

Parkcare Homes (No.2) Limited

Turketel Road

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out this inspection on 5 January 2016. Turketel Road is a service for people with learning disabilities and autistic spectrum disorder. It provides accommodation for up to six people. At the time of inspection the service was full. At a previous inspection on 3 March 2014 we found the provider was meeting the requirements of the legislation we checked at that time.

There was 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.

Improvements were needed to the way in which surplus medicines were stored, the security of where medicines were kept, and how changes in administration instructions were recorded.

Complaints information was available for relatives, and they told us they felt confident about raising any concerns they might have and that these would mostly be addressed. Relatives concerns however, were not always recorded to show these had been addressed and resolved.

A range of quality audits were in place to help the registered manager and provider monitor service quality and ensure standards were maintained, but these had not been fully effective in identifying the shortfalls highlighted by this inspection. The organisation did undertake surveys but not all relatives had been asked to comment and those that had never received feedback about any comments they had made.

Staff felt supported and listened to but did not receive regular formal support. Opportunities for more frequent one to one meetings with the registered manager, and more regular staff meetings was an area both the registered manager and provider representatives had identified for improvement, and plans were in hand for this.

Fire detection and alarm systems were maintained; staff knew how to protect people in the event of a fire as they had undertaken fire training but fire drills were infrequent. Peoples individual evacuation plans needed review with the fire service to ensure these met the requirements of legislation, and we have identified these as areas for improvement.

People were happy and comfortable in the presence of staff and actively sought their attention if they wanted something. People received individual support from staff that interacted well with them and showed that they understood people's individual needs.

Relatives told us they were kept informed and had been consulted about their family members care and treatment plans, and felt there were informal routes where they were able to give feedback and felt their

views were taken account of at service level.

Staff monitored people's health and wellbeing and supported them to access routine and specialist health when this was needed. People ate a varied diet and menus took account of peoples individual preferences and dislikes.

People were given individual support with their interests and hobbies and also had their own daily planner that took account of their activity and interest preferences.

Assessments of risk people might be subjected to from their environment, from activities or risks associated with their assessed support needs were developed and measures implemented to reduce the likelihood of harm occurring; these were kept updated.

Staff understood people's individual styles of communication; some people used new technology to give them more independence in making decisions for themselves.

Accidents and incidents were monitored by the provider to see where improvements could be made to prevent future occurrence. Individualised guidance was available for staff to help them understand how to work proactively with people whose behaviour could be challenging to others. The Care Quality Commission was kept informed of notifiable events when they arose.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Everyone in the service was subject to a DoLS; the registered manager understood when an application should be made and involved relatives in discussions through best interest meetings. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

Staff had been trained to recognise abuse and knew how to protect people. They understood how to report concerns about the practice of other staff through the whistleblowing policy. Staff showed that they understood the actions they needed to take to raise concerns with the registered manager or with external agencies if this was necessary.

There were enough staff to meet people's needs. Staff recruitment procedures ensured that all the necessary checks were made to protect people from unsuitable staff. Staff were provided with a wide range of essential and specialist training to help them understand and meet people's needs.

People lived in a clean, well maintained environment. Decoration and furnishings were to a good standard and had been selected to withstand the level of wear and tear they received. People bedrooms had been personalised to reflect to their own interests and tastes and contained a range of personal possessions. Equipment checks and servicing were regularly carried out to ensure the premises and equipment used was safe. Guidance was available to staff in the event of emergency events so they knew who to contact and what action to take to protect people.

We have made one recommendation:

We recommend that the provider should consult the Fire Service regarding the frequency of fire drills for day and night staff and that evacuation plans for people who may refuse to leave their rooms meet current fire legislation Regulatory Reform (Fire Safety) Order 2005.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked 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.

The management of medicines needed improvement. Fire drills for staff were infrequent and personal evacuation procedures needed to be reviewed with the fire service to ensure they met requirements of legislation.

Recruitment procedures ensured suitable staff were employed. There were enough staff available to provide people with individual support to meet their needs. Staff knew how to respond to safeguarding concerns.

The premises was well maintained with investment for further improvements. Accidents and incidents were reported appropriately and analysed for emerging patterns and trends

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff were not provided with regular supervision for their work performance and personal development needs. New staff however, received an induction and all staff received training to enable them to support people effectively.

People had adequate food and drink and were involved in planning and preparing meals. People received appropriate support for their health care needs.

Staff worked to the principles of the Mental Capacity Act 2005 and the registered manager understood when it was necessary for Deprivation of Liberty safeguards authorisations or best interest meetings to be arranged.

Requires Improvement ●

Is the service caring?

The service was caring.

People were treated with dignity and respect and staff adopted a kind and caring approach.

Good ●

Staff had time to spend with people and interact with them so that they received the care, support and stimulation they needed. People were relaxed in the company of the staff and communicated happily.

Staff supported people to maintain contact with their family.

Is the service responsive?

The service was not always responsive.

Improvement was needed to the way in which relatives concerns were recorded to show these were being addressed. People's needs were assessed before they were offered a place to ensure their needs could be met.

People received personalised care and their care plans reflected their preferred routines.

People were offered activities and educational experiences to suit their own preferences. People enjoyed trips out into the community.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Audits and checks in place were not sufficiently effective to highlight shortfalls in service quality. Relatives were surveyed for their views but these were not used at local level to inform service development.

The service had a registered manager that staff and relatives found approachable. Staff and relatives felt able to express their views and felt listened to by the registered manager. Opportunities for staff to meet together had been re-established to a regular schedule.

Communication was improving with relatives and other stakeholders. Records were accurate and up to date and were stored securely. The Registered manager ensured the Care Quality Commission was notified appropriately of any notifiable events.

Requires Improvement ●

Turketel Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 the 5 January 2016. The inspection was unannounced and was conducted by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at all the other information we held about the service, including previous reports, complaints and notifications. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

We met five of the six people that lived in the service during the course of the inspection. All of the people using the service were unable to speak with us directly about their views of the service, so we used a number of different methods to help us understand their experiences including the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with six relatives, the registered manager, and five care staff. We received feedback from four health and social care professionals who raised no concerns about the service.

We looked at care and support plans for three people, activity planners, health records, and individual risk assessments. We looked at medicine records, menus, and operational records for the service including: staff recruitment, training and supervision records, staff rotas, accident and incident reports, servicing and maintenance records and quality assurance audits.

Is the service safe?

Our findings

People were comfortable in the presence of staff who knew them well. Relatives told us they were happy with the service and thought their relative was safe and well cared for. Relative comments included, "I feel he is safe there", and another said "We love it there" "they always greet you when you visit and give you a lovely welcome"; a third said "when we first visited what we liked was the homely style". A social care professional told us "Both service users require 1 to 1 support the majority of the time for their own safety and security, and when I have been at the placement that is what I have observed."

Only trained staff undertook all aspects of medicine management this included the procedures for ordering, receiving, booking in, and disposal of medicines; a record was maintained of all medicines ordered and those received. A returns book was completed for the return of unwanted medicines to the pharmacy. People had a lot of medicines for use during the month; although these were kept in secure cupboard storage this was not used effectively so that creams could be stored separately from oral medicines which would be good practice to do. Although locked within a staff room on the ground floor there were additional security concerns that the medicine cabinet was easily visible and accessible from the window which was left open on occasion when staff were not present. There was a window restrictor in place providing some security but the registered manager acted quickly to address these concerns. Medicine records showed that although medicines were being administered appropriately and records were completed for this, changes to prescribing instructions on medicine sheets were not always countersigned by a second staff member, and changes were undated; these omissions would prevent a clear audit of who made the changes and when, to provide assurance that arrangements were safe.

There was a failure to ensure all aspects of medicine management were managed safely and this is a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were unable to administer their own medicines and this was made clear in their care records. Each person's individual medicines were stored securely and appropriately in locked cabinets in their bedrooms and the keys were kept by staff. Temperatures of these cabinets and of medicine storage were checked daily to ensure these did not exceed recommended levels. Medicines were dated upon opening so that a check could be made that the right amount of medicines had been administered from the start of use. A clear protocol was in place for staff when administering medicines that were not for everyday use to make clear in what circumstances these could be used. A photograph of each person was provided with each individual medicine record to ensure the right medicine was administered to the right person.

Staff received fire training but fire drills were held infrequently, fire drill records did not make clear which staff had participated to ensure that all staff were participating in regular drills and whether those participating were also night staff. Personal emergency evacuation plans (PEEP's) took account of people's individual needs to ensure a safe evacuation, PEEP sets out specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. Some PEEP's recorded that people may refuse to leave their room in an emergency and should be made safe until the fire service arrived. . We recommend that fire drill frequencies for day and night staff and

individual evacuation plans are discussed with the fire service to ensure the existing arrangements meet current fire legislation requirements.

Checks and tests of fire safety systems and equipment were made regularly and recorded. Fire alarm systems were regularly maintained. Staff knew how to protect people in the event of fire as they had undertaken fire training.

The provider operated safe recruitment procedures. Staff recruitment records were clearly set out. Staff told us they did not start work until the required checks had been carried out. These included proof of identity check, satisfactory written references; a Disclosure and Barring Service (DBS) criminal record check. These processes helped the provider make safer recruitment decisions and prevent unsuitable people from working with people who use care and support services.

In addition to the Registered manager who worked office hours during the week and the deputy manager who worked on shift, there was one team leader and five care staff on each shift. Each person was allocated a care staff member to support them during day time shifts. Shifts operated between 7:30 am to 2:30 pm and 2:30 pm to 9:30 pm after which time there were two waking night staff during the hours of 9:30 pm and 7:30 am. Staff rotas showed there were sufficient staff on each shift to ensure people had individualised support to meet their specific needs and staff told us that there were always enough staff. Some relatives expressed concern at the turnover of staff and high use of agency but did not feel this had impacted negatively on their relative. The provider had initiated a programme of recruitment to vacancies and some of these had already been filled. Remaining vacancies were covered by existing staff which helped to ensure continuity in the care and support people received. Agency staff were used where there was no alternative but where possible the service requested staff that were familiar with the service or provided an induction that provided them with essential information about the service and people they would be supporting for those for whom the service was new.

Staff were provided with safeguarding training and the registered manager was the designated safeguarding lead and had received enhanced training to take on the responsibility of providing this training for staff. A copy of the locally agreed safeguarding protocols was available for staff reference. Staff understood how to recognise signs of abuse, and a flow chart helped them understand the steps they needed to take if they suspected abuse of any kind. Staff said they were confident of reporting concerns including to those external agencies such as the local authority safeguarding team. All new staff were required to read safeguarding policy and protocols and undertake on line training, they completed a safeguarding questionnaire and this provided the registered manager with an understanding of the staff member's knowledge and understanding. Staff understood the whistle blowing policy and they showed they felt confident of raising concerns with the provider or outside agencies if this was needed.

Risk assessments were completed for each person; these were individualised and took account of their specific needs and their personal awareness and understanding of danger and risk. Measures were implemented to reduce the level of risk so that people were protected from harm when undertaking activities outside and inside of the service, or from risks within their environment, or from or to other people. For example, risks from financial abuse, risks when travelling in a car or on public transport, or when out in the community. Risk assessments were kept updated and reviewed on a regular basis. Risk assessments of the environment were reviewed and guidance made available to staff in the event of emergency situations that required evacuation. A business continuity plan was in place to inform staff of the actions they needed to take in the event of a range of emergencies that could impact on the running of the service. Staff knew how to respond in the event of an emergency, and who or what agencies they should contact and how to protect people during evacuation.

Accidents and incidents were recorded clearly; the registered manager monitored these and discussed with staff if any changes were needed to the support people received, or if further improvements could be made to prevent similar events in future.

The premises, décor and furnishings were maintained to a good standard. People were provided with a clean, tidy and comfortable home. Repairs were carried out in a timely way and a programme of regular maintenance was in place. There was a secure accessible garden for people's use.

Equipment checks and servicing were regularly carried out to ensure this was safe and in good working order. Staff had received training in infection control; they understood about managing soiled laundry and were provided with appropriate protective clothing and equipment to maintain good standards of infection control. As part of the development of the service it had been identified that the present laundry was inadequate to meet the needs of people in the service and arrangements were already underway for this to be refurbished to include washing machines that had appropriate sluicing facilities.

We recommend that the provider consult the Fire Service regarding the frequency of fire drills for day and night staff and that evacuation plans for people who may refuse to leave their rooms meet current fire legislation Regulatory Reform (Fire Safety) Order 2005.

Is the service effective?

Our findings

Relatives told us they thought staff knew how to support people and said they were informed of any health issues their relative might have. Several said they had been involved in best interest's discussions concerning their relative in respect of health interventions, finances and some restrictions within the home. One parent said they had found staff were proactive in trying to address poor nutrition for their son who was selective in what he chose to eat and drink.

Staff told us that they felt supported and that the registered manager was approachable and had an open door policy. However, over the past year opportunities for planned one to one meetings (supervision) with the registered manager had been less frequent with staff receiving on average two or three individual supervisions in this period. One to one meetings are important because they provide opportunities for staff to discuss their performance, development and training needs. The manager acknowledged current levels were insufficient and this had also been highlighted as an action for improvement through quality audits. Staff in post for more than one year had received an annual appraisal of their overall performance aspirations. There was a failure to ensure that staff were provided with regular supervision of their work performance training and development in order for them to carry out the duties they were employed to perform, This is a breach of Regulation 18 (2) (a) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Due to the need for care staff to provide ongoing one to one support for people, handovers were usually undertaken between shift team leaders; these were comprehensive and included a check of medicine records and finances. Team leaders came in before the start of their shift to ensure time was given to the handover of information and appropriate checks were made. Information was cascaded to staff by the team leader and all staff were also required to read the staff communication book for important information and changes.

We met two new staff who told us that they were required to complete an induction programme. Induction prepared new staff by giving them an understanding of the routines within the service and the needs of the people being supported. New staff spent several weeks shadowing other experienced staff whilst they familiarised themselves with people's care and support needs. During this time they also completed most of their basic essential training. All new staff that had not completed a nationally recognised care qualification to level 2 were required to complete the new Care Certificate. The Care Certificate was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. All new staff completed a probationary period and met regularly with the registered manager but these meetings were not documented unless issues had arisen that needed monitoring by the registered manager.

For established members of the staff team there was a programme of refresher training in a variety of topics, such as safeguarding, food hygiene and health and safety. Specialist training relevant to the needs of the people in the service was also provided to all staff, for example Autism, positive behaviour support, and managing challenging behaviour. This range of training helped them to deliver care effectively to people at

the expected standard. The Provider Information Return (PIR) told us that 11 staff had achieved a level two vocational qualification in health and social care. These are work based awards that are achieved through assessment and training.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Everyone was subject to DoLS authorisations and the registered manager understood when an application should be made and how to submit one. Staff supported people when making everyday decisions about what they wore, where they ate, what they ate, what they wanted to do. Where people lacked the capacity to make some more important decisions for themselves around their care and treatment the service was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests by people who knew them well and relatives confirmed they were involved in these decisions.

People could on occasion express behaviour that could be challenging to staff or other people, staff said people could sometimes use behaviour to show that they were unhappy with something. Physical restraint was not used although staff had been trained to use minor physical interventions to protect themselves and others from some people's behaviour, the interventions staff were able to use were documented in guidance around supporting individual behaviour. Each person had detailed guidance about the types of behaviour they could express. Staff responses to these behaviours were guided by clear protocols and information specific to each person, as to how best to de-escalate and manage incidents of behaviour. The registered manager monitored incidents of behaviour, and we observed a staff member being debriefed about the triggers to an incident and how it was managed and any indication of emerging patterns to behaviour.

People were offered things they liked to eat for breakfast and lunch. Not everyone ate at the same time but when they indicated they were hungry to their supporting staff member. Meals were unrushed and taken at a pace that suited each person. People's dietary needs and preferences were discussed with their relatives or people who knew them well before admission. Menus were developed to take account of people's individual likes and dislikes. Staff encouraged people to eat a healthy balanced diet, and recorded people's food and drink intake to ensure this was at a satisfactory level that did not highlight a risk of poor nutrition.

Some people had very specific requirements and the PIR told us about one person who ate different food to that on the menu, this person has been supported to go out shopping with a staff member each week to choose their own food items, and was supported to put together a pictorial menu. Staff confirmed this was happening when we visited and spoke about ways they wished to boost the person's nutrition. Discussions had also taken place with this person's relatives about ways in which nutritional intake could be improved. People's weights were regularly recorded and any significant changes reported to the registered manager for further action.

People were supported by staff to maintain their health and wellbeing. Routine health checks with doctors, dentist and opticians were arranged, and where necessary referrals were made to other health professionals, for example the epilepsy clinic. Individual guidance was provided to staff in respect of health needs around specific conditions, such as epilepsy with monitoring of seizures and protocols in place for administration of rescue medicines when major seizures occurred. A health professional spoke positively about how one person's epilepsy was being so well managed they had not had a seizure since coming to live in the service. A record was kept of all health appointments and contacts; each person has a health passport and health checklist in place to ensure all aspects of their healthcare needs were kept under review. Relatives told us that they were kept informed of any issues regarding the health and wellbeing of their family member.

Is the service caring?

Our findings

People were comfortable with the staff supporting them; Staff showed that they understood people's individual characters and needs, and what activities interested them. Staff showed patience and kindness and expressed affection for the people they supported, their attitude was respectful. Relatives told us they were made to feel welcome by staff when they visited, and that staff were supportive of visits their family members made home to them. Relatives felt they were kept informed about their family member's wellbeing and were involved in discussions about their care, were asked to attend reviews, and were on occasion approached by staff to provide additional information.

There was a relaxed atmosphere in the service. We observed examples of gentle patient and supportive interactions between staff and the people they were supporting, for example, pulling up a coat hood and arranging the collar before the person was taken out into the windy and rainy weather and supporting someone to choose what they wanted to eat. Staff showed that they understood people's individual styles of communication well enough to know their preferences and wishes. Some people used pictorial information, or used new technology for example iPads to store music that they found soothing and was able to select and listen to this themselves.

Staff understood the body language and signs people used, but not all had a working knowledge of Makaton. One person did primarily understand this form of communication but staff said the person was well able to make his needs known through leading staff to what he wanted and staff were provided with clear guidance about the body language the person used to make his needs known so they could respond appropriately. The registered manager was able to show that training for all staff to receive Makaton training had now been booked. The service had its own copy of a resource provided by the local community learning disability team. This was the Makaton Primary Care communication Pack, and provided pictorial resources and Makaton signs for all health related issues; this enabled staff to involve people in decision making where appropriate.

Staff supported people to make choices and decisions for themselves in their everyday lives about how they spent their time, when they went to bed, what they wore, or did, where they ate and what they ate. We observed that routines were flexible and people got up at a time that suited them and chose what they wanted for breakfast and lunch. Staff respected people's choices. They protected people's dignity and privacy, personal care support was provided discreetly. Staff were observed to respect people's confidentiality by speaking in private or away from other people when discussing people's individual needs.

When at home people were able to choose where they spent their time, for example, in their bedroom or the communal areas. Bedrooms had been personalised not only with personal possessions and family photos but décor had been chosen carefully to reflect people's specific preferences and interests, and staff respected people's choices.

People were supported to maintain relationships with the people who were important to them; staff had recorded important events and anniversaries for them and supported them to buy cards and presents for

their family. Relatives were encouraged to visit and said that when they did they were made to feel welcome, they were happy with the responses they received from staff when they asked for feedback, but sometimes felt this lacked detail, we discussed with the registered manager who said they were looking at ways to keep relatives better informed through individual monthly newsletters, but would this discuss with staff to ensure they were consistent in the amount of feedback they gave

Some people had serious health conditions; the registered manager and staff had taken their responsibilities around end of life care seriously and provided staff with loss and bereavement training and had held discussions where necessary with relatives about end of life arrangements.

Is the service responsive?

Our findings

Relatives said that they thought their family member had enough activities to do, and that staff understood how their relative liked to participate. They said they were involved in the development of care plans and had sight of these and signed their agreement to them. Relatives said they were actively involved in reviews of their family members care. Comments included "I was really impressed with the notice they took of X's needs, gave me confidence in them, I felt listened to". A social care professional told us "I have observed good rapport between the staff and the service users and they have been given choice about what activities they would like to take part in." Another said "I have been really impressed with the way the service has worked with the parent, they have been open and transparent, and she can visit any time".

There was a complaints procedure in place but a copy of this in a more suitable format was not on display for people in the service; the registered manager explained that all but one person would be unable to use the easy read format and that complaints information was directed at relatives and representatives. Staff understood how people used sign, body language or their general mood, behaviour and demeanour to show that they were unhappy or sad and recorded this in their daily reports. A few relatives we spoke with said that their family member would make it very clear to staff through their mood or behaviour that they were unhappy. Staff said they had time to spend with people to observe and assess them and would always look for the causes of people's distress or behaviour and record and act upon this if they discovered what the issue was.

There was a complaints record for recording formal complaints. The PIR informed us that there had been only one complaint received in the last 12 months and this had not changed at the time of inspection. We spoke with relatives who said they found the registered manager and other staff approachable and would without hesitation express any concerns they might have to them if this was necessary; they were confident these would be dealt with. We were informed, however, about another complaint which had been dealt with in a formal manner; the relative concerned considered this to be a formal complaint but it had not been recorded as such. The registered manager said that she often received minor concerns from relatives that were dealt with at the time but had no record of these; relatives may feel that by raising a concern this is a legitimate complaint and this should be recorded as such. The failure to record people's concerns is a breach of regulation 16 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Before people moved into the service a pre-admission assessment was undertaken to assess whether the service could meet the person's needs. Initial meetings with the providers, registered manager, relatives, representatives and previous care providers enabled reports to be gathered. An assessment of needs was usually undertaken at a pace to suit the person, with opportunities for visits and trial stays. Two parents confirmed that they had visited the service prior to their relatives' admissions. They had also been involved in the early gathering of information and the development of a plan of care. The registered manager said she always considered the impact new people may have on those already in the service and was therefore always careful when accepting new people into the service for this reason and it was not just about filling a vacancy. A social care professional confirmed that the registered manager was "always mindful about who she accepts into the home, this shows her care for the people living there and that this is their home."

Following initial assessment and admission of a new person, the registered manager with staff developed a plan for their daily support and care; this was designed around their specific individual assessed needs. The plan included a personal profile, an understanding of what the placement objectives both in the short term and long term were for the person, individual support plans around their specific identified support needs for example, communication, behaviour, finances, social interaction personal care day and night routines. Details of the people who are most important in the person's life and their contacts with them were also recorded. All this information provided staff with a full picture of each person and guided staff in delivering support consistent with what each person needed and wanted. If people had potential to develop or enhance existing skills these would be discussed at review and support offered that enabled people to work towards this at a pace in keeping with their abilities.

Changes in people's care and treatment were discussed with their relatives and representatives before these were put into place. Each month key workers met with the people they supported and read the care plan and reviewed health information, some relatives told us they were actively involved in these meetings and others confirmed they had read the care plan for their relative and signed agreement to it on their relative's behalf.

Each person had a weekly activity planner that had been developed from an understanding of what they were interested in and liked to do. Staff told us these were guides for staff and were followed flexibly enabling staff to change around activities to suit the weather and the person's mood and desire to participate. Planners showed that people could have an activity in the community every day or two or three times per week dependent on their personal preferences. For example one relative told us that their family member preferred short excursions of an hour several times each day rather than all day events, another said their relative liked the library and went shopping with staff, another relative said their family member enjoyed bus rides but got bored easily and staff tried to offer different things. Staff monitored people's level of participation in an activity before deciding it was no longer a preferred activity; staff then looked for something else the person might like. Time was set aside within weekly activity planners for people to do activities of their own choice, such as listening to music, or watching favourite DVD's.

Is the service well-led?

Our findings

Social care professionals commented that they had no concerns about the service, one told us, "Since the current manager has been in post the home is certainly more responsive and engaging with family and myself." Relatives told us that they felt listened to by staff. Relatives said they thought that communication from the service was good and that things had improved since the registered manager returned to manage this service without her time being split elsewhere. Two relatives felt that communication was only now improving but could be better still, they said that the quality of feedback they received from some staff when they telephoned the service for updates about their relative could be inconsistent depending on whom you spoke with. Other comments received about the way staff responded however, included "They got everything in place really quickly before he moved in", "Conversations between us and staff are open, frank and honest", "They take suggestions on board", "The manager is brilliant". All relatives spoke positively about the staff describing them as "lovely" and commenting that staff displayed the right attitudes.

A range of checks and audits were undertaken each day, week, month and also quarterly, six monthly and annually. Staff had delegated responsibilities to conduct some of the daily and monthly checks and team leaders ensured these were done. Audits included checks of medicines, vehicle checks, health and safety checks, finance checks, infection control audit, and cleaning and catering checks, care plan record checks, and a safeguarding audit. Actions from individual audits were added to an overall service development plan with expected end dates for actions to be completed. The regional manager checked progress towards these actions during supervisions with the registered manager and regular service reviews.

An internal compliance and regulations inspection team visited every 12-18 months to assess service quality and compliance for the provider and external assessors also undertook annual financial and health and safety audits on behalf of the provider. These audits had identified only some of the shortfalls highlighted by the inspection, in regard to frequencies of staff meetings, staff supervision and some medicine management issues; actions to address these shortfalls were being implemented. The audits however, were not sufficiently effective to pick up on other issues we highlighted in regard to fire procedures, other shortfalls in medicine management, complaints management, and analysis and use of feedback by relatives to ensure that people were protected from unsafe support and treatment and their views listened to. There was a failure to ensure that systems to assess monitor and improve the quality and safety of services provided were implemented effectively to identify shortfalls within the service or that feedback sought and provided from relevant stakeholders was utilised to improve to inform and improve service development. This is a breach of Regulation 17 (1) (2) (a) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had been with the company since December 2013 and registered with the Care Quality Commission in March 2014. Previous to this inspection she had responsibility for managing this and a nearby service. Relatives, however, felt this dual responsibility had impacted adversely on the quality of the service provided and made the provider aware of their concerns; the provider acted upon this and made the decision to base the registered manager at this service only. Staff were happier that the registered manager was now responsible solely for this service; they thought she was a good manager and found her

and the deputy manager approachable. Staff said the registered manager had an open door policy and was available for staff to talk to at any time and they now felt well supported and listened to.

Staff said they felt able to raise matters individually but the lack of regular staff meetings was an issue for some; they felt this had impacted on their ability to gel as a team, to discuss support for people they worked with, develop strategies for problems arising and share information, so that all staff understood and worked in a similar way. The manager acknowledged that staff meetings had not been as often as they should be; she had now taken steps to schedule monthly staff meetings from January 2016. The first of these new meetings was scheduled for the week of inspection; staff were pleased about this.

Staff had access to policies and procedures, which were contained within a folder and was held in the service. These were reviewed regularly and kept up to date by the provider.

The registered manager told us that relatives were also surveyed by the provider on an annual basis, and that feedback from relatives from all services operated by the provider were aggregated together to provide an overall picture of service quality. The registered manager did not see individual results for her service but thought if there were any concerns these would be relayed through the regional manager. When we spoke with relatives, only a few thought they had received survey requests but had never received feedback as to how their comments or those of others was influencing service development. They did say however, that they felt consulted and involved about their relatives care and support and were able to express their views about the service through informal contacts with the registered manager and staff through phone contact, informal meetings, and events where family and friends were invited.

The provider information return (PIR) was returned on time as requested. This informed us about the actions taken by the provider to improve the service and further planned improvements, for example, the development of a management self-audit tool focusing on the inspection methodology domains of safe, effective, caring, responsive and well led. The PIR told us and senior staff confirmed that plans were also underway for the development of systems for requesting and responding to feedback from health and social care professionals who knew the service well.

Services that provide people with health and social care are required to notify the Care Quality Commission (CQC) of important events that happen. The manager ensured that they reported notifiable incidents to the commission when required, and had responded to and submitted requests for information from the Care Quality Commission on time.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use services were not protected against the risks associated with unsafe management of medicines. Regulation 12 (2) (g)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>There was a failure to ensure that concerns and complaints from people and or their relatives were always recorded and acted upon. Regulation 16 (1) (2)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a failure to ensure that systems to assess monitor and improve the quality and safety of services provided were implemented effectively to identify shortfalls within the service or that feedback sought and provided from relevant stakeholders was utilised to improve to inform and improve service development. This is a breach of Regulation 17 (1) (2) (a) (e)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>There was a failure to ensure that staff were</p>

provided with regular supervision of their work performance training and development in order for them to carry out the duties they were employed to perform, This is a breach of Regulation 18 (2) (a).