time there. Snoezlan is a multisensory environment designed to be both soothing and stimulating for people with autism and other developmental disabilities.

Is the service caring?

Our findings

One of the health professionals we spoke with told us, "There is a very high standard of care at Darlington Road, it is a lovely place to visit and I wish there were more like it. The staff are a pleasure to work with."

The people who used the service had complex care needs which meant they were not able to answer questions about their care, however, during our visit we saw staff interacting with people in a positive and caring way. Staff demonstrated excellent knowledge of the people they were caring for and were able to tell us in great detail about them, how they liked to spend their time and how they communicated. One member of staff told us, "It's brilliant here, the care that's given to each service user is top notch." Another member of staff told us, "Staff here really care for the people using the service. We try at all times to put them first and we do everything possible for them."

Relatives spoke very positively about the level of care delivered. One family member said, "I'm extremely happy with the care [person's name] is given. Staff work so hard and always suggest things that might improve things for [person's name]." Another family member told us, "The care is superb."

The service supported and encouraged regular contact with families. One person went to visit a relative every week and family members were also invited in to the service for meals or events such as carol services. We saw a letter of thanks from a family member who had been invited to have lunch with their relative on Mothers' Day. One family member described how they used to take their family member shopping but when they started to use a wheelchair that didn't fit in their car they thought they would no longer be able to enjoy this time together. Staff from the service have begun to take this person and their relative in to town using the minibus to enable this to continue. One member of staff told us, "The rapport with families is brilliant."

Staff demonstrated a dedication to the service and the people using it. Some staff members came in on their own time to do some gardening and one relative told us that a member of staff had come in on their day off to decorate one of the bedrooms, they said, "this just shows how kind they are."

Staff attitude was praised by both health professionals and relatives. One relative told us, "The staff are so friendly, I'm offered a cup of tea as soon as I get here." A community nurse said, "The staff are always friendly, I can walk in anytime and be made to feel welcome."

The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for. They told us about closing doors and curtains before providing personal care. One member of staff said "If you see a door that's closed you knock and you wait. People don't want you walking in on them getting changed." Another staff member said, "Dignity is a top priority, people here can't always tell you what they want so I have to think about what I would want if it was me." A family member told us that staff attend to their relative's personal care needs promptly, they said, "There is no problem with privacy and dignity. Staff attend to [person's name] straight away."

Despite the high level of needs amongst the people using the service staff still encouraged independence

where possible. We were told that one person had made their own corned beef pie with support from staff and chose their own lunch when helping with weekly shopping.

Staff told us they enjoyed their work. One member of staff told us "Overall it's brilliant, I love it here", another staff member told us "I've had a few different jobs before this but I've been here for quite a few years now, I really love my job."

There was information about advocacy displayed in the service. People all had a Relevant Person's Representative appointed as part of the DoLS process but a local advocacy service was used if required and one person who used the service did have their own named advocate.

One of the people who used the service had suffered a bereavement and was helped to understand and come to terms with what had happened by staff producing an easy to follow social story file with photographs and simple explanations.

The training matrix we were given showed that none of the staff had received end of life training. One member of staff we spoke with did say they had received some training in palliative care however this was not recorded on the matrix. At the time of our visit there were no people on an end of life pathway.

Is the service responsive?

Our findings

We identified gaps in some of the records which we looked at during our inspection and some confusion about where things were recorded and where documents were stored. Some people who needed to be weighed regularly had weights charts on their support file but these did not contain up to date information which made it appear that they had not been weighed for several months. Other people's files did not have this document on file at all. We saw that weights were being correctly recorded on the daily activity record on the days that people had gone to be weighed but this way of recording meant that any weight fluctuation could not be easily monitored.

Some documents on people's support plans had not been fully completed, whilst others had not been completed at all. We saw a document entitled 'This is How I Communicate' was left totally blank on one file. Another file contained a blank hospital grab sheet. We found that on one file the 'Customer Information Record' had not been fully completed as sections relating to medical history, funding/contractual arrangements and mental health information were all left blank. People had activities timetables on file but these were out of date and showed regular visits to a day centre that had been closed for several months.

We saw a sheet on one file that was for the recording of best interest decisions. This document had 'wheelchair restraints, reviewed 26 January 2016' written on it. We asked where the record of this best interest decision was and we were told that there was no best interest decision in place for wheelchair restraints for this person.

We saw that a one page profile in one person's file had been produced on 1 January 2013 there was no review of this recorded. We saw that daily activity support plans had no 'date implemented' recorded on them. This meant that we did not know if the information contained within these documents remained relevant. In another file there were a number of post-it notes attached to the support plan that seemed to be amendments to the document that had not yet been implemented. There was no date on these notes so it was not possible to say how long they had been there but there was a risk of them becoming detached and the changes not being made. In another support plan there was a record in place where staff were required to sign to say they had read and understood the plan. We found that this record had only been signed by six staff working at the service.

The first day of our inspection was on the first day of the month and we were told that a number of documents had already been archived. This meant that staff were not easily able to see records from the previous day. We discussed this with the registered manager who told us that between one and three months information was going to be kept within the live file going forward.

When we discussed the review of support plans with the registered manager we were told that the current policy was for care plans and risk assessments to be reviewed every three months but they told us, "that is just not possible, it's setting us up to fail." We were told that these reviews will now be undertaken every six months. It was difficult to tell from some of the records we saw when the plans were last reviewed. Some information had been crossed out or changed by hand on typed support plans showing evidence that

information had been reviewed and changes. Others had 'reviewed' written on them and a date but there was no record of any review discussion who was involved and what was considered.

The service was failing to maintain complete and accurate records in respect of each service user.

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

We looked at the support plans of three people using the service. There were daily support plans for each day of the week. This contained a very high level of detail and the information was person centred, being specifically tailored to each individual's care needs. Staff and management spoke enthusiastically about these plans and felt that they were a very positive aid in the delivery of person centred care. The information contained in the support plans matched the information given to us in discussions with staff and the care we observed throughout the inspection. Although the documents were very detailed some of the documents for later in the week merely stated 'see Monday', for ease of use the documents could be fully populated with the necessary information.

People had person centred reviews annually. We saw records of these meetings in people's support files. Reviews included input from key support staff and people's relatives. People were involved as much as possible. The meetings looked at what was important to the person now, what was working, what wasn't working and plans for the future. Action plans were produced following the person centred review and we saw evidence that these were acted upon. As part of their person centred review one person using the service had been appointed 'head gardener', we saw a file of photographs that had been put together for them which showed them planting seeds, weeding and watering the garden. We saw that staff had also put together pictorial boards for each person that showed what food they liked, what activities they enjoyed and what things were important to them.

People were involved in a variety of activities both inside and outside of the service. One family member told us, "I have to phone to see if [person's name] is in, they're always out and about."

Staff told us that one person liked to spend a lot of time on their computer and when this was in their room they were at risk of social isolation. A computer desk has now been set up in part of the communal area which means that they can still spend time doing what they enjoy. This person's relative told us, "Staff work so hard they are always suggesting ideas to improve things for [person's name] and [registered manager] encourages them. Moving the computer has really helped [person's name] to be more involved socially."

A health professional we spoke with told us, "the staff are very creative and there is always something going on." Staff had created a large papier mache deer that we were told was used in 'pat a deer' sessions. During these sessions people were involved in sticking things on to the model or just enjoyed the sensation of touching the different shapes and textures.

We saw a newsletter that contained an article, which had also appeared in the local press, about the decorations at the home on Halloween. The home and garden were full of decorations and displays that had been very popular with the local community. The registered manager told us, "we try to do everything on a massive scale, if we go over the top with everything then there is more chance that the people here will get something out of it. We do try our best at Christmas and Halloween."

We saw one person making a giant papier mache model that was to be used as a stage prop by a local theatre group. We were told that the service was involved in this project every year and we saw a copy of the programme for this year's production which gave special thanks to the person who had helped make the

props. I spoke to the person making the model and she told me she was good at sticking and that children would sing under her model. They were due to attend the production with another person from the service and their family members and were told by a member of staff that they were always excited to see their creations on stage. Two people were supported to attend a knit and natter class in the local community, the support plan for one of the people who did this stated that although they could not engage in the activity directly they found the sounds made by people's knitting needles to be very calming and they enjoyed the textures of the wool.

The service had a complaints policy in place. Each person had a copy of the easy read format complaints procedure in their room and on their support file. Staff told us it would be difficult for most people using the service to make a complaint but said they would speak up on their behalf if they felt there was an issue. One relative we spoke with told us, "I would know what to do if I had to but I've no complaints whatsoever and neither have the rest of the family." There had been no complaints received within the previous 12 months.

The service had a number of compliments on file in the form of cards and letters from family members. One letter from a relative described how staff had noticed a prescribing error in one person's medicine after they had been in hospital. This had been followed up with the pharmacy and then the hospital and had been subsequently corrected.

We asked how people's transition into the service was managed. We were told that the last person to move in used to visit the service as a day centre. One member of staff was charged with overseeing their transition and they visited them regularly and developed a plan for their move in to the service. This meant that the person was familiar with staff and the service making the move less stressful for them.

Is the service well-led?

Our findings

Although the registered manager was employed to work at the service on a full time basis, at the time of our inspection they were also managing two other services based several miles apart. Staff and family members all felt that this was an issue for the service.

One relative told us, "The manager spends a lot of time travelling to other services and with the best will in the world staff need somebody there to take responsibility. The staff are well trained and know what to do but I just think it's better if the manager's there." Another relative told us, "[registered manager] is brilliant, he always has been, but it's wrong that he has to go to other homes. He's given me his number and said I can call him anytime but he should be here really."

One member of staff we spoke with told us, "[registered manager] should be here all the time, we have seven people here with really complex needs and he really needs to be here. At the moment he's pulled from pillar to post" Another staff member said, "It can be difficult if we have a problem here and he's in a meeting at another service. Having a manager on site five days a week would make a big difference. When I first started there was a full time manager and a deputy."

The service did have a team coordinator but they were only at the service for half of the week and there were days when neither the registered manager nor the team coordinator would be on site. There were no senior support staff at the service. Instead each shift had a designated responsible person who was in charge of the shift and responsible for medication but they were not remunerated any differently for this.

We looked at the systems for monitoring the quality of the service. The registered manager told us that the registered provider's quality assessor comes out to conduct audits and that action plans are produced as a result of this. One of these checks was conducted in October 2015 and looked at the safety of the home however we did not see an action plan from this during our inspection.

The registered manager told us that medicine, finance and health and safety audits were done by staff. We saw that although medicines audits that had been completed weekly they had not picked up on the issues we had found. These had then been signed off by the registered manager. No audit was done of support plans other than the six monthly review that was completed by staff. We were told that the registered manager did a health and safety tour of the building on the days that he was there. He also carried out regular spot checks within the home however these had failed to identify the areas of concern we had found. The problems with medicines and records and had not been identified. There was a lack of managerial oversight and attention to detail regarding accurate records and the registered manager acknowledged that action needed to be taken to bring the records up to a satisfactory standard. They told us that since they have not been at the service on a full time basis they have not had sufficient time to undertake all the necessary quality assurance.

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

There had recently been an issue regarding the registered provider's decision to withdraw the minibus from the service. At the time of our inspection the service still had a minibus although there was some uncertainty about how long they would keep it. As people relied heavily on the minibus for many of the activities they took part in the loss of this transport was seen as an important issue by a number of families. Relatives were concerned about the impact this would have on people but were also unhappy with the way the situation had been communicated to them. One relative told us, "They called us in to a meeting and just told us they were taking the bus away. They presented it to us like it was our problem. Minutes were taken at the meeting but never distributed." Another relative said, "We had meetings in January but we're still none the wiser if the bus is going to stay or go." Staff we spoke with also expressed their concern regarding the uncertainty of this situation. One staff member said, "Not knowing if we'll keep the minibus is causing lot of stress, tension and unrest with everyone. Trying to get wheelchair accessible taxis is so hard."

The registered manager was described as friendly and approachable by staff and relatives. A relative told us, "[registered manager] will always listen to anything I have to say." The team coordinator told us, "I can go to him for anything I need help with. If he doesn't know the answer he will be straight on the phone to find it for me."

Staff told us that they were happy working in the home and the low staff turnover is good evidence of this. The staff we spoke with all said they felt the culture was open and honest and during our visit we saw good rapport between staff, people using the service and management. Staff said that they felt able to go to the registered manager to discuss things at any time. A member of staff told us, "There is definitely an open culture here, I go straight to [registered manager] if there are any problems. If they're not on site I'd go to [team coordinator]."

Health professionals and relatives spoke highly about the way the registered manager supports and empowers his staff team. An occupational therapist told us, "[registered manager] is very heavily involved with the home and with outside health professionals. The communication is really good. He is very supportive and as a result he has very confident staff." A family member told us, "[registered manager] encourages staff to have confidence in themselves, so I feel confident that staff would challenge anything they disagreed with."

The service had involvement with the local community. One person from the service was involved in a local theatre group and the service's own arts and crafts group had extended an invitation to people from other services in the area to join them.

Relatives were contacted regularly by the service with updates about their family members. They were also invited to regular meetings in the form of coffee mornings and welcomed in to the service at all times.

The registered provider did not undertake a staff survey but staff opinion was sought at monthly staff meetings. We saw minutes of these meetings that showed they were held regularly and discussed topics such as time sheets, hand washing, health and safety and the importance of regular fire checks. These meetings also included a 'round up' of information and updates regarding the people using the service. Staff we spoke with all felt that the meetings were useful to them. One member of staff told us, "Staff meetings are really beneficial. We use them to discuss any issues and trust me everyone has their say."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use the service were not protected against the risks of unsafe or ineffective care because medicines were not always stored correctly and medicine records were not always accurate.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who used the service were not protected against the risks of unsafe or ineffective care because the registered provider was failing to make sure that the premises and equipment used to deliver care and treatment were properly maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who use services and others were not protected against the risks of unsafe or ineffective care because of gaps in records and systems for monitoring the service that were not robust enough to identify errors or omissions.
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 18 HSCA RA Regulations 2014 Staffing

personal care

People who used the service were not protected against the risks of unsafe or ineffective care because staff were not receiving all of the appropriate support.