

Deepdene Care Limited

Deepdene Court

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

The inspection took place on 21 and 23 June 2016 and was unannounced.

Deepdene Court is registered to provide care and accommodation for up to 40 people who have a range of mental illnesses, including people who have complex and enduring needs as well as substance misuse needs. The premises were divided into two buildings: St Catherine's and Fieldings. We identified the service's registration details did not match the facilities as set out in the service's Statement of Purpose which said the service could accommodate up to 36 people. This was also different from what the registered manager said, that St Catherine's accommodates up to 18 people who may require nursing care and Fieldings up to 17 people. We discussed this with the provider who agreed that they needed to amend their registration details with the Commission to ensure it reflected the correct number of people they could accommodate. At the time of the inspection there were eight people living in St Catherine's and 14 in Fieldings.

Each of the two properties had communal lounges and dining areas as well as gardens which people used. All bedrooms were single and all bedrooms in St Catherine's had an en-suite bathroom and four had this facility in Fieldings. The home had a staff team of 20 care staff and eight registered nurses plus additional staff for cleaning, maintenance and cooking.

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

The previous inspection report for an inspection on 2 and 4 February 2015 made two requirements where we found breaches of the regulations:

- Measures to fully protect and safeguard people were not always in place
- The premises were not adequately maintained in Fieldings

The provider did not submit an action plan to say how and when these requirements would be met. An action plan was submitted after two further requests by the Commission, and more than nine months from the initial request. The shortfalls we found regarding measures to protect people have been addressed but we found risk assessments and care plans to protect people were often incomplete, unclear or absent.

At this inspection we found many improvements had been made to the environment and there were further plans to repair and refurbish bedrooms and communal areas.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff were aware of the Mental Capacity Act 2005 and the

Deprivation of Liberty Safeguards (DoLS). There were policies and procedures regarding the assessment of people who may not have capacity to consent to their care. However, we found where people lacked capacity to consent to their care and treatment this was not fully assessed. An application had not been made to the local authority for a DoLS where someone was not free to leave the premises, did not have mental capacity and expressed a wish to leave. This was addressed immediately by the registered manager; by the second day of the inspection mental capacity assessments had been completed where people did not have capacity and DoLS applications made to the local authority where needed.

People told us they felt safe at the service and health and social care professionals reported that staff took action to report any concerns to them including those subject to supervision under the Mental Health Act 1983 and other statutory orders. Staff were aware of safeguarding adults procedures and their responsibilities to report any concerns they had.

Sufficient numbers of staff were provided to meet people's needs. Pre-employment checks were made on newly appointed staff so that only people who were suitable to provide care were employed.

People's medicines were safely managed and guidelines were recorded when staff needed to support people with medicines they needed on an 'as required' basis.

People told us they were supported by staff who were well trained and competent. Staff had access to a range of relevant training courses and said they were supported in their work. These included training in specific care needs such as epilepsy and mental illnesses. We found staff were not trained in some care needs related to the needs of the older people at the service such as in nutrition and pressure area care where people were at risk of damaging their skin due to prolonged immobility.

People were supported to eat and drink and to have a balanced diet. There was a choice of food and people said they liked the food. Meals were nutritious and fresh fruit and vegetables were provided. Special dietary needs were catered for. Nutritional assessments were not always completed in full; this meant staff may not have sufficient guidance to support people to have enough to eat and drink.

People's health care needs were assessed and recorded. Care records showed people's physical health care needs were monitored and that people had regular health care checks.

Staff treated people with kindness and had positive working relationships with people. People were consulted about their care and said they were listened to. Staff acknowledged people's right to privacy and people were supported to develop independent living skills. People said staff treated them in a way which did not stigmatise those with a mental illness.

Care needs were reassessed and updated on a regular basis. Care plans were completed for each person and reflected how people liked to receive care. There was an activities coordinator who engaged people in activities such as going out in the community.

The complaints procedure was available in the home. A record was made of any complaints along with details of how the issue was looked into and resolved.

People and staff described the registered manager as "friendly" and approachable as well as being a good and responsive leader. Staff worked with people in a way which promoted people's rights and was person centred. The registered manager and staff encouraged people to communicate with them regarding the running of the service.

A number of audit tools were used to check on the effectiveness of care plans, medicines procedures, and, the environment.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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.

Staff did not always act in a way which protected people. Where there was a risk to people these were not always adequately assessed and staff were not always clear about how to safely support people.

Staff had a good awareness of the procedures for identifying and reporting any suspected abuse.

There were sufficient numbers of staff to meet the needs of people safely. Checks were made that newly appointed staff were suitable to work with people.

People were safely supported with their medicines.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Improvements had been made to the environment in Fieldings but further action was needed and the service had plans to complete these.

Staff were supported with training but this needed to be extended so staff had a knowledge of all the specific care needs people had. Staff felt supported in their work. The registered manager was working to achieve regular supervision for all staff which was still not in place.

People said they were consulted and had agreed to their care. There were policies and procedures regarding the Mental Capacity Act 2005 and staff training was provided in this. The staff, however, did not follow the correct procedures for assessing mental capacity when people were unable to consent to their care. This was, however, rectified during the course of the inspection.

People were supported to have a balanced and nutritious diet. Some of the nutrition assessments were incomplete which meant staff may not have the correct guidance to ensure this at

Requires Improvement ●

risk received adequate food and drink.

Staff liaised with health care services so people's health was assessed and treatment arranged where needed.

Is the service caring?

Good ●

The service was caring.

People were involved in decisions about their care and staff listened and acted on what people said.

Staff were committed to promoting people's rights and treated them with compassion and respect.

People were encouraged to develop independence and their privacy was promoted.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care which was responsive to their changing needs. People's care needs were reviewed and changes made to the way care was provided when this was needed.

People, and their relatives, had opportunities to raise comments and concerns. There was an effective complaints procedure which people, and their relatives, were aware of. Complaints were investigated and responded to.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider had not always responded in a timely way to requests for an action plan to meet requirements made in the last report and for notifying us of changes in the management of the service. There was a lack of clarity regarding the numbers of people the service could accommodate.

There were systems to communicate with people about the service and how it was run.

Staff had a set of values which promoted equality and person centred care.

A number of audits were used to assess the safety and quality of the service.

Deepdene Court

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. The 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.

The inspection team consisted of an inspector and a specialist advisor in mental health care.

Before the inspection we reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

During the inspection we spoke with seven people. We also spoke with seven staff and the registered manager.

We looked at the care plans and associated records for ten people. We reviewed other records, including the provider's internal checks and audits, staff training records, staff rotas, accidents, incidents and complaints. Records for six staff were reviewed, which included checks on newly appointed staff and staff supervision records.

We spoke to the following health and social professionals about the service: two social workers and two probation officers. We also spoke to a health and social care professional on the day of the inspection. These professionals gave us their permission for their views to be included in this report.

Is the service safe?

Our findings

At our inspection on 2 and 4 February 2015, we found procedures did not always ensure the safety of people. These related to violent incidents at the service, the admissions procedure not being followed to ensure people were safe to live at the service and a lack of adequate arrangements for liaising with health and social professionals who had responsibility for supervising people. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan to say how this was being addressed. At this inspection we found improvements had been made and action had been taken regarding these shortfalls. Since the last inspection the number of incidents of aggression and violence had decreased. People's needs were assessed before they were admitted to the service to ensure their needs could be safely met. Health and social care professionals told us the staff liaised well with them regarding any changes to people's needs. People's care records included details about the supervision arrangements for people who were subject to any legal supervision by health and social care services. This meant staff had well recorded information on how people should be supervised safely. Although improvements had been made to managing the risk of violence and aggression between service users and to pre-admission checks, we identified that not all of the records related to risk management were clear or complete.

People's care records included details about risks to their well-being. Staff told us they considered people were safely cared for. Risk assessments included when people went out in the community as well as risks related to people's mobility, risks of self-neglect, smoking in bedrooms and behaviour. Records showed referrals were made for specialist assessments regarding the risk of falls to people. There were corresponding care plans of the actions staff should take to reduce these risks so that people were safe. However, in some instances we identified that risk assessments were not completed in sufficient detail to ensure staff understood how to keep people safe. For example, one person's risk assessment regarding medicines identified the person was prone to spitting out their medicine but there was no detail to say what staff should do to ensure they took their medicines and how to respond if they did not. Another person's care plan had conflicting information about whether someone could safely make themselves a hot drink using the kettle. When we spoke to staff about this they were not clear whether the person could safely do this or not. Where people had seizures this was recorded along with guidance of when to contact the emergency services. However, one person's risk assessment about this lacked detail about the type, extent and frequency of seizures and any action staff should take to keep the person safe. Another person who had epilepsy did not have a risk assessment regarding their epilepsy and going out independently. One risk assessment regarding safety and smoking in a person's bedroom needed reviewing and updating in view of the number of cigarette burns observed to the flooring, indicating potentially unsafe smoking behaviours. A health and social care professional raised a concern regarding the appropriateness of prizes awarded to people as part of a raffle organised by the service. These included a prize of a tattoo and a tarot card reading. Reference was made by the health and social care professional to the possible negative impact and risks to the mental health of people. This was discussed with the registered manager who said this had not been raised as an issue and agreed to review this. No risk assessments to individuals had been assessed regarding the suitability of these prizes or if they might have an impact on people's well-being. It was also not clear if people's capacity to agree to have a tattoo was made if someone won this prize.

The provider had not ensured the risks to people's health and safety were fully assessed and recorded along with action staff should follow to mitigate the risks. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where incidents had taken place we saw these were looked into and amendments made to care plans so staff had guidance on how to safely care for people. Staff were trained in procedures for maintaining their own safety and for managing risks to people.

People told us they felt safe at the service. People said staff were very visible and available to them if they wanted help. One person said that any conflict between people was rare but on one occasion they observed staff responded quickly to resolve the situation and offered reassurance to the person. Staff were observed to discreetly monitor those who needed supervision for their own safety.

Staff said people were safe at the service. For example, one staff member said, "People are definitely safe." Staff were aware of safeguarding procedures and what to do if they had concerns about the safety of people. However, when we asked one staff member about safeguarding procedures to be followed if someone reported they had been ill-treated they said they would speak to their manager but confused the procedures with the Deprivation of Liberty Safeguards (DoLS). This indicated staff may need some additional instruction to clarify the difference between these two policies and procedures.

Staff told us there were sufficient staff to meet people's needs, although one staff member who worked in Fieldings felt that two staff on duty was not enough to meet people's needs due to higher support needs such as personal care. Health and social care professionals considered there were enough staff to meet people's needs. People also said there were enough staff. There were two staff teams: one for Fieldings and the other for St. Catherine's. Each had its own staff roster. In St. Catherine's there was one registered nurse on duty at all times plus two care staff. In addition to this were the hours worked by the registered manager and the deputy manager. At night time there was one registered nurse and one care staff member. Two care staff worked in Fieldings plus an assistant manager. The home also employed an activities coordinator for 37.5 hours a week, a chef, maintenance person and administrative staff. We observed these levels of staff being provided on the days we visited. Staff were provided in sufficient numbers, were available to people and responded to people's needs.

Pre-employment checks were carried out on newly appointed staff including a Disclosure and Barring Service (DBS) check that staff were suitable to provide care to people. These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk. Records of staff recruitment showed the provider obtained written references on newly appointed staff including references from the most recent previous employer. These records also showed newly appointed staff were interviewed before being appointed so the provider was able to check the suitability of these staff to provide care to people. Staff confirmed their recruitment involved reference checks and a job interview. The staff selection process also involved people in meeting candidates and giving feedback to the registered manager on their assessment of applicants.

People were safely supported with their medicines and people confirmed this. We looked at the procedures for the storage, handling and administration of medicines in both Fieldings and St Catherine's. Medicines were securely stored in 'treatment' rooms. Staff recorded their signature each time they administered medicines. Stocks of medicines showed people received their medicines as prescribed. Where people had variable doses of medicine for the management of diabetes we saw there was clear guidance for staff to follow. Records showed staff administered medicine in line with guidance for the person's blood sugar levels. Staff were trained in the administration of medicines, which involved observation of their

competency to safely administer medicines which was recorded. The registered manager told us how any medicines errors were looked into and additional training, supervision and support provided to staff where this was needed.

Checks were made by suitably qualified persons of equipment such as the passenger lift, gas heating, electrical wiring, fire safety equipment and alarms and electrical appliances. Temperature controls were in place to prevent any possible scalding from hot water, and the temperature of water was also checked periodically. Risks and measures to prevent Legionella were in place. Radiators had covers on them to prevent any possible burns to people. Windows had restricted openings to prevent people falling.

Is the service effective?

Our findings

At our inspection on 2 and 4 February 2015, we found the premises were not adequately maintained so that it was clean, secure and suitable for its purpose. This related to the Fieldings part of the service. This was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan to say how this was being addressed. At this inspection visit we found improvements had been made to the environment and were ongoing. Repairs and refurbishment had taken place to bathrooms. Furniture and flooring had been replaced in bedrooms. Bedrooms had been redecorated and were improved since the last inspection. A 'treatment' room had been created to store medicines and associated records.

However, there were still areas in need of attention and refurbishment to improve the quality and safety of the environment. The carpets on stairs were stained and worn. Vinyl flooring in one person's bedroom was extensively damaged from cigarette burns. The floor of a bathroom was in need of cleaning. The patio at the rear of Fieldings, which people, used was uneven and had pot holes which could be a trip hazard to those with mobility needs. The registered manager told us this was scheduled to take place and forwarded a plan of refurbishment of bedrooms and the replacement of flooring as well as the uneven patio.

A health and social care professional told us how adaptations were made to the premises to help those with mobility needs.

People said staff supported them well. For example, one person said how the staff were "good at rehabilitation" and provided the right support so they could recover from mental illness. Health and social care professionals described staff as skilled in working with people with mental health needs. One professional said the staff were experienced, calm and knowledgeable. Professionals reported that people made positive remarks about the support they received since moving into the home.

Newly appointed staff received induction training to prepare them for work at the service and enrolled on the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers. A member of staff who recently started work at the service described how their induction consisted of working with experienced staff in a 'shadowing' role. Records of the induction of newly appointed staff were maintained and showed how staff performance and progress was monitored during the induction.

Whilst staff had access to a wide range of training courses we identified additional knowledge and skills were needed regarding the care of people whose needs related to the ageing process such as assessing risks of malnutrition and the management of pressure areas on people's skin. We recommend staff training is provided in the care of people who are at risk of developing pressure areas on their skin and those at risk of malnutrition and dehydration.

Staff told us about the training they attended, which they said was plentiful and "good". The training included, the safeguarding of people, the Mental Capacity Act 2005, health and safety, moving and handling

and challenging behaviour. There was also training for staff in specific care needs such as epilepsy, physical health, mental health, person centred care, diabetes, schizophrenia and psychosis. Attendance at these training courses was monitored by the registered manager on a spreadsheet. Staff were able to demonstrate they knew about current best practice guidelines for working with people who had mental health needs.

Staff also had access to nationally recognised training qualifications such as the National Vocational Qualification (NVQ) in care and the Diploma in Health and Social Care. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. The registered manager confirmed eight staff were trained to NVQ/Diploma in Health and Social Care level 3 in care and that one staff member was studying for NVQ/Diploma in Health and Social Care level 5. The registered manager has a NVQ/Diploma in Health and Social Care level 7 in management and care.

Staff told us they were supported in their work, had supervision with their line manager and could seek advice and support when needed. Staff also said meetings allowed them to discuss any issues in the service including their training needs. Records showed there was a lack of consistency in the frequency of staff supervision. For example, some staff received regular supervision but we saw one staff member had a supervision session once a year. The registered manager said this was being addressed and had been identified as requiring action when he started work as the registered manager. Records showed staff appraisals took place and that staff performance was monitored where needed.

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

The service had policies and procedures regarding the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and staff received training in this. We identified the staff were not assessing the capacity of people to consent to their care and treatment where people did not have the mental capacity to do this. This included one person who expressed a wish to live elsewhere. The staff had not applied for a DoLS authorisation for this person. On the second day of the inspection we found the registered manager had acted on this immediately by carrying out mental capacity assessments where this was appropriate and had made contact with the local authority regarding DoLS applications which was followed up by a DoLS application. In view of the lack of understanding of the staff regarding the correct procedures for implementing the MCA the provider should consider additional training for staff in this and monitoring that the MCA is correctly applied.

People told us they were consulted about their care which was reflected in care plans where people had consented to the arrangements for their care. For example, one person said how they had agreed to their care plan aim of eventually living more independently. Staff encouraged people to be involved and consulted in devising their care plans. We saw that where people refused to take part in planning of their care that staff continued to in their attempts to involve the person.

People told us they liked the food and that there was a choice of food. A health and social care professional said the staff supported people who had special dietary needs which meant they were at risk if their fluid intake was not properly monitored. This was said to be carried out effectively so people were safe. Care

plans included a section called, 'Supporting Me to Eat Healthily.' We saw people had copies of a malnutrition universal screening tools (MUST) to assess those at risk of not eating and drinking enough. One of these was not completed properly and had recorded the person's weight but not their body mass index (BMI) or the MUST score which gives a risk of malnutrition score. This meant the assessment tool was not utilised correctly which would indicate if the person was a risk and what action was needed. Another person had a special diet and there was a MUST assessment in their care records which had not been completed.

We observed the main midday meal in each of the houses. The food was varied, nutritious and looked appetising. Fresh salads and vegetables were provided. Specialist diets were catered for such as for coeliac disease and diabetes. People liked the food and were observed to have additional portions. Fresh fruit was available in both houses for people to help themselves.

People were supported to access health care services. Records showed staff liaised with a number of health care professionals regarding changes in mental and physical health care needs. People's mental health needs were assessed and these included details of when people's mental health worsened including the recognition of the signs and symptoms. There were records to show advice was sought from medical practitioners when people became unwell as well as the emergency health care services when needed. We saw one person received support from a community nurse regarding the treatment of pressure areas on skin. A specialist bed and a mattress were provided by the NHS for this person to alleviate pressure areas. We identified staff had not received training in pressure area care to ensure the risk was minimised. Whilst the community nursing service provided the care and treatment for this person's pressure areas, the lack of staff knowledge in this could increase the risks of this care need not being identified especially for an ageing resident group who may experience immobility.

Is the service caring?

Our findings

Each person we spoke with said they received good care and were treated with respect and kindness. Staff promoted the rights of people who had mental health needs and treated people in a way which made them feel they mattered. For example, staff were said to have the right attitude to providing care and one person commented, "The staff don't treat people with the stigma of mental health." People said they were supported to develop independence and were fully involved in their care plan's aims and objectives. People said staff treated them with respect.

We observed staff interacted well with people and took time to chat and spend time with people, who described the staff as "friendly." Staff told us how they worked in a way which enabled staff and people to be sociable as well as having time to listen to people.

Staff demonstrated values of compassion and respect for people as well as enabling people to develop independence. For example, one staff member said the staff "treat everyone as if they were their own family." Another staff member said they ensured people had choices in their daily lives and recognised people enjoyed accessing community facilities. Staff spoke about a strong desire to provide person focussed care. Care records showed people were involved in discussions and decisions about their care. Care plans were written in a person centred way which meant the person's needs and preferences in how they wish to be supported was the main focus. Staff had attended training in person centred care.

Health and social care professionals described the staff as having a caring attitude and had observed staff were good at interacting with people in a friendly, meaningful and sociable way.

People's records also included a document called a 'Service Users' Guide' which gave information about what people could expect from the service, the complaints procedure and details about their rights. Information about the service was also available in the main entrance area. Regular residents' meetings took place where people could express their views and where staff could discuss any developments about the service. Records of these showed people discussed items such as activities and food.

There were policies and procedures regarding confidentiality which staff understood and had received training in. One person said how staff upheld confidentiality as they always discussed anyone's care needs in private. People had their own rooms so they could spend time in private. On the day of the visit some people preferred to use the communal areas and others to spend time in their room. Bedrooms had a lock which people used for privacy and security. Staff respected people's privacy by only going in their rooms with people's agreement and knocked on bedroom doors before entering.

We identified one person's privacy was compromised by surveillance. The registered manager and staff said this was installed at the request of the person but there was no record of this. On the second day of the inspection the registered manager had addressed this and there was a care plan about the arrangement. The person had not yet signed the care plan to agree to the arrangement but the registered manager confirmed this was done following inspection.

Is the service responsive?

Our findings

People confirmed they contributed to their assessment and to their care plan. This included people being consulted at the time of their initial assessment for possible admission to the home. The referrals and admission process involved potential residents visiting the home to see if it met their needs and expectations and for the service to assess they could meet the person's needs. A health and social care professional told us people visited the service to see if it met their needs.

People said they had regular discussions about their care needs with a named allocated staff member called a keyworker. Records showed care plans were reviewed on a regular basis.

People said they had access to a range of activities, which included being supported to attend the gym, going to the shops and outings as well as being able to develop independent living skills such as cooking.

People said they were able to give feedback about the home to staff who were receptive to any comments. People also said they were able to raise issues at the residents' house meetings. People were aware of the complaints procedure.

Decisions about people moving into the home were often made as part of a multi-disciplinary meeting, called the Care Programme Approach (CPA), of community and hospital based mental health services. People also had ongoing CPA reviews. Care records included reports made by the staff at the service about individual people which were submitted to the CPA review so the attendees had a progress report. We noted that the service did not always have a copy of the CPA reviews which would give important information about the care supervision arrangements for the person.

Records showed people's changing needs were monitored and responded to and referrals made for further assessments by mental health services or general health care when needed. Care records included details about people's personal background and relevant information from referring health and social services agencies. This included specific guidance from those professionals with responsibility for supervising people such as social workers and probation officers. Details of any formal supervision arrangements were recorded, such as the Mental Health Act 1983. There were records of the signs and symptoms when people's mental health needs may be increasing along with an action plan of what should do to ensure the person got the right care. Health and social care professionals stated the staff and registered manager worked well with other agencies to ensure people received coordinated care.

Health and social care professionals said staff responded to people's changing needs and they were kept informed of any incidents in the home. Health and social care professionals said the service provided support to people with complex needs which the staff were generally competent to deal with. One health and social care professional said there had been some issues regarding the support for one person's personal care and that the registered manager responded appropriately when this was raised. Another health and social care professional stated that the person they supervised responded well to the care and support which had resulted in improvements the person's personal care and mood.

The home employed an activities coordinator for 37.5 hours per week to provide and facilitate activities for people. These involved going out to local facilities and events. There was a vehicle available so staff could provide transport for people to activities. A health and social care professional said they had observed people taking part in activities with staff. People told us they were supported to make decisions about which activities were provided for people.

The complaints procedure was displayed in the home and people said they knew what to do if they had any concerns or complaints. People also said they felt able to raise any issues they had which were then acted on. Staff also commented that the registered manager was prompt in dealing with any issues raised by staff. There was a record of any complaints made as well as a record of how they were looked into and the outcome of this. This included correspondence to the complainant of the outcome of the investigation. We also saw a record of compliments made to the service, one of which said a 'warm, safe and caring environment' was provided where people were engaged in external activities.

Is the service well-led?

Our findings

The previous inspection report made requirements for two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us an action plan to say how these were being addressed and when they would be completed. The provider did not respond to this so we spoke to the provider on the telephone but an action plan was still not forwarded. We wrote again to the provider who then sent in an action plan more than nine months after we initially requested it. The provider also failed to notify us in a timely way of the change in the management of the service; this was completed after we made a request in writing. This did not demonstrate good leadership by the provider as they failed to understand and respond to the requirement to submit an action plan following an inspection that identified breaches of Regulation.

We found discrepancies between the provider's Statement of Purpose and the information the Commission holds about the service provided. The service is registered to accommodate 40 people but their Statement of Purpose said the service accommodates 18 people in each of the two houses. The registered manager said St Catherine's accommodates up to 18 people and Fieldings up to 17. The registered manager agreed the anomalies regarding how many people the service is registered to accommodate. We discussed this with the provider and they stated they intended to amend their registration to reflect the correct number of people they accommodated. Their Statement of Purpose also said the service was registered to assess and detain people under the Mental Health Act 1983 which it is not registered for. This was amended and an accurate Statement of Purpose submitted to us at our request.

People and staff spoke highly of the registered manager as being a proactive leader who was approachable. For example, one person said, "The manager is brilliant. Very friendly." Staff said how action was taken if they raised a concern and a staff member gave an example of how action was taken immediately to repair a toilet. Another staff member said they felt supported by the registered manager who regularly checked their work and reassessed their performance if this was needed. Health and social care professionals said the registered manager liaised well with them and took action when any concerns were raised.

The home's management promoted an open culture where people could discuss and raise any concerns. People told us they were able to raise any issues or concerns they had at the residents' meetings or at sessions with their designated staff member called a keyworker. Staff were said to be receptive to any issues raised by people or professionals.

The rating from the last CQC inspection report was displayed in the entrance hall and on the provider's website, which is required by the regulations.

Separate staff meetings were held for the service's management team, registered nurses and the care and ancillary staff. Agendas for the meetings were sent to staff in advance of the meetings and staff were invited to add any subjects they wished to discuss. Staff said the meetings allowed the staff team to communicate and discuss any relevant issues.

The registered manager and staff showed a commitment to improving and developing the service and acted promptly if the inspection highlighted any actions being needed such as the implementation of the Mental Capacity Act 2005.

The registered manager and staff were open to learning and reviewing incidents in the home. Training was provided to staff in current care practices, although this needs to be extended for care needs related to the ageing process. Staff had knowledge of the needs of the people they supported.

A list of core principles was displayed in the office and included: treating people with respect and dignity; delivering recovery through activity, inclusion and lifestyle; being flexible to people's needs; being dedicated and professional, and, maintaining a safe environment. We found these were generally reflected in our findings, although the environment was still in need of improvement.

Staff attitudes reflected a culture where staff valued the rights of people with mental health needs. People felt valued by staff who had positive attitudes which did not label or stigmatise them.

The registered manager carried out weekly and monthly audit checks and submitted a report of the findings to the provider. These audit reports were found to be comprehensive and included any new referrals or admissions, the environment, food, complaints and any staffing performance. A three monthly audit and report was completed by the provider's compliance manager. The provider also commissioned an external evaluation of the service which included a report on the findings.

There was a system for recording and investigating any incidents along with an action plan to make any identified improvements; these involved the input and review of the provider's management team.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment |
| Diagnostic and screening procedures | The provider had not ensured risks to people were fully assessed and action taken to mitigate those risks. Regulation 12 (1)(2)(a)(b) |
| Treatment of disease, disorder or injury | |