

Royal Mencap Society

Royal Mencap Society - 2 Conroy Close

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 30 January and 03 February 2016. We let the provider know we were coming as we needed to be sure people would be in. The service was last inspected in September 2014 and it was meeting all the regulations in force at that time.

2 Conroy Close is a purpose built service. The service is registered to support people with a learning disability. It does not provide nursing care. There were 6 people living there at the time of this inspection.

The service had a registered manager who had been in post since 2012. 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.

Staff had been trained to recognise and respond to any safeguarding issues although for some staff this training had been over four years ago. Staff knowledge and understanding of safeguarding was good. The service acted appropriately in reporting such issues to the local safeguarding adults unit although they had not notified the Commission in relation to safeguarding concerns and absence of the manager. We will write to the provider about this. People told us they felt safe when their support workers were providing them with support.

Risks to people were assessed, and risk assessments gave sufficient information to ensure that people could be supported safely by staff. These were not always reviewed consistently. Some accidents and incidents were recorded but these had not been recorded consistently or analysed by the registered manager, to see if any lessons could be learned. Plans were in place to keep people safe in the event of an emergency.

There were a large amount of staff vacancies which resulted in daily use of agency staff, although regular and consistent staff from the agency were used. There were currently 200 hours per week vacancies that required recruiting too. Staff files showed that recruitment was professional and robust to ensure suitable applicants were employed.

Medicine administration was managed and carried out appropriately although not all staff had received recent training. Medicine storage was safe and appropriate.

Staff had received some training to enable them to meet people's needs but this needed reviewing and updating as there were gaps in various areas. Staff were also observed by management carrying out tasks such as medicine administration and moving and handling and these checks were recorded. Staff had supervision and annual appraisal although this was not as frequent as the providers own policy seen during the inspection stated. Records of supervision did not always demonstrate two way conversations between staff and the registered manager. People told us they felt staff had the skills they needed.

People were asked to give their consent to their care. Where people were not able to give informed consent, their rights under the Mental Capacity Act 2005 were monitored. Staff knowledge of mental capacity and deprivation of liberty was inconsistent.

People were supported with their nutritional needs and with their general health needs.

People and their families gave us positive feedback about the service and all were very happy with the care and support they received. People told us that staff were caring and knew them well. Relatives felt that their family members were cared for very well and were happy with all aspects of their care with the only issue raised being the staff vacancies and use of agency staff.

Care plans were clear and detailed, and reflected people's preferences. They were extremely personalised and demonstrated the person and families input. Some reviews and updates needed to be recorded more clearly within the documentation being used.

The environment was in good condition with only some minor repairs and redecoration required. Infection control was well managed and staff demonstrated an understanding of ways to minimise the risk of infection. However, we did find excessive hot water temperatures recorded for three taps, and a lack of action taken being clear in documentation. We could not find recent records of legionella testing in the house. We raised this with the registered manager during the inspection and they updated us that action was taken to address these issues two days after the inspection.

There was regular engagement with families for both individual input to the person's support as well as development of the service. A residents, families and professionals day had been held in order to gain feedback on what the service did well and the improvements that were required.

The registered manager was open to improvements needed to the service. There were some systems in place to monitor the performance of the service but these were not being used in order to be effective or result in improvements across all areas of the service provided. People told us they felt they were listened to.

We found breaches of the Health and Social Care Act (Regulated Activities) Regulations 2010 in relation to safe care and treatment, staffing and good governance.

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

Safeguarding procedures had been followed and staff showed a good understanding of safeguarding principles and processes.

Risks to people receiving a service were sufficiently assessed to ensure steps were taken to keep people safe from harm although it was not always clear when these had been updated or reviewed.

There was high use of agency staff and staffing levels had been having an impact on staff morale and activity levels in the service.

People received appropriate support to take their medicines safely.

Requires Improvement ●

Is the service effective?

The service was not fully effective.

Staff had not been given the training they needed to meet people's needs effectively.

Staff were not always given support to carry out their duties by means of regular supervision.

People's rights under the Mental Capacity Act 2005 were respected but staff understanding needed development.

People's health needs were assessed and met.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us their care workers were kind and caring, and treated them with respect.

People's privacy and dignity was respected and protected.

Good ●

Is the service responsive?

Good ●

The service was responsive.

People were involved in assessing their needs and in deciding how they wanted those needs to be met.

People's care was person-centred.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

There were some informal systems in place to capture the views of people, their relatives and staff, but these were not always recorded and people were not always clear on how these were used to direct improvement of the service.

There were systems to monitor the quality of the service but these were not being used effectively.

People and relatives felt listened to. All felt the registered manager was good.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was announced and took place on 30 January and 03 February 2016. We contacted the provider 24 hours before we visited as we needed to be sure that someone would be in.

The inspection team was made up of one adult social care inspector.

We reviewed the information we held about the service prior to our inspection. This included the notifications we had received from the provider about significant issues such as safeguarding, deaths and serious injuries the provider is legally obliged to send us within required timescales.

We contacted other agencies such as local authorities to gain their experiences of the service. No concerns were shared with us prior to the inspection.

We spoke with the registered manager, four support workers and one agency worker. We spoke with three people who used the service and three relatives. We reviewed a sample of two people's care records; three staff personnel files; three medication records; supervision records for three staff; training records for seven staff; and other records relating to the management of the service including maintenance, audits, policies and procedures and governance.

We looked at all areas of the home including the lounge, dining room, kitchen, laundry room, bathrooms and with permission, some people's bedrooms.

Is the service safe?

Our findings

People told us they felt safe with their support workers. People's comments included, "Yes I feel safe. They look after me", "I don't always feel safe but if I am poorly they look after me" and "I do feel safe. They are kind to you". Relatives comments included, "Oh yes, absolutely safe. They are brilliant, I am really pleased", "I am sure they are safe" and "Yes they are very safe, no problem at all".

We looked at how people who used the service were protected from harm or abuse. There was a safeguarding policy in place which had last been reviewed in 2013. The registered manager and staff we spoke with had a good understanding of what constituted abuse and the actions they should take. All the staff we spoke with were aware of the local safeguarding procedures and ways they could escalate any concerns they had.

We examined the safeguarding records held. There was only one safeguarding form that had been completed since our last inspection. This incident had been raised with the local authority but had not been notified to the Care Quality Commission. However, records seen and confirmation from staff demonstrated that the service had acted promptly in responding to the risks identified. There was a current safeguarding investigation under way and the registered manager was actively engaging with the process. As a result of the on-going safeguarding investigation the registered manager had made improvements to some systems which demonstrated that they had reviewed and learnt from the safeguarding incident.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2014.

Safeguarding awareness was included as part of the induction for new staff. Not all staff had been subject to recent safeguarding training. Training records we looked at confirmed that four of the seven staff were overdue for safeguarding training.

There was a separate 'whistle blowing' policy, requiring staff to report any bad practice. When we discussed this with staff they were fully aware of their responsibilities and all said they would report to the registered manager if they had any concerns. Most told us they felt confident that the registered manager would take the appropriate action.

Risks to people such as personal care, mobility, medication and tissue viability were recorded within their care plan files. The risk assessments were thorough and detailed and gave staff information about the processes to follow to de-escalate or reduce risk in some cases. Sections included the benefits and risks of the activity or support, what could go wrong, what actions could be taken, if others were at risk of harm, an assessment of safety and any temporary changes that might impact on the risk.

We noted that any updates or changes had been written on the typed document in pen, and although they were dated, they were sometimes difficult to follow. For example, in one file we found that a risk assessment for mobility and walking noted at the bottom of the page that the person was no longer independently mobile. The body of the risk assessment had not been updated to reflect this and it may not have been clear

to anyone using the risk assessment to guide their care and support actions. It was also difficult to ascertain when some of the risk assessments had last been reviewed and this was inconsistent across the files we looked at. Some had been reviewed recently and others appeared to have not been reviewed since October 2014 or January 2015. In one file this included the fire risk assessment, where a change from needing one person to two people to support the person to evacuate the building was scribbled down the side of the page. The body of the risk assessment did not reflect this change. This may have resulted in staff not being able to access accurate information when evacuating the building in an emergency.

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

We asked to look at the records of accidents and incidents that had occurred in the service. Initially there was some confusion about where these were recorded. After being unable to locate any written records, some time later, the registered manager showed us the online system that was used to record accidents. There was one completed form accident/incident form on the system. This related to the same safeguarding incident as seen in the safeguarding records. We also found a safeguarding form which was not dated and recorded that a bottle of Oramorph (a morphine based painkiller) was missing. There was no record of any action taken. We also saw an entry in the staff communication book which noted that a staff member had accidentally administered the incorrect medication. It noted that '111 had been informed' and there was 'no further action required'. However this was not recorded anywhere else as an incident and it was unclear if full consideration had been given to the cause of these incidents and ways to minimise future risk. The registered manager told us that the electronic records were submitted to head office but there was not routinely any regular analysis of incidents within the service. Staff knowledge of where forms were stored and what process should be followed when there was an incident was inconsistent.

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

Much of the feedback we received from staff, people who used the service and relatives was related to the shortage of staff and high use of agency staff. Comments included; "We use agency every day", "The agency staff have all been before so they know people's routines", "We use a lot of agency and there has been times where we have needed to work alone", "There are staffing issues. You can't leave if no-one comes on shift and sometimes you feel obliged to pick up hours", "I would say yes there is enough. The agency are alright", "There are some difficult periods when they are short of staff but regardless of that my relative is always cared for", "I do think they are short staffed but my relative is still being looked after" and "There are not enough staff sometimes but I have no concerns about their needs being met". All the feedback was consistent and recognised that there were staff shortages but this was not impacting on the basic care that people were receiving and was mainly impacting on going out and activities as well as staff morale.

The registered manager told us that staffing levels were decided according to the needs of people using the service. People were supported 24 hours per day. There was a small team of permanent staff and the registered manager confirmed that there were currently vacancies amounting to almost 200 hours cover per week. Some of these vacancies had been in place for nine months. There was daily use of agency staff. This was currently managed through trying to ensure there was consistent use of the same agency staff so that they knew people in the service and their needs well. The registered manager explained that the wider provider organisation was trying to recruit on an on-going basis but this had yet to result in filling the vacancies.

We looked at rotas for the five weeks following the inspection and the three weeks before the inspection. We

found that there were between two and three staff working at all times. There was agency use recorded for a large amount of shifts (sometimes up to 11 shifts in the week). However this was usually the same staff picking up regular shifts meaning that the staff team was reasonably consistent despite the high use of agency. We discussed this with the registered manager who explained that they had been monitoring this closely since they had returned to work. They explained that they were continuing to recruit and this was seen as a priority in order to ensure that the impact for people living at the service was minimised. Staff felt the situation was impacting on their morale but understood that there had been challenges in recruiting staff.

The service had systems in place to make sure only suitable applicants were employed to work with people who may be vulnerable. These included checks of identity, any criminal convictions and work permits; taking up references from recent employers and asking for a full employment history. Interviews were recorded in good detail. We did find some inconsistencies in one staff member's file which included no proper record of education and qualifications and a gap in employment history of the five years prior to commencing employment with the provider. There was no written record of the reason for the gap. The references for the person only confirmed the dates of employment and did not give any further detail. When we spoke with the staff member they explained that they had been abroad and that this had been discussed with the registered manager. However this was not clearly recorded anywhere on the file which meant it was unclear if this had been considered during the recruitment process.

There was a 'fire file' in place in the service. Personal Emergency Evacuation Plans (PEEPs) were in place for everyone using the service. These were detailed and up to date according to people's individual needs. A file of checks relating to fire safety was also looked at. Six monthly servicing of the fire alarm and emergency lights was recorded once for 2015. Weekly fire alarm testing and checks of fire extinguishers was recorded inconsistently and on average had been done once or twice each month for the last four months. A workplace fire practice evacuation record showed this had last been done in October 2015. An online audit showed that there was a fire risk assessment in place which had been written in October 2015.

We looked at some of the other health and safety checks carried out in the service. We found that the cold and hot water temperatures were regularly tested and recorded. However, these records showed that there had been measurements of hot water temperatures in three sinks in the service that were consistently high (between 51 and 65 degrees, compared to 39 to 41 degrees which would be considered a safe range). Although these sinks were not in people's bedrooms and were located in the kitchen and laundry room, these areas were accessible to people and therefore posed a scalding risk. We could not find any record of actions taken to rectify this problem despite this having been recorded as an issue for three weeks prior to our inspection. We raised this with the registered manager. Action was taken to report the issue immediately and the registered manager informed us within 48 hours of the inspection that a maintenance visit had been carried out to replace the thermostatic valves, ensuring that these temperatures were now in a normal range.

We saw in records that checks were in place for gas safety, electrical installation, fire safety systems and equipment. During the inspection we could not find a recent check of legionella but the registered manager provided us with the relevant documentation within 48 hours of the inspection. All other expected checks were in place and up to date.

We checked the management of medicines. People received their medicines in a safe way. All medicines were appropriately stored and secured. We checked the stocks of medicines for three people and found these tallied accurately with the medicines records. The medicines were stored securely and where appropriate they were dated. Medicines records were detailed and accurate and supported the safe

administration of medicines. Where one person was prescribed medicine on an 'as and when required' basis, the medicine file included detailed information about when the medicine should be used and other alternative actions staff could take before administering. Staff we spoke with told us they were trained in handling medicines and training records confirmed that all staff had received training.

Medicines were given as prescribed and at the correct time. A staff member told us medicines were given on an individual basis at the times required rather than as part of a medicines round to ensure that medicines administration met people's individual needs. We observed three people being supported with their medicines and this was mostly done in a respectful and caring way. One person had a preference for receiving their tablets within yoghurt. They told us this was their preference. Another also preferred this method although it was unclear from records whether this was their own preference or something that had been decided for them as they were unable to verbally communicate with us. One person told us "I get my tablets every day". Another said "Staff support me. The tablets are in my cupboard, they always come in at 8 o'clock and they give me the right tablets".

During the inspection we looked round all the communal areas of the service and with permission, some people's bedrooms. The communal areas were well appointed. One person told us "My room is okay. I chose the colours". Another person told us "I like my bedroom. I have my own things". There were some areas that were in need of some minor improvements following some replacement sinks being installed and a leak that had affected the ceiling in several rooms. The registered manager was already aware of these and showed us records that supported that these repair works were due to be completed in the coming weeks.

All the communal areas were clean, as were the toilets and bathrooms. We noted that not all the bathrooms had foot operated bins which may have posed an infection control risk. We discussed this with the registered manager and they confirmed to us within 48 hours of the inspection that new bins had been ordered. The registered manager explained that the cleaning was the responsibility of care staff. Although there was no clear rota of jobs to complete, staff explained that they cleaned as they discovered it was required and this worked well.

Is the service effective?

Our findings

We spoke with people who used the service and they told us that despite there being staff shortages there was a consistent staff team and that people knew them well. One person told us "If I am poorly then the staff look after me". Another said "There are always staff available to help me". Relative's comments included "They definitely know my relative very well and have known them a long time", "Some of the new ones are still learning but I trust them" and "Most of the agency staff seem pleasant and helpful".

Three members of staff we spoke with told us about some of the training they had completed although some of this training had been provided through alternative employment or was some time ago. We asked the registered manager for a copy of the training matrix for staff. The registered manager was unable to provide us with an overview of the training completed by the staff team. They provided us with individual training records for seven staff after the inspection. We also looked at four separate training files for each member of staff. These showed that there was some training completed by staff but this was inconsistent and the majority was from between three and seven years prior to the inspection. The seven training records provided to us after the inspection showed that a range of training which had been completed but a large amount was either not completed or was due for refreshing for the seven people included. This included first aid, fire safety, food hygiene, manual handling, medicine administration and safeguarding. There was no record of other training such as mental capacity, or deprivation of liberty or any service specific training such as challenging behaviour although some staff had completed dementia training in 2010.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Act 2014.

We did see multiple records in several files of observations and checks that had been carried out by the registered manager with staff relating to medicine administration, moving and handling and dealing with finances as well as a safeguarding quiz which staff had completed. The registered manager told us they had also delivered end of life and bereavement training to all staff although this was not recorded anywhere.

Not all the staff files we looked at included any kind of induction record although the newer member of staff's file included a 'New starter checklist' and another included a record of the staff member having completed safeguarding, first aid, fire safety and medication training as part of their induction. Staff we spoke with told us that training was included and some shadowing was also included in the induction process. This ensured that staff had the basic knowledge needed to begin work. Agency staff also told us that they were given the chance to read care plans and speak with experienced staff about the care they were delivering, as well as receiving appropriate training from the agency.

The organisation's policy we were provided with during the inspection regarding supervision and appraisal of staff included guidance that these should be carried out six times per year. When we looked in staff files we found that these had been carried out on average three times in the last year. Most forms had been completed by the registered manager rather than the staff member themselves and some were very repetitive over time. We saw that subjects discussed included training, people who used the service and health and safety. When we spoke with staff they felt these were useful discussions and they told us they felt

able to raise things during these meetings with the registered manager. The registered manager felt that these were a good opportunity to speak with staff about their performance and any professional development. However, we did see that in at least two staff records, the same training had been requested on several occasions by more than one member of staff but had not yet been facilitated. We spoke with the registered manager about supervision and they told us they were looking at how to develop this further and ensure that staff took a lead role in leading those discussions. Appraisals had been undertaken and these looked at staff member's performance over the previous year as well as identifying areas for improvement over the coming year.

Most staff we spoke with told us they felt communication was effective. They said that everyone knew what they needed to do on each shift and that this was primarily based on the needs of each individual. One staff member commented "We have an informal handover where we share information about how people have been and any problems. It is really useful". There was also a communication book used. We looked at the communication book which was used effectively to ensure that all staff were kept up to date with any changes. We noted that some issues noted in the communication book should have also been recorded elsewhere, such as accident records, but this had not been done. There was no indication as to whether staff had read the communication book as staff did not sign to confirm they had. However, staff we spoke with confirmed that they always checked the book at the start of every shift. Agency staff confirmed they did the same.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager confirmed that there was one person currently in the service subject to a DoLS. This was clearly recorded in their file and the appropriate authorisation was in place. However, none of the care staff we spoke with showed good understanding of what a Deprivation of Liberty Safeguard was and none were aware that there was an active authorisation in place for one person. Despite this, all the staff we spoke with understood and were able to tell us how they supported the person while maintaining their independence and safety as much as possible. They were able to clearly demonstrate that the care being delivered was in line with the authorisation in place. The registered manager told us that none of the people living in the service went out alone and that this would be discouraged for safety reasons, because of their vulnerability. This therefore meant that they were at risk of being deprived of their liberty without the appropriate authorisations in place.

There was a policy in place which included details of responsibilities and decision making. The registered manager and staff we spoke with had a mixture of basic to reasonable understanding of the principles of the MCA and human rights and equality. All those we spoke with were able to tell us about mental capacity, the processes that should be followed if there was any concern about someone's ability to make a decision, best interests processes that might need to be followed and how this all influenced the ways they supported people in the service. Staff did not always understand some of the terminology but were able to demonstrate an understanding of how support should be given in these areas. Best interest decision making is required to ensure people's human rights are protected when they do not have mental capacity to make

their own decisions or indicate their wishes.

We checked how the service met people's nutritional needs and found that people were provided with food and drink to meet their needs. People required different levels of support and some were supported by staff to plan the menus and shop for the food. People made independent choices where possible in relation to what they wished to eat for lunch and staff assisted where required. The lunchtime meal choices included a variety of options dependant on people's preferences and needs. The evening meal was usually a hot cooked meal. People who used the service had input into what was on the rolling menu and staff explained that this was updated and changed on a fairly regular basis. Where people had specific nutritional needs, these were catered for. We observed people being supported to eat appropriately where required. Where needed, people's weight was monitored and recorded in their care plan files.

When we spoke with people about the food comments included "If I ask for a drink they get me one. I don't get hungry. They would get me a cake", "I choose what I eat and I usually have a sandwich at night. I get enough to eat" and "I like the food, I eat it. Sometimes I eat too many bowls! They will make me something else if I don't like it. They get me pork pies". When we asked, everyone we spoke with felt they had enough to eat and drink.

Records showed the health needs of people were well recorded. Information was available in their records to show the contact details of any other professionals who may also be involved in their care. Care records showed that people had access to a General Practitioner (GP), dentist, chiropodist, speech and language therapist and other health professionals. The relevant people were involved to provide specialist support and guidance to help ensure the care and treatment needs of people were met. We confirmed when speaking to staff, people who used the service and relatives that healthcare was well monitored and managed. Comments included "The staff will immediately seek help from the doctor if it's needed" and "They always let me know if anything is happening. They see to all my relatives needs such as the GP, dentist and chiropodist. They tell me when they have been".

We recommend that the registered manager ensures that appropriate consideration is given to where capacity assessments and deprivation of liberty authorisations may be required for other people using the service.

Is the service caring?

Our findings

People who used the service and relatives gave us very positive feedback about the staff who provided their support. One person told us "When they help me they are kind, they are okay". Another told us "Oh yeah, they are kind to me". A third told us "They are good people. I get on with them". Relatives we spoke with said "Staff are caring, definitely", "Caring, very caring" and "They are really caring, no problems there".

We spent time during the inspection observing interactions between people and staff. We found that most interactions were positive and it was clear that staff knew people well. There were some jovial interactions and people clearly enjoyed the company of some staff. Some staff took time to chat with people and responded to requests for support in a reasonably timely manner. We observed that staff did not always take the opportunity to socially interact or instigate activities with people during times when no tasks were being completed. We saw staff and people who used the service sitting in the lounge watching the TV in silence on several occasions, potentially missing opportunities to interact more.

Most of the people who used the service were able to verbally communicate although some were not able to understand the written word. We did not see any signage that was accessible around the building. We saw that some documents in the care file were in an accessible format.

We observed throughout our inspection that where possible, people were able to make decisions about what they wanted to do, where they wanted to spend time and the things they engaged in. We saw that some people enjoyed spending time in their rooms listening to music or in the communal areas if they wished. Staff ensured that people were where they wanted to be and that they were comfortable. Staff were calm and quiet and supported people in a gentle manner. We observed agency staff during both our visits demonstrate that they knew people well and understood how to communicate with each individual.

People who used the service told us "I get up when I want, and I can listen to music in my room. If other people get on my nerves I can come to my room", "I choose my clothes, where I go, staff help when I need them too like with my car" and "I choose my clothes, where I want to go". Comments from relatives included "They always get their own choice, the staff ask them. It's a home from home and they are happy".

When we spoke with people who used the service and relatives about privacy, dignity and choice we received very positive feedback. Comments made to use included "Staff knock yes, oh yes they always do", "I quite believe that they are very respectful", "Yes they do, they keep my relative safe but they always respect their privacy" and "There are no problems there". Staff we spoke with showed a good understanding of the importance of allowing people to make decisions and choices and were able to give us active examples of how they would maintain people's dignity and privacy such as knocking on doors, asking for consent before carrying out care, letting people have time and space to themselves when they wished and providing appropriate emotional support when the person might need it. Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager any issues or concerns.

We observed that staff respected people's privacy and provided them with support and personal care in the privacy of their own rooms. We saw staff knocked on a person's door and waited for permission before they went into their room. We observed that staff were proactive in supporting people with personal care and support. People's dignity was mostly maintained although we did observe one member of staff apply creams to a person in a public area without any verbal interaction with them which did not protect their dignity.

'How I communicate', 'Family and friends' and 'Morning and Evening routine' care plans were in place in all the files we looked at and these were very personalised and gave clear guidance for staff about how to work with the person in a way of their choosing. We observed throughout our inspection that all staff adapted their communication styles according to the needs of each individual.

The registered manager told us that nobody in the service currently required an advocate as they all had family and friends involved in their lives and to advocate for them. However they explained that this would be sought if required. The registered manager told us that a person who had lived in the service previously had used the assistance and support of an independent mental capacity advocate and another person currently in the service had received help from an advocate to write their will.

Is the service responsive?

Our findings

People and their relatives told us that they felt staff were responsive to their needs. Comments included "They get what they need, absolutely no problems with that", "I am sure they are very responsive, they deal with things like seizures very well", "I have a bell, they always come, I don't have to wait a long time", "There are always two or three and you don't have to wait" and "I don't know what they do but they always make me feel better".

We observed during the inspection that staff were responsive to people when they required support and they offered and prompted this when they thought it might be required. We did not always see staff pro-actively engaging people in activities or general conversation but when people required assistance, such as with personal care, this was delivered within a good time frame.

We looked at care plans for two people who used the service. Care plans were well structured and included individual plans covering a range of topics including morning and night time routines, personal care, eating and drinking, medication, mobility, communication, finances, safety and pressure care. Care plans were not signed by the person although relatives and people themselves confirmed to us that they had been involved in deciding what was in them. Many of the care plans had been reviewed and changes made. However, in most cases these were handwritten on to the bottom of the care plan. Some of these updates contradicted the care plan information. For example in one care plan it referred to the person being able to mobilise and later notes and our observations confirmed that this person was not able to mobilise independently and required hoisting. We discussed this with the registered manager as it may have been confusing for staff to know which version of the information they should be referring too. They told us these would be rewritten to only include the most recent information following the inspection.

The care plans were detailed and included a good level of information for staff to use to direct the support in the ways people wanted. Where there were related risk assessments or other written information this was referred to in the plans so that staff knew when to seek out further information. The plans had been reviewed on a regular basis. Although updates had been written on in pen, which sometimes made them hard to follow, the registered manager told us that this would be rectified after the inspection where required. When we spoke with people and their relatives they confirmed that they had been involved in writing and reviewing the plans and all were happy that they had an appropriate amount of involvement.

We saw that before a person came into the service an assessment of needs was carried out. This assessment covered all the appropriate areas and was completed in a good level of detail. This ensured that the service were clear on the needs of the person and how they would be able to meet them prior to the person moving into the service.

All the care plan files we looked at also included the most recent assessment of needs or review from the local authority where appropriate. This gave further clarification to staff about people's needs and information from these had been included in the care plans.

We asked the registered manager for a copy of any complaints they had received. The registered manager explained that none had been received. There was a section on the online system for recording any concerns but we could not see any noted there. When we spoke with people who used the service and their relatives they all told us that they would be comfortable to raise any issues or concerns with any member of staff or the registered manager and that they were confident that they would be listened to and action would be taken. The registered manager explained that they would always listen and take action if concerns were raised and that if needed, analysis or follow up learning would be done with the staff team once the complaint had been dealt with.

We observed throughout the two days of the inspection that people were coming and going and staff supported people to get out into the community. Some people and relatives said that this did not happen as frequently any more because of staff shortages. There were no organised activities on offer and we did not see staff instigate any activities during our inspection. Staff did not take opportunities to engage people in tasks or activities and we saw that some people watched television for most of the day. The registered manager told us that there was no activity timetable and that all staff would be equally responsible for instigating activities but that this did not often happen. The registered manager told us that this would be discussed with staff as an area for development.

People took part in various activities outside of the service such as day services and trips out where they were able. Several people at the service had their own transport which was used to ensure that they were able to do things in the local community. The registered manager was able to tell us about people's individual interests such as painting, dominoes, going to church, doing the shopping, visiting local tourist attractions and listening to music.

Is the service well-led?

Our findings

A registered manager was in place who had been registered with the Care Quality Commission in 2012.

When we spoke with people who used the service they all knew who the registered manager was and were happy that they knew them well. Relatives were complimentary about them with comments including "I don't have any concerns and am really happy with all of them, I can say anything. The manager is very good and has been excellent in the past, really done as much as possible", "I talk to the registered manager, there is always someone in charge, I can't fault them" and "The manager is usually around. They are a pretty good manager. They always come and ask if there are any problems. I am happy with the management even with the staffing ups and downs".

We spoke with staff about the registered manager. Most staff agreed that the manager ran the service well. There were some comments regarding whether suggestions and ideas were implemented by the manager when made by staff. When we asked the registered manager they could not recall any times where a staff member had made a suggestion that had resulted in a change in how things were done in the service. We discussed with the manager how this level of feedback and involvement from staff could help to improve the service and they agreed that this was something they were looking to develop in the future.

The registered manager had access to the providers systems to monitor and improve the service to ensure that they were effective and high quality. However, some of these had not been used for some time and others did not appear to have been used effectively. There were also quality assurance processes in place, although these had not been used consistently prior to our inspection for some months. We found systems to check finances, the environment and medication. Finances and the environment had been completed but no medication audits were recorded.

There was a system to record monthly compliance checks by the registered manager and sections to be completed by the area manager. These included things like risk assessment and care plan checks, behaviour plan reviews, staff supervisions and training and environmental checks. These were not up to date or completed consistently. Some had only a few odd entries for 2015 and some had nothing recorded at all. It was not clear from the system in place whether a quality assurance visit had been carried out by any senior management prior to our inspection. Some of the systems in place on the online dashboard were not easy to use. The registered manager was not always clear about how to access information on the online system and had not been utilising some of the things in place. There were new paper folders in place with records for checks on various things specifically around the environment and equipment but these were not being utilised. Older forms were being used and many of the checks were being done intermittently but it was unclear why the newer paperwork was not being used.

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

During the inspection the manager showed good knowledge of people using the service and their needs.

They demonstrated they were very passionate about people receiving a personalised service. The registered manager was keen to work with us in an open and transparent way. They were able to provide us with some of the documentation we required but were not always able to locate the paperwork we requested and needed to send us some documentation after the inspection. The registered manager's knowledge about personalised care was good although their understanding of the regulations and duties and responsibilities they had as the registered manager required further development. We found they had not notified the Care Quality Commission about their absence from the service for more than 28 days or safeguarding concerns that had been raised and were being investigated.

Staff told us staff meetings took place on a regular basis. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Minutes showed these were had been held on a reasonably regular basis although there had not been one for a few months prior to our inspection. The registered manager and staff had discussed topics including health and safety, monthly checks to be carried out, deprivation of liberty, repairs, care plan reviews, rotas and use of the diary. These appeared to be task focussed and the minutes recorded only the registered manager's input in a lot of cases. When we spoke with the registered manager they told us that they encouraged staff to participate in any discussions at meetings. Some staff told us they felt very able to contribute in meetings and that their suggestions would be considered. Others were less sure about whether their suggestions and ideas were ever implemented. This was discussed with the registered manager who told us they would try to ensure that staff were encouraged to participate and that any changes or improvements made as a result of these discussions would be made more explicit to staff in the future.

When we spoke with people who used the service they told us they felt listened to and that any concerns or areas for improvement they suggested were actioned. Comments included "I don't know what I would like for it to be better here but I would tell them if I did" and "I would tell them if I was upset about anything and I think they would help me. I don't know what I would change except maybe going out more".

When we spoke with relatives about feedback and improvements they were positive about feeling listened to and did not have any concerns about the service. They were confident that they would be listened to. Comments made included "I would go straight to the manager. I have raised little things before and something has been done", "I can talk to staff, they would always do something. I discuss things and if I wasn't happy I could go to senior management, they would listen. I have been to house meetings in the past and I am sure I have answered questions about the care" and "I am sure they would take action. I have done a questionnaire before".

The registered manager told us about a 'Reflection Day' that had been held in October 2015. People who used the service, families, friends and involved professionals had all been invited to come to the service, talk about the care being provided and make some suggestions for areas of improvement. This feedback had been recorded. The feedback gathered was predominantly positive and the only negative point made by several people had been related to the staffing issues and recruitment to vacancies.

The registered manager told us that they tried to have one to one meetings with all the people who used the service on a regular basis where possible and that family and friends sometimes took part in those discussions. However, these were not recorded and there was no other formal process in place at the time of our inspection for gathering feedback about the quality of service and any possible improvements. The registered manager explained that they were considering how they could capture this information in a meaningful way in the future.

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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person had not notified the Commission of incidents which occurred whilst services were being provided in the carrying on of a regulated activity.</p> <p>Regulation 18 (1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not assessed the risks to the health and safety of service users receiving care and done all that was reasonably practicable to mitigate any such risks.</p> <p>Regulation 12 (2)(a)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not assessed or monitored the quality and safety of the services provided in carrying out the regulated activity or maintained securely an accurate, complete and contemporaneous record in respect of each service user. The registered person had not evaluated and improved their practice in respect of the information referred to above.</p> <p>Regulation 17 (2)(a)(c)(f)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Persons employed by the service provider in the provision of the regulated activities had not received appropriate support, training, professional development and supervision as was necessary for them to carry out the duties they were employed to perform.</p> <p>Regulation 18 (2)(a)</p>