

# Aspire Healthcare Limited

## St Marys View

### Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

The unannounced inspection took place on 3 September 2015 followed by an announced visit on the 4 September. This was the first inspection at the service since it was registered with the Care Quality Commission (CQC) on 29 April 2014.

St Marys View provides residential care for up to 10 people with learning disabilities. At the time of our inspection there were eight people living at the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found some shortfalls in the maintenance of the property, including an unused external staircase in very poor condition.

# Summary of findings

People told us they felt safe living at the home. Relatives told us they were confident their family member lived in a safe environment. One relative told us, "Yes they appear to be safe and well looked after." We felt that the service was homely, particularly in people's bedrooms.

Staff understood safeguarding procedures. They also knew how to report any concerns they had and would not be frightened to do that. The provider had procedures in place to monitor and investigate any safeguarding matters. One staff member said, "I would not hesitate to report anything I saw."

Accidents and incidents that occurred were recorded and risk assessments completed to minimise the levels of risk to people living at the service. The provider had emergency procedures in place for staff to follow should they find a situation where they needed additional support and information or advice.

Checks had been completed on the building to ensure that equipment was safe to use, including gas and electrical checks.

Staff at the service were trained to administer medicines to people safely and securely and medicines were generally managed well.

Staff followed the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). MCA assessments and 'best interests' decisions had been made where there were doubts about a person's capacity to make decisions. The registered manager had also made two DoLS applications to the local authority.

People had access to healthcare professionals if they needed and staff supported them with their appointments if that was required.

One person told us, "Yes, there is plenty staff working here." The registered manager monitored staffing levels to ensure enough trained staff were available at all times. The registered manager also had a programme of staff training in place and monitored this to ensure all staff were kept up to date with any training needs. The provider had systems in place for the safe recruitment of all staff at the service.

Staff were supervised regularly and received annual appraisals from their line manager.

People's needs had been assessed and were regularly reviewed. It was clear that people had participated in these along with relevant family members where this was possible.

People enjoyed the food that was available at the service and helped with the preparation. We found people received nutritious meals, snacks and refreshments throughout the day.

People were respected and treated with dignity, warmth and kindness. People and their relatives that we spoke with highlighted the quality of care provided by staff at the service. One relative, "They (person) seem happy and perky enough so they must be caring for them alright."

There was a range of social activities available for people to participate in if they chose to do so. There was a timetable of activities available in the service, such as bingo, dominoes and home baking and staff helped to organise trips and holidays for people. One person said, "I like to go to Blackpool."

There had been no complaints since the last scheduled inspection. Information on how to complain was available to people at the service and to relatives and visitors alike. The registered manager explained what she would do if a complaint was made and showed us where they would be recorded.

While we spoke with one person the registered manager arrived at the service and they rushed to the door shouting, "Its (registered managers name), here is the boss." It was obvious they were pleased to see them. Relatives spoke well of the registered manager and staff.

People were asked their views on the service and about their care. Relatives confirmed they were asked their views, during visits or when reviews of care occurred.

Whilst there were a number of audits and checks on the quality of the service completed, we did not find these were robust. Records had not been made of the quality assurance visits carried out by the provider's representative. Shortfalls we found on our inspection had not been highlighted by the service's internal auditing systems.

# Summary of findings

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to premises and equipment and good governance. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## 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 safe.

Parts of the premises were in need of repair and redecoration.

Medicines were generally managed well.

Staff knew about safeguarding procedures and would be able to respond if required. They also knew how to report any concerns they had.

Requires improvement



### Is the service effective?

The service was effective.

Staff were experienced and suitably trained and supported by the registered manager.

People told us food and drink at the service was good and they were involved in its preparation.

The registered manager had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and had made applications to the authorising authority.

Good



### Is the service caring?

The service was caring.

Staff recognised people as individuals and this was acknowledged by relatives we spoke with.

People were treated with dignity and respect and we saw kindness and compassion from staff that were supporting people.

Good



### Is the service responsive?

The service was responsive.

Care records were tailored around people's identified needs and these were reviewed regularly to ensure they were kept up to date.

People participated in a range of activities, including bingo within the service environment as well as going on day trips and holidays.

People had made friends within the service and staff supported them to maintain these relationships.

Good



### Is the service well-led?

The service was not well led.

The registered manager had made requests to have work done within the service and the provider had not acted quickly enough.

Requires improvement



# Summary of findings

Audits and quality checks were completed but we found them to be lacking in detail, particularly with regard to premises, infection control and provider monitoring visits.

People and relatives spoke well of the registered manager and staff.

# St Marys View

## 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 took place on 3 and 4 September 2015 and was unannounced. The inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed other information we held about the service, including the notifications we had received from the

provider about deprivation of liberty applications, deaths and serious injuries. We contacted the local authority commissioners and safeguarding teams, Tyne and Wear Fire and Rescue Service and the local Healthwatch.

**Healthwatch** is an independent consumer champion which gathers and represents the views of the public about health and social care services. We used their comments to support our planning of the inspection.

We spoke with all of the people who lived at the service and two family members. We spoke with the registered manager, and four other members of care staff. We observed how staff interacted with people and looked at a range of records which included the care and medicine records for four of the people who used the service. We also looked at three staff personnel files, health and safety information and other documents related to the management of the home.

# Is the service safe?

## Our findings

The front of the property looked in a poor state of repair with holes and gaps showing across all of the rendering. This posed a potential risk of falling debris to people within the service if they used the external area for sitting out or when leaving the property, although we saw no evidence that any falling debris had occurred and we were able to confirm that no accident or incident had been recorded in relation to this.

We found some of the carpets and flooring within the service that were in need of replacing due to wear and tear. In the communal area, the hall and stair carpets were very worn and discoloured. Flooring in one person's bedroom had been 'patched' and flooring in another bedroom was stained. We also noted that the leather on dining room chairs was worn and in need of replacement. The registered manager said they had requested replacements through the providers ordering processes on a number of occasions but these had not yet been replaced. We asked the area manager about timescales for replacements and they did not know when that would be. The registered manager also confirmed, when asked, that a number of carpets were waiting to be cleaned.

We found that an emergency exit posed a risk to people living at the service. During the inspection we noted that emergency fire exits leading from the upper areas of the property had signs displayed stating "Do not use". We asked the registered manager about this and she told us that the outside stairs leading from the emergency fire escapes were dangerous as they were rotting. We investigated further by going into the yard area and also by opening two emergency fire exit doors. We found the stairs to be in a very poor condition, with sections missing where rust had decayed the metal. We lifted a panel that people would use to step on to, and found it loose. The staircase had been secured by the emergency doors being locked which stopped people accessing the area from the upper levels. Although we saw no evidence of this, people were still able to gain access from the yard if they so wished; even though a chain across the bottom of the stairs was in place. We also found that there was a potential of falling debris, should the staircase disintegrate further as it was partially held in place by scaffolding. Two staff members at the service said that the stairs should be removed and one said, "If the stairs were removed, the yard could be made

lovely for people to sit out, there is just no space at the moment." We noted that there had been no accidents or incidents to show that any issues had occurred because of the state of the staircase.

A new shower room had previously been fitted on the 1st floor of the service and we found the position of the shower tray was not satisfactory and posed a potential trip hazard to people using the facility. We brought this to the attention of the registered manager, who agreed that the tray had originally been placed in the wrong position. She confirmed that the room was rarely used, as people preferred the facilities on the ground floor. She told us that she was concerned at night, that people may try to use the toilet and trip as they entered the room and that she locked the facilities to stop this occurring, but people were still able to use a toilet located in the next room.

### **This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Some of the interior walls and woodwork within the property were in need of re-decoration and updating. We felt the service was dated but had a homely feel; in particular, people's bedrooms. During the inspection, a decorator was carrying out work within the service and they confirmed they had been called in to 'touch rooms up'.

All of the people we spoke with said they felt safe. Comments included, "I have lived here since my mam died. It's not bad. I feel safe"; "Yes it's great. I came here because my carers retired" and "Yes it's safe. I like it here." A relative told us, "Yes he appears to be safe and well looked after."

People all had locks on their bedroom doors and kept their own keys so that their belongings remained safe and secure.

Staff were aware of their safeguarding responsibilities. One staff member said, "I would not hesitate to report anything I saw." One relative told us, "The staff take safeguarding very seriously." That meant people were protected because staff were trained and understood their responsibilities; and there were systems and procedures in place to guide them.

There were a number of people who had money kept for them by the service. We checked that people's finances

## Is the service safe?

were in order and that money had not been used inappropriately. We looked at the records of two people, along with receipts and money available and found it all to be in order.

We wanted to ensure that the fire evacuation procedures at the property were satisfactory due to the issues found with the rear escape route. The registered manager told us they had updated fire risk procedures which took into account the change in evacuation measures because of the unstable outside rear stair case.

People were seen to respond well to a practice fire drill held at the property during our inspection. One person said, "We have one 'fire drill' every week. We just go outside in the garden – everyone has to." One person told us later, "They make us do those every now and then to check we can all get out of the building." Everyone involved in the fire drill recognised they needed to leave the building and the reasons for that. Everyone who required a personal evacuation plan had one in place. One person whose needs were more complex had tailored risk assessments and evacuation plans in place and staff advised us that they had separate fire exits out of the building which would be utilised for this person in the case of an emergency. Staff had signed these documents to confirm they had seen and understood them. We noted that people's personal evacuation plans were kept within their personal care files. After discussion with the registered manager, they agreed that it would be better for copies of these records to also be kept within the emergency fire file which was accessible to the emergency services, should an evacuation of the building be required.

Smoke detectors were fitted throughout the building, including in more susceptible places that were at risk of fire, for example, the laundry cupboard. There was also clear signage in place to help people evacuate the building safely, including plans of the building and directional signs. Fire extinguishers were in place and had been tested in July 2015.

We confirmed with the fire and rescue service that they were satisfied with fire safety measures currently in place, including the fire risk assessment for the property.

There was a contingency plan in place detailing what staff should do in the event of various types of emergencies,

including evacuation of the building. It included details of where people would be taken in the short term should that happen and included contact numbers for senior staff or other support that would be useful.

There were risk assessments in place, including those relating to people's care needs and involving use of the building. There were risk assessments completed around people's use of the kitchen and when people were bathing. We also saw risk assessments completed around the use of communal areas and while people were out in the community. We noted that there was not a risk assessment in place for a pet parrot which had lived at the service for some time. We discussed this with the registered manager and our concerns about infection control and the possibility of people being hurt by it and they told us they would put a risk plan in place and a file to monitor its wellbeing and ensure it had received regular check-ups.

Checks of equipment used within the building were confirmed to have taken place, including gas safety checks, five year electric checks and portable appliance testing (PAT) which meant that equipment was safe for people to use. We noted that the five year electrical check had been completed by the previous provider in 2013 but was still valid.

Accidents and incident were recorded and monitored at service level by the registered manager. We noted that any remedial action taken had been entered into the accident books up until 22 August 2015 and then after that date the details were limited. We brought this to the attention of the registered manager and they said that they should have been completed and would make sure all accidents and incident details were fully completed in the future.

Staffing levels were adequate to support people's needs. One person told us, "Yes, there is plenty staff working here." We reviewed 4 weeks rotas and found that consistent levels were maintained. The registered manager monitored staffing levels and ensured that holidays and any sickness were covered by staff either within the service or from other provider services nearby.

Staff personnel files indicated an appropriate recruitment procedure had been followed. References had been taken up, with one from the staff member's previous employer, and Disclosure and Barring Service (DBS) checks had been made. The DBS check that staff are suitable to work with vulnerable people by checking criminal records for



## Is the service safe?

example. Copies of contracts of employment and staff members identification were also in place too. These systems verified the registered provider had appropriate recruitment and vetting processes. The registered provider had a policy and procedure for dealing with any disciplinary issues at the home, although the registered manager told us they had not had cause to use these procedures for some time.

Medicines were generally managed well with in the service. When we asked one person about how they managed their medicines they said, “I take tablets from my cupboard, staff help me.” When we looked at the records for people’s medicines we noted that not everyone had a care plan in

place for their support around medicines. We spoke with the registered manager about this and they said they should have been in place and said they would be updated immediately. We found staff had received training in the safe administration of medicines and were able to describe how each person liked to receive their medicines.

We noted that two lots of medicines had not been returned to the pharmacy when no longer used. We pointed this out to the registered manager, who explained that they had intended to return this medicine to the pharmacy but had forgotten to. They told us they would dispose of them immediately.

# Is the service effective?

## Our findings

Relatives told us that the service was effective. One relative said, “They (staff) keep to routine with them which is really important. They need the security of knowing what happens next. When they have been to visit me they always go back happily, they even make signs that they want to go back if it’s getting late. These things tell me they must be getting things right.”

Handover records were available to show staff had passed on relevant and important information during staff shift changes. For example, we noted that in one handover sheet a person’s appointment with healthcare professionals had been noted and passed on, to ensure the person was ready and able to attend. These records also documented where there had been any issues within the service, either with people living there or with any other matters. That meant staff were prepared with information to better support the people they were going to be caring for.

We looked through staff records and saw staff had received suitable induction and specific training to support them in their role at the home. We saw hard copies of training records and viewed the online training recording system which highlighted when staff training needed to be renewed. We saw training in, for example; nutrition and health, understanding the safe handling of medicines and end of life care. One member of staff told us, “We gets different training, I have done a lot in my time.” Another staff member said that they would like to receive more training in autism. We spoke with the area manager about this and they said that they would look into it being provided.

Staff told us they had regular supervision and annual appraisals and we were able to confirm that from their records. That meant that any work practice issues could be easily addressed and staff had the opportunity to discuss their own development with their manager. All of the staff we spoke with told us they felt supported by their line manager and said they could speak with them at any time to talk things through. One member of staff told us, “We are a small team and when we need help or something we just ask.”

Daily menus were available and showed a range of nutritious food was available to people living at the service.

The kitchen contained fresh fruit, vegetables, fish and meat showing that healthy food was available. We observed people making their own lunch and deciding if they preferred sandwiches or something from the bakery which a member of staff and one of the people living at the service had been out to purchase. People’s comments about food included, “The foods very good, I like mince and dumplings and things like that” and “Nice food. I like pork luncheon meat and sausage and mash.”

People were able to help themselves to food and refreshments throughout the day as they required and we saw people going into the kitchen regularly to make themselves hot drinks. One person said, “Lovely food. Sometimes we have teacakes. I make my own toast & tea.”

During meal times there was a relaxed atmosphere with people and staff chatting freely. Staff supported people where this was required, but people were encouraged to be independent.

One person confirmed they had been working to improve their diet with the help of staff and were pleased with the amount of weight they had lost. Staff confirmed that where people had support needs around maintaining a healthy weight, they worked with the person and other professionals to support them. We confirmed via the records that the support had been successful with two people who had wanted to lose weight and maintain healthy lifestyles.

One person confirmed they had received support from the staff to visit an optician and showing us their glasses said, “I go to see about my glasses. These are better than my old pair.”

There are enough easy chairs for everyone to sit comfortably and quieter areas of the service so that people could find their own space if they wanted to, which included their own bedrooms. The property was not adapted for wheelchairs and did not have a lift in place, although people living at the service were currently able to manage the stairs and move around the service at their own pace with relative ease.

Care Quality Commission CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. In England, the local authority authorises applications to deprive

## Is the service effective?

people of their liberty. The registered manager had made two applications to the local authority to deprive people of their liberties appropriately and had further contacted them to ensure that everyone living at the service had the correct level of legal paperwork in place.

Observations showed that people were asked their consent before tasks were completed. Staff were seen checking that people were happy with any decisions they had made, for

example at lunch time with the choice of meals. We heard one person being asked if it was ok for the staff member to give them their medicines. All of these observations confirmed that people gave consent with before decisions were made or actions carried out. Where people lacked the capacity to make certain choices, best interest decisions had been made, involving relatives, care managers or any other relevant person to help them make the right choice.

# Is the service caring?

## Our findings

People and their relatives thought the staff team were caring and showed them kindness. People's comments included, "Very nice, very friendly staff"; "Lovely, beautiful staff. Very helpful and I have a beautiful room". One relative told us, "I can't praise the staff enough, my relative picks (person) up regularly and is very happy with what they see." Another relative told us, "They (person) seems happy and perky enough so they must be caring for them alright."

Staff were aware of what was important to people and supported them with their choices. A member of staff brought one person a cigarette and helped them walk outside using their stick to smoke it. The person said, "Staff look after my cigarettes for me, that's ok." We observed and listened as staff engaged with the person, talking about what the person was going to do that afternoon and what they were going to have for their tea.

We heard staff explaining, encouraging and taking time to explain again when it was required. Staff were knowledgeable about people. They were able to tell us about what people liked to do, their background and family and also about their health and support needs. One staff member told us, "The people who live here are all so different, it would be a funny world if everyone was the same." This comment supported what we had observed, in as much that people were respected for the individuals that they were.

People were relaxed in the presence of all staff. We observed positive, warm and caring conversations taking place and staff were not always aware we were in the vicinity. That meant staff were not acting like that for our benefit but were going about their work in a naturally positive way to support and care for people. Humour was also heard throughout our inspection and many times we overheard people laughing with staff.

We watched as staff knocked on people's bedroom doors and waited for a response before entering. One person had a runny nose and a member of care staff quietly and discreetly supported them to wipe it. This showed that staff respected people's privacy as well as maintaining their dignity.

People were supported to remain as independent as possible. People told us they took turns in daily living tasks within the service. For example one person said, "I do the mat's (table mats) with (person's name) and empty the dish washer" and "I change my bed of a Friday and wash the sheets." People at the service were encouraged to bring dirty clothes and laundry items to the staff for washing in exchange for clean items which people would take back to their rooms and be encouraged to put away.

Staff held review meetings where people could decide what they would like to achieve. People's aspirations were discussed and people were supported to achieve their goals.

# Is the service responsive?

## Our findings

People were supported in a person centred way, which meant staff tailored support to the individuals and not as a group of people living together under one roof. Detailed records identified people's individual needs and how staff would support the person. Records included information on weight and communication for example and included input from various professionals. People's care was regularly reviewed involving people, staff, family and professionals. That ensured people were cared for and supported in a way which was personalised to their individual need. Relatives told us they felt involved in their family members care and had issues explained to them.

A document known as the 'circle of support' was included in people's records which portrayed family members or other people of particular importance to the person in a visual way. When we asked one member of staff about the document, they told us it helped them to understand who was important to people.

People were encouraged to pursue their own interests. There was a timetable of activities available in the service, such as bingo, dominoes and home baking. We also found an easy read timetable for activities held in the local community, such as those offering music and drama sessions. A number of people told us they attended these and enjoyed them very much. People confirmed they were able to go out into the local community to buy magazines, have a coffee or to go for a walk along the promenade if they wished. People were able to have holidays away from the service. One person told us, "I had a holiday with my carer to Flamingo land. We stayed in a caravan." Another

person told us, "I like to go to Blackpool." All of this information showed us that people were able to participate in activities that meant something to them and were also able to socialise within the local community and beyond.

People were keen to tell us about their interests and comments included, "I go to the Thompson Hall Club and The Peter Pan Club with [person's name]. I like to play bingo and dominoes and we go in a mini bus. We go out down to the sea front, down to the shops – out for lunch"; "We sometimes go to the playhouse and we go to pubs for food" and "They take me out in the car sometimes, I like to go to the quay." One relative said, "They can't go out on their own because they are not good at crossing the road so they (staff) go with them. They like to get out and about, and they like playing Bingo." One relative said, "They like it here. They used to come up and see me, but when I invite them now, they say I will just stay here with my friends; so they must be happy and safe." People had made friends within the service and staff supported them to maintain them.

People had choice, one person said, "It depends what I want to do. I do what I like. I like to go to the pub for a meal; there is a nice Italian down here and I like fish and chips." We observed people coming and going from the service and moving between rooms when they wanted to. Some people choose to go to their rooms to read magazines and others choose to remain in communal areas with other people and staff.

People and relatives confirmed they had never had cause to complain, but would know how if they needed. One relative said, "We have never had any problems and we have never had any complaints." Information was available within the service to provide details of what to do if a complaint needed to be made.

# Is the service well-led?

## Our findings

At the time of the inspection there was a registered manager in place. The registered manager was present and supported us with the inspection. The registered manager had worked at the service for six years and since the provider had registered with the Commission in 2014. They told us they had worked in the care industry for over 20 years.

The area manager confirmed that they visited the service regularly to provide support to the registered manager. They said, however, they did not always record each visit or if any findings or actions had arisen from their call. They told us that in future they would record all visits and conversations to ensure that actions were carried out and a record would be kept at the service to verify these interactions.

We noted that there had been a number of falls for one particular person at the service and although adequate measures had been taken by the staff and registered manager, we were not able to see how the provider monitored accidents and incidents to ensure suitable actions had been taken by the service. We discussed this with the registered manager and area manager and were shown the provider's IT system for recording accidents and incidents. We felt that this did not fully monitor trends as it was not detailed enough and only showed the number of accidents and incidents and not which person they related to. The registered manager and area manager both confirmed that they were to receive training in the providers IT system in the very near future as neither had received any since it was installed over a year ago.

A number of checks and audits had been completed at the service by staff or the registered manager. These included fire safety checks, health and safety audits and care plan audits. Care plan audits included checks on; condition of the file, care needs in place and any personal details. One record had been checked in August and these audits were generally completed monthly.

Health and safety audits were completed on a four weekly programme which covered different elements of health and safety. We asked about infection control checks and the registered manager showed us an infection control report which she filled in every month on the providers IT system. We found that this was not an infection control audit, but

numbers of people who may have had infections in that particular month, for example numbers of people with winter vomiting or scabies. We noted that some elements of infection control were included in the health and safety checks but not all areas required by the department of health code of practice on infection control.

We asked for a copy of the audits that the quality assurance department had carried out. The registered manager was unable to provide us with any information but confirmed that they had been and visited the service.

After the inspection the area manager sent us details of the audits that had been carried out by the quality assurance department. This consisted of an email that they had received from the quality assurance department which gave a list of services and whether particular areas were adequate. For example, in the heading 'Monthly Health and Safety Audits' it stated that St Marys had "all entries except for Jan." From this information we were not able to confirm what systems or processes were being operated to assess, monitor and improve the service by the provider.

Satisfaction surveys were completed regularly, the last being in August of this year and comments made were generally positive. Questions asked included 'I am supported to achieve my goals when I want' and 'staff listen to what I have to say' with the person responding with a yes or no and having the opportunity to add additional comments if they wished. Whilst people had been asked their views on the service, the registered manager and the area manager were unable to show us how these responses were used to improve the service. The registered manager and area manager were unable to tell us how the survey results had been analysed or what happened to this information once it was entered onto the providers IT system.

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

One staff member told us, "We don't know when they (decorators) are coming, they just turn up." We felt people and staff were not always involved in what happened at the service. However, when we spoke to two people about this, they both said that the decorators being there did not affect them in any way. We asked the registered manager if

## Is the service well-led?

they were ever made aware of decorators or workmen coming to complete work prior to their arrival, and they said they were generally not told when work was due to be completed.

From records, we saw that police had been involved with one incident at the service but this had not been reported to the Care Quality Commission (CQC) in line with registration requirements. We discussed this with the registered manager who told us they were now aware that they needed to send in this type of notification since they found out from a colleague earlier in the year. We asked the registered manager to send this notification in retrospectively, which they did after the inspection. We have dealt with this outside of the inspection process.

While we spoke with one person the registered manager arrived at the service and the person rushed to the door shouting, "Its (registered managers name), here is the boss." It was obvious they were pleased to see her. One relative said, "I have every confidence in [name] the manager. I can talk quite freely to them and they (staff) always let me know if anything is wrong with them (person)." Another relative mentioned that it was a little difficult to get in touch with the service on a night time. When we asked people and staff about this, they told us that the phone rarely rings at night but that if it did they would answer it. Staff thought the service was well led. One

staff member said, "It's lovely, I like working here. It's well managed. They (manager) are fair but they make sure you do things right, but if you are struggling with things like paper work they'll help you."

The atmosphere in the service was relaxed and it was noted all staff seemed supportive of each other and clearly had positive working relationships including with the registered manager. Staff told us they enjoyed working at the service. It was evident from staff conversations that people living at the service were important to them.

Regular meetings were held for people who lived at the service, generally every other month. One person said, "We had a meeting yesterday, we talked about food; we talked about the new carpet – yellow, red or blue – most said red." Activities, days out, maintenance, décor, cleaning and menus were other items on the agenda and from the minutes we looked at, most people had attended.

Meetings were held with staff members and they took place bi-monthly. Items discussed, included any concerns with the people living at the service, working conditions and key worker updates along with any other general issues that needed to be discussed in connection with the service. Staff told us they were able to talk about items that mattered to them, although one staff member told us "We talk all the time anyway, but it's nice to have them (meetings)."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had not ensured systems or processes were established fully and operated effectively to ensure compliance with the regulations

Regulation 17(2)(a)(e)(f)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The registered person had not ensured the premises used by service users was safe to use for their intended purpose and were used in a safe way.

Regulation 15 (1) (2)