

Potensial Limited

Potensial Limited - 7-9 Park Road South

Inspection report

7-9 Park Road South
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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection was carried out on 17 and 23 July 2018. The first day of the inspection was unannounced.

7-9 Park Road South is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It is registered to provide support for up to 21 people. At the time of our inspection 17 people were living there.

7-9 Park Road South provides support to people who have a learning disability, some of whom also require support with their mental health. Situated close to Birkenhead town centre the home appears externally as a domestic property on a residential street. Originally a pair of semi-detached houses the building has been converted to make one larger house.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager has been in post since 2015.

The last inspection of the service was carried out in April 2016 and the service was rated good in all areas. During this inspection we found breaches in relation to Regulations 11 and 17 of the Health and Social Care Act 2008 (Regulated Activities). Regulations 2014.

This was because the provider had not ensured care and treatment was provided with the consent of the relevant person. It was not clear from records whether people's capacity to make important decisions had been assessed and what if any support they had received to make the decision and review it afterwards.

Although systems were in place for monitoring the effectiveness and quality of the service provided these were not always effective. For example, medication audits highlighted a concern with recording of medication and records showed that this did not improve following the audit process. Systems had also failed to note that not all care plan information was up to date or reviewed. In addition, audit systems had failed to identify that the home was not operating in line with current best practice guidance for supporting people with a learning disability. This includes Registering the Right Support.

You can see what action we told the provider to take at the back of the full version of the report.

In June 2017 CQC published Registering the Right Support. This along with associated good practice guidance sets out the values and standards of support expected for services supporting people with a

learning disability. At this inspection we assessed the service in line with this guidance.

7-9 Park Road South did not meet the values and principles of Registering the Right Support and associated guidance. Current good practice guidance encompasses the values of choice, independence, inclusion and living as ordinary a life as any citizen. The size, layout, staffing arrangements at 7-9 Park Road South meant that it does not feel or operate as people's home. Certain physical aspects to the building and staff practices felt institutional and detracted from a homely atmosphere. This included staff wearing disposable gloves for no identifiable reason and wearing bunches of keys around their neck. We also saw that the office was a hub within the home with staff and people living there spending a significant part of their time in or near to it. People who required support to learn or retain everyday living skills were not routinely provided with this support.

The registered manager had a good understanding of Deprivation of Liberty Safeguards and had applied for these where an assessment indicated it was in the person's best interests.

Polices were in place for safeguarding people from the risk of abuse and reporting any concerns that arose. People felt safe living there and staff knew what action to take if they felt people were at risk of abuse. A system was in place for raising concerns or complaints and people living at the home felt confident their concerns would be listened to and acted upon.

People received the support they needed to manage their physical and mental health needs. People's medication was generally safely managed and they received it on time and as prescribed. However, records of medication given to people were not always accurate, although the provider was aware of this record keeping in this area had not improved. In depth risk assessments to support people to manage their own medication had not been undertaken to establish if with support people could become more independent in this area.

Individual care plans were in place for everyone living at the home. The contents of these were varied. Some people had plans that provided clear guidance for staff to follow. Other care plans lacked clear guidance or where not available in all areas the person needed support. It was not always clear if people had understood and agreed to the contents of their plan and if this had been regularly reviewed with them.

Equipment and the building were monitored regularly to ensure they were safe. Where repairs or maintenance had been identified plans were in place for this. The registered manager was pro-active in acting on infection control issue identified during the inspection.

There was enough staff working at the home to meet people's assessed care needs. Systems were in place and followed to recruit staff and check they were suitable to work with people at risk of abuse or neglect.

Staff had received training to help them understand and meet the care needs of people living at the home. Staff told us that they felt supported and we saw that they had regular supervisions with senior staff.

People told us that they generally enjoyed the meals provided at the home. Where people required a special diet or support with their meal staff were aware of and provided this.

People who were fully independent had facilities for making snacks or a meal. Support was not routinely available for people who required staff support to learn or retain household skills including cooking and laundry skills.

People liked the staff team and staff knew people well. Staff took time to learn people's interests and hobbies and tried to arrange outings to support people with these.

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.

Records were securely maintained but were not always up to date or complete.

People's medication was generally well managed but records were not always completed.

Risks to people's safety were assessed and action taken to reduce the risk of these occurring. There were not enough staff available to support people in line with best practice guidance including Registering the Right Support.

Systems were in place and followed to check new staff were suitable to work with people who may be vulnerable.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Systems for assessing people's capacity to make important decisions and record this information were not robust.

People did not routinely receive support to learn and retain independent living skills.

The home did not meet the values that underpin Registering the Right Support.

Staff received training and support to understand and meet people's needs.

Requires Improvement ●

Is the service caring?

The service was not always caring.

The provider was not always following the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence, inclusion and enabling people to live as ordinary a life as any citizen.

Requires Improvement ●

People liked and trusted the staff team. They found staff approachable and kind.

Staff knew people well and tried to meet their social as well as their physical support needs.

Is the service responsive?

The service was not always responsive.

People were not always supported in line with best practice guidance. Support was not always available for people to spend their time as they chose and be involved in everyday living tasks.

Care records were incomplete and did not provide a complete overview of the care people required or received.

People felt confident to raise any concerns or complaints that they may have and were confident they would be dealt with.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Systems for quality assuring the service were not always effective at identifying and therefore improving the service people received. This included records and supporting people in line with current best practice guidance.

The registered manager was experienced and knowledgeable about people living at the home.

People living at the home and staff liked and trusted the registered manager.

Requires Improvement ●

Potensial Limited - 7-9 Park Road South

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 was carried out on 17 and 23 July 2018. An Adult Social Care (ASC) inspector carried out the inspection and the first day was unannounced.

Prior to our visit we looked at any information we had received about the home including any contact from people using the service or their relatives and any information sent to us by the home. This included the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also spoke to the local authority to ask them to share any relevant information they held about the home. This helped us to plan our inspection.

During the inspection we looked around the premises and met with many of the people living at the home, eight of whom we spoke individually with. We also spoke with six members of staff who held different roles within the home.

We spent time observing the day to day care and support provided to people, looked at a range of records including medication records, care records for four of the people living there, recruitment records for three members of staff and training records for all staff. We also looked at records relating to health and safety and quality assurance.

Is the service safe?

Our findings

Policies were in place for guiding staff on how to identify and report any safeguarding adult's concerns that arose. A policy was also in place to advise staff on whistleblowing. This is when staff report something that they believe is wrong in the workplace and is in the public interest. Staff had undertaken training in safeguarding adults and were aware of their role in identifying and reporting any concerns that arose. Records showed that safeguarding concerns that had been identified were appropriately reported.

Care plans contained risk assessments for people that looked at strategies for reducing the risks posed to them as individuals. Assessments of the environment had been undertaken with measures put into place or reported to reduce identified risks.

Records relating to people living at the home were secured either on password controlled computers or in a locked cabinet. The registered manager had a good awareness of the General Data Protection Regulations (GDPR) and was able to explain the changes she had made within the home to further secure people's private information. This had included reviewing all information on a notice board and removing any that could compromise people's right to confidentiality.

Radiators were not switched on at the time of our inspection as it was a hot day. Not all radiators were fitted with a cover, this meant a potential risk of burning for anyone who came into contact with them when on. The registered manager advised us that they were aware of this issue and had requested covers be fitted. A risk assessment dated February 2018 was in place and this identified the risk and the fact that covers were required. This work will need to be completed before the radiators are switched back on in order to reduce the risk of harm to people.

The home had a series of internal and external checks in place for the safety of the premises and equipment. This included checks of water temperatures, lighting, fire system, small electrical appliances and gas.

Information on how to support people in an emergency was available in the home. This included a fire evacuation plan and individual personal emergency evacuation plans (PEEPS) for people. A suitcase was available in the office containing PEEPS, a working mobile phone, torches, blankets and drinks. This was for use as a grab bag in an emergency and was regularly checked to ensure the contents were in working order.

The home was clean and tidy during our inspection. An internal infection control audit reviewed in July 2018 had not identified any concerns with infection control. We observed that staff had access to disposable gloves and liquid soap if needed.

The home has a main laundry room, on the first day of the inspection we saw that this was not organised in line with good practice guidance around handling laundry. We saw unwashed laundry placed on the floor and clean laundry stored in close proximity. This was a cross infection risk. We discussed this with the

registered manager who took action to re-organise the room. On the second day of the inspection we found the laundry to be more organised reducing the risk of cross infection.

People told us they got their medication on time. One person said, "Staff are in charge of your meds, they give them every morning." Another person told us, "Staff do them," with regards to their tablets. They said they were happy with this.

Risk assessments for people's medication had been completed. We found these lacked detail. One person's assessment concluded 'staff to administer all prescribed medication.' However, it did not state how this conclusion had been reached or whether consideration had been given to supporting the person to manage parts of their medication if they wished to do so.

Medication was stored in a cabinet in the main office with a small fridge available if needed. One of the people living there told us that staff either brought it to them or they went to the office and staff asked any of the other people living there to leave the office whilst they received their medication. We observed this practice during our inspection.

Clear guidelines were in place for staff to follow before giving someone medication prescribed 'as required.' Information leaflets about the different medications people took were readily available for staff to reference if required.

The majority of medication was provided in 'pods' by the pharmacy. We checked a sample of medication stored in pods and in boxes and found that these tallied with records indicating people had received their medication on time.

Staff had undertaken training in medication and a system was in place for observing medication administration practice. We looked at records of observation of practice for two staff and found that the last record of this was in 2016.

Regular audits of medication had been undertaken by senior staff. Recent examples of these identified a number of missing signatures on Medication Administration Records (MAR's). The audit stated that this would be discussed with individual staff. However, the audits did not show that this had resulted in significant improvements. For example, the 2 July 2018 audit showed 12 gaps on MARs and the 9 July 2018 audit showed 9 gaps in recording including a lack of recording of all of two people's medication on one date and time.

The registered manager explained that standard staffing levels for the home included three members of staff from 8 am to 9pm. Two members of staff awake from 9pm to 10 pm and then a waking night staff and a sleep-in night staff from 10pm to 8am. In addition, some people had agreed one-one hours and additional staff were provided to cover this. A maintenance person was available when requested from the provider organisation and a domestic worked at the home five days per week.

One of the people living at the home told us "Sometimes there is enough staff, they are always busy." Other people told us that they thought there were sufficient staff. A member of staff explained that if an outing was pre-arranged then the rota was adjusted so that sufficient staff were available.

The number of staff available to support people to become more independent and to live as ordinary a life as any citizen did not always meet good practice guidance as laid out in Registering the Right Support and associated guidance.

We looked at recruitment records for three members of staff. These showed us that staff had undergone an interview process and checks including obtaining a Disclosure and Barring Service check, references and identification had been carried out. References had been followed up to check they were accurate and the provider had a policy in place for renewing staff DBS checks every three years. These recruitment processes helped to ensure staff were suitable to work with people who may be vulnerable.

Is the service effective?

Our findings

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 be 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 or authorisations to deprive a person of their liberty were being met and found that DoLS application had been made appropriately. The registered manager had a good understanding of DoLS and explained how she had applied for an urgent DoLS for one person and had later applied for this to be removed when the person no longer required it.

People had a number of consent forms in their care files. This included forms for 'life saving measures and resuscitation,' and 'emergency first aid and treatment.' We saw that some people had signed these to state whether or not they consented to being given treatment if they were seriously unwell. Some of the forms we saw had not been dated, others had not been signed by staff as a witness. There was no explanation on the forms as to whether the person's capacity to make the decision had been undertaken or how it had been explained to them. We saw no evidence that people's decisions had been reviewed with them. For example, one form we looked at had been signed in September 2015.

This meant that people were making potentially life altering decisions that staff and medical professionals may rely on without evidence the person understood and agreed with their decision. A senior manager from the organisation told us that they intended to review the use and wording of these forms.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because the provider had not ensured care and treatment was provided with the consent of the relevant person.

People who required an independent advocate to speak with or for them had been supported to access local advocacy services.

Some people told us that if they had the skills to do so they were able to make themselves a drink or snack. One person said, "I have got my own kettle," and explained they bought their own snacks and had a fridge in one of the smaller kitchens to store them. Other people told us that they would like to be more involved in

the cooking of their meals. One person told us, "I can cook, I would like to."

The home had a small kitchen on the middle floor that was equipped with a kettle, fridge and toaster. This had some food and drink items in it that people had bought. A second small kitchen on the upper floor had a cooker and fridge.

A main kitchen was located on the ground floor. People told us that staff did most of the meal preparation. Their comments included, "They do the shopping.", "Staff cook the tea," and "Staff go mostly and organise it. People can go with them."

Although some people told us that they went shopping with staff or on their own for items of food we did not see any evidence that people who lacked these skills or needed support with them were supported to become more independent. The registered manager explained that if able to people could make meals or drinks but there were insufficient staff to support people to make their own meals in the smaller kitchens. She also explained that often people preferred to eat the main meals prepared in the main kitchen. This meant that the provider was not always following the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion and enabling people to live as ordinary a life as any citizen.

People were generally complimentary about the meals, one person said, "Food is lovely but cold, they have that many to do. If you ask they put it in the microwave but you don't like to ask all the time." Another person told us "I like the pie. It always lovely and warm." Staff were aware of people who needed extra support to eat their meals, for example a softer diet or help with cutting meals up and we saw that this help was provided.

Some of the people living at 7-9 Park Road South had moved there on an emergency or temporary basis. Five of the people living there on the first day of the inspection had firm plans in place to move to smaller accommodation within the next few days or months.

For people who had lived at the home for a longer period of time this was considered their long-term home and no plans were in place to support them to look at moving into smaller accommodation. This meant that the provider was not following the values that underpin Registering the Right Support and other best practice guidance.

Externally the home appears as a pair of semi-detached houses on a residential street. Internally the building has been adapted to become one care home. The ground floor provides four single bedrooms for people which can be used by people with mobility difficulties. It also includes a main kitchen, laundry room, large office, lounge, dining room and conservatory.

Upstairs the first floor has a small unit described by staff as 'the female side'. This provides bathing facilities, single bedrooms and a small kitchen which contains a fridge, kettle and toaster. The kitchen also had a sofa and a very small television high on the wall. Although this did not present as a comfortable place to spend time the provider told us that people living in this part of the building had been involved in choosing the décor and furnishings. This part of the first floor is kept locked with access via a fob. People living there have their own fob. Elsewhere on the first floor referred to by staff as 'the male side' there are bedrooms and bathroom facilities. People living there used the main kitchen, laundry and lounge downstairs.

The top floor was described by the registered manager as for people who are more independent. She explained this is both because it is accessed via quite steep staircases and it has a kitchen and a lounge.

However, the unit is not funded to have a separate staff team so people can only make use of the facilities if they can do so independently.

Although in the local community the building and the way in which the care home operates does not meet the principles laid out in Registering the Right Support. This is both because it accommodates a large group of people and because the layout and way in which it operates makes it more difficult to promote choice and independence and a sense that people are living in their own home. During the two days of our inspection the hub of the home appeared to be the office with staff in and out and senior staff working in there a lot of the time. People living at the home also spent a lot of time in, around or visiting the main office. This gave the service an institutional feeling with the office as the hub of the home and the staff team as the centre of attention for people living there.

People told us that prior to moving into the home a member of staff met with them and with people relevant to them and carried out an assessment of their needs. Assessments had been completed before people moved into the home which helped staff plan how to meet the person's support and care needs.

One person told us that the optician visited them at home. People also told us that if they were unwell staff arranged for them to see their GP and went with them to appointments if needed. Records showed that people had been supported to access health professionals as needed. This included the GP, optician and dentist. Specific care plans were in place for people's individual health care needs and contained sufficient information to guide staff on how to meet these.

Staff told us that they received the training and support they needed to carry out their role. One member of staff explained, "The training is good, you get regular training. The training does help, it makes me more confident."

The provider has a training department that organises training for staff including on-line and face-face training. Records showed that staff had received training in a variety of subjects suitable to their role. This had included training in food safety, first aid, safeguarding vulnerable adults and understanding the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Each member of staff had their own log in for training and when a course was due for renewal both the member of staff and their manager were alerted so that it could be undertaken in a timely manner. A training plan was in place for the forthcoming year with training requests for staff including training in learning disability, anxiety and depression and record keeping all requested.

Staff had one to one supervision with a senior member of staff. This provided staff and their manager with the opportunity to discuss their role, any concerns they may have and their training needs. In addition, records showed that an annual appraisal had been booked for all staff in September 2018.

Is the service caring?

Our findings

The provider was not always following the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence, inclusion and enabling people to live as ordinary a life as any citizen.

People living at the home had differing views regarding how they were supported to be independent. We found that where people had independent living skills then these were not always supported. For example, one person told us they looked after their own money and health appointments. Another person went to the local shops independently on a daily basis. However, we did not see any evidence that people were routinely encouraged to learn new life skills or maintain everyday household skills such as cooking or washing. One person told us, "I have been delayed in my life skills like cooking," and added "They haven't given me the code for the main kitchen or laundry."

We found that the way in which the home operated did not always promote people's independence. The use of a main kitchen for preparing and cooking meals meant that in practice these tasks were generally carried out by staff. The use of a main laundry room with industrial machines did not enable people to learn to manage their laundry as needed.

One person told us, "We have wash days," another person's plan stated that they generally did their laundry on a Friday. A list in the laundry room detailed which days of the week people washed their clothes. This is an institutional practice based around the facilities available and does not promote people learning life skills.

Some of the people living at the home had arrangements in place for moving out. One person explained, "I am moving to a smaller place soon. I don't like big places." Other people considered 7-9 Park Road South to be their long-term home.

We did not see consistent information in people's care plans to show that they were being supported to learn lifestyle skills whilst staying at the home. For example, we were told most people liked to use the main lounge areas and have meals from the main kitchen. We were told that this was people's choice but found that the way in which the home operated did not promote independent living but provided a service that met people's current day to day needs.

During our inspection the office was the hub of the home and we saw that people living there spent a large amount of time in or around the office. Care staff also used this office a lot as people's medication and money was stored in there.

Care staff wore gloves when supporting people with their medication. However, they kept these on when signing records, opening doors and carrying out other tasks. This gave a clinical feel to the home and did not

appear effective or necessary as an infection control tool.

Some of the people living at the home had a key to their bedroom door and a fob to enter the part of the home they lived in which was good practice. We observed that staff wore a set of keys around their neck. We discussed this with a senior manager who explained that staff needed these keys and it was considered a safe way to carry them as they were on a 'break free' lanyard. The registered manager told us that small bags were available for staff to use but they often preferred to wear the keys on a lanyard. We found this practice institutional and not in keeping with good practice guidance. The wearing of keys differentiated between staff and the people whose home it was and could be seen as a sign of authority, creating an institutional rather than homely appearance within the home.

People's involvement in the running of their home and decision making was limited. We were told that one person had signed an agreement to help them manage their cigarettes. However, this could not be located during the inspection. Records showed that on one occasion the person had indicated several times they did not wish to follow their agreement. Rather than acknowledging the person's right to change their mind the member of staff had repeated to them that they had an agreement in place. This is concerning as the agreement could not be located. We therefore could not establish when the person had last given their consent and what guidelines were in place for staff to follow, especially if the person withdrew their agreement.

Care plans did not contain consistent information about involving people regarding the contents. Some of the information within people's care plans had last been dated in 2015 and there was no information to evidence it had been discussed with the person on a regular basis. The home did hold regular service user meetings. The manager told us that people living there did not particularly wish to attend or contribute to these. Different ways of obtaining people's views should be explored to provide people with as much opportunity as possible to be independent in planning their own lifestyle and support needs.

People who lived at 7-9 Park Road South were generally positive about the staff who supported them and about living there. One person said about the staff team, "Fantastic, you couldn't ask for nicer people. Nothing is too much for them. You have a laugh with them." Other comments we received about staff included, "You have a laugh and a joke with them," and "I like the staff." One of the people who had lived there for a long time told us, "I love it here." A member of staff echoed this saying "I love it, I like putting a smile on someone's face."

We saw throughout the inspection that staff and people living at the home had generally built good relationships. They spoke warmly about each other and we saw that people living there actively sought staff company.

Staff had a good knowledge of people and were thoughtful in planning events for them which they knew they would enjoy. People told us that they could have visitors at any reasonable time of the day and we saw that people's relatives were made welcome when they visited.

People told us that their privacy was respected. One person explained, "Nobody can get in your room. Staff knock and wait." A second person told us, "Everything you say is private." We observed that staff always knocked on peoples' doors before entering their bedroom. For example, we asked a member of staff to let someone know we were available to talk to. They knocked on the person's door several times, giving them time to answer and requested from the person if they did not want to open the door they shout out to let them know they were okay. We also saw that staff made sure any private conversations with people were held behind closed doors.

Is the service responsive?

Our findings

Individual care plans were in place for the people living at 7-9 Park Road South. These were mainly held on a computer system with some paper information also available. We found the contents of people's care plans varied. There was detailed information in some care plans regarding the support people needed with their health and personal care. One person's care plan contained a completed section listing the things that were important to them. We observed throughout our inspection that staff were aware of this and supported the person in line with their plan.

Other care plans lacked detail or evidence that the person had been consulted and agreed to their plan. We were told one person had a smoking agreement in place and saw this referred to in their care plan. However, the agreement itself could not be located and the person had not signed their care plan to show they agreed with it. Care plans did not always fully reflect the support provided to people. One person told us they were moving out soon and this was confirmed by staff. We did not see a care plan in place to record the support being offered to the person to prepare for this move.

People received support to take part in activities that they enjoyed. One person told us, "I go out with staff, shopping, clothes." Another person explained, "I go to the Wednesday club. Went park yesterday with staff." A third person had just been to London on holiday and told us this had been, "Superb".

Staff were aware of the things people liked to do. We found that people were supported to arrange outings and holidays to places they enjoyed. For example, staff had supported one person to attend a pop concert and another person to buy tickets for forthcoming concerts. People went on holidays to places they were interested in.

A member of staff told us that they pre-planned days out so there were sufficient staff available and explained some of the things they were looking into for people with regards to the person's hobbies.

Support to engage in everyday living tasks was not consistent within the home. People who were independent with shopping for household goods or carrying out household tasks could generally do so. Support to learn or improve these skills was not always available. We asked one person if they were able to do their own laundry and they explained, "We can do our own but they do it. I would like to do my own washing, you have to ask for the iron but sometimes they are too busy." Another person explained, "I do my own washing in the laundry room. They have a dryer too." A third person commented, "I am bored still, that's the only thing that's wrong."

Due to the layout within the home and the number of staff available to support people throughout the day; support for people to become more independent and to live as ordinary a life as any citizen did not always meet the guidance laid out in Registering the Right Support and associated guidance.

Information provided at the home was not always made available in a format that people could easily access and understand. For example, we heard one person ask what was for lunch. A member of staff told us that the menu was displayed in the dining room. We checked this and saw that it was a curled piece of paper pinned to the top of a notice board. The information it contained was not visible without taking the menu down. We did see staff taking time to talk with people and communicate with them in a way the person understood and preferred.

People said they could make the choices they wished to make in their everyday lives. One person told us, "More or less do what you want. They don't stop you doing anything." We saw that people decided for themselves how to spend their time at home and people who were independent went out and about as they chose. Staff were aware of and respected people's choices with regards to the times they got up and went to bed and how they spent their time at home.

One person told us that if they were upset about anything they would tell the registered manager they said, "She would fix it."

Another person raised concerns with us. With the person's consent we passed these concerns to the area manager and asked her to speak with the person about them. The person was confident that they would be listened to and the area manager would deal with their concerns.

A complaints policy was available that provided information on how to raise a complaint and how it would be dealt with. No formal complaints had been received by the home since our last inspection. The registered manager explained that they tried to deal with any concerns informally before they were escalated. People were also asked if they had any complaints or concerns as part of the service user meetings which took place.

Is the service well-led?

Our findings

The home had an experienced registered manager who had been in post since November 2011. A member of staff told us, "The manager is very good. If you are not sure she will help." People living at the home knew who the registered manager was and told us they felt comfortable talking with her or approaching her.

Systems were in place to ensure the quality of the service provided at 7-9 Park Road South, however these had not always been effective. Quality assurance systems had failed to highlight the issues identified during the inspection, including not promoting the values of Registering the Right Support by promoting people's rights and choices, supporting them to become more independent and enabling people to live as ordinary a life as any citizen. This includes the size of the care home and fact it operated as one building. The majority of people eating meals canteen style in the dining room and household tasks generally carried out by staff and the office being a central hub to the home. People's opportunities to learn or retain life skills were limited by the lack of facilities and staff available to support them.

Audits of medication had highlighted a number of missing signatures on medication Administration Records (MARs). Although these had been highlighted no improvement in the number of missing signatures was apparent. This meant that the quality assurance tool had not been effective at improving the systems in use for recording medications.

The provider had a system in place whereby a senior manager from another service within the organisation undertook a visit to the service and completed a 'service feedback form.' The form asked, 'Did service users look happy and cared for. How would you rate the quality of support and interaction witnessed.' We looked at forms for the previous four months, none contained any information about discussions with people. One form stated, 'no service user's around when I was in the office.' We discussed this with a senior manager from the organisation who told us that this was not the purpose of the form and plans were in progress for a person supported by the organisation to take part on the monthly visits to gain their views of living there. In not putting the voice of people living at the service at the heart of visits by senior managers to the person's home the registered provider was not meeting the principles of 'Registering the Right Support' including listening to people's voice and inclusion.

Not all of the records we looked at were completed or up to date. We found that some information required as part of people's care planning was not available. This included a smoking agreement one person had signed that could not be located by staff.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because the provider's systems were not always effective at monitoring and improving the service people received and records were not always up to date.

A senior manager acting on behalf of the provider visited the home and carried out an audit providing a

report and action plan if needed. We saw that these had been completed regularly and actions plans put into place as identified.

The provider had notified the Care Quality Commission (CQC) of all incidents that had occurred in the home in accordance with our statutory requirements. This meant that CQC were able to accurately monitor information and risks regarding 7-9 Park Road South.

Ratings from the last inspection were displayed within the home and on the provider's website as required. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not ensured care and treatment was provided with the consent of the relevant person.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems were not always effective at monitoring and improving the service people received and records were not always up to date.