Manor Care Homes Ltd

Homeville

Inspection report

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Margate
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 15 February 2016, was unannounced and was carried out by one inspector.

Homeville is a privately owned care home providing personal care and support to up to three people who may have learning disabilities and complex needs. People may also have behaviours that challenge and communication and emotional needs. There were two people living at the service at the time of the inspection.

The service is a terraced property close to the centre of Margate. Each person had their own bedroom which contained their own personal belongings and possessions that were important to them. The service had access to a vehicle which was shared with the providers other nearby service, to access facilities in the local area and to access a variety of activities.

There was a registered manager working at the service and they were supported by a deputy manager. They were also the registered manager of the other service owned by the provider which was close by. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager and staff supported us throughout the inspection.

The registered manager had worked at the service for many years firstly as a support worker and then as the deputy manager. They became the registered manager of the service in August 2015. They knew people and staff well and had good oversight of everything that happened at the service. The registered manager and deputy led by example and promoted the ethos of the service which was to support people to achieve their full potential and to be as independent as possible. The registered manager and provider made sure there were regular checks of the safety and quality of the service. They listened to peoples' views and opinions and acted on them.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Some of people at the service had been assessed as lacking mental capacity to make complex decisions about their care and welfare. At the time of the inspection the registered manager had applied for DoLs authorisations for people who were at risk of having their liberty restricted and some approvals had been granted. There were records to show who people's representatives were, in order to act on their behalf if complex decisions were needed about their care and treatment.

Before people decided to move into the service their support needs were assessed to make sure the service would be able to offer them the care that they needed. People indicated that they were satisfied and happy with the care and support they received. People were involved with the day to day running of the house. The

service was planned around people's individual preferences and care needs. The care and support people received was personal to them.

People had an allocated key worker. Key workers were members of staff who took a key role in co-ordinating a person's care and support and promoted continuity of support between the staff team. People had key workers that they got on well with. Staff had built up relationships with people and were familiar with their life stories, wishes and preferences. This continuity of support had resulted in the building of people's confidence to enable them to make more choices and decisions themselves and become more independent.

Staff asked people if they were happy to do something before they took any action. They explained to people what they were going to do and gave them the time they needed to respond. Throughout the inspection people were treated with dignity, kindness and respect. People privacy was respected and they were able to make choices about their day to day lives.

People were involved in activities which they enjoyed and indicated that they wanted to do them again. Planned activities took place regularly. People had choices about how they wanted to live their lives. Staff respected decisions that people made when they did not want to do something and supported them to do the things they wanted to.

Throughout the inspection we observed people and the staff as they engaged in activities and relaxed at the service. Some people could not communicate fully by using speech and staff understood the needs of the people they supported. Staff were able to understand people through body language, facial expressions and behaviours and supported people in a discreet, friendly and reassuring manner. Staff anticipated or interpreted what people wanted and responded quickly. There were positive and caring interactions between the staff and people. People were comfortable and at ease with the staff.

Staff supported, monitored and recorded what people were achieving and how they were developing. People's individual religious preferences were respected and staff supported people to attend church services.

Potential risks to people were identified but full guidance on how to safely manage the risks was not always available. This left people at risk of not receiving the interventions they needed to keep them as safe as possible. We did find that some areas concerning risks to people needed reviewing and action needed to be taken to make sure people were as safe as possible. The registered manager told us these would be addressed immediately. On the whole there was guidance in place for staff on how to care for people effectively and safely and keep most risks to minimum without restricting their activities or their life styles and promoting their independence, privacy and dignity. The complaints procedure was on display in a format that was assessable to people. If people, staff or relatives made a complaint they would be listened to and action would be taken.

People were protected from the risk of abuse. Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns both within the company and to outside agencies like the local council safeguarding team. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the provider or outside agencies if needed. The registered manager monitored incidents and accidents to make sure the care provided continued to be right or whether it needed to be changed.

People said that they enjoyed their meals. People were offered and received a balanced and healthy diet.

They had a choice about what food and drinks they wanted and were involved in buying food and preparing their meals.

People received their medicines safely and when they needed them. They were monitored for any side effects. People's medicines were reviewed regularly by their doctor to make sure they were still suitable. On a few occasions the room temperature where the medicines were stored exceeded the recommended level. This had been identified by staff and action to rectify this was taken on the day of the inspection. People's health was monitored. People had regular reviews and appointments with doctors and specialist services. If people were unwell or their health was deteriorating the staff contacted their doctors or specialist services.

The management team made sure the staff were supported and guided to provide care and support to people enabling them to live fulfilled and meaningful lives. Staff said they could go to the registered manager at any time and they would be listened to. Staff had received regular supervisions (one to one meetings with a senior member of staff). They had an annual appraisal so had the opportunity to discuss their developmental needs for the following year. Staff were positive about the support they received from the registered manager to make sure they could care safely and effectively for people.

A system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit to do so. There were sufficient numbers of staff on duty throughout the day and night to make sure people were safe and received the care and support that they needed. There was enough staff to take people out to do the things they wanted to. New staff had induction training which included shadowing experienced staff, until they were competent to work on their own. Staff had core training and more specialist training, so they had the skills and knowledge to meet people's specific needs. Staff fully understood their roles and responsibilities as well as the values of the service.

Emergency plans were in place so if an emergency happened, like a fire the staff knew what to do. Safety checks were done regularly throughout the building and there were regular fire drills so people knew how to leave the building safely.

Staff were aware of the ethos of the service, in that they were there to work together to provide people with personalised care and support and to be part of the continuous improvement of the service. Staff told us that there was an open culture and they openly talk to the registered manager and the deputy manager about anything.

The provider had recently developed a programme for auditing all the systems used at the service. This had not yet been implemented. The registered manager was auditing the systems and when shortfalls had been identified they had been addressed and improvements had been made, although the provider was not always checking that action was taken.

The provider asked people, staff and relatives and other stakeholders like doctors or community specialists about what action they thought the provider could take to make improvements.

The registered manager was aware of submitting notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. 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?

Requires Improvement

The service was not consistently safe.

Risks to people were assessed but guidance was not always available to make sure all staff knew what action to take to keep people as safe as possible.

People's medicines were managed safely.

People were protected from abuse and harm. The registered manager monitored incidents and accidents to make sure the care provided was safe.

There were enough staff on duty to support people's activities, hobbies and appointments. Staff were checked before they started work at the service and people had a say about who was employed to support them.

Is the service effective?

Good

The service was effective.

Staff received the training and support they needed to have the skills and knowledge to support people and to understand their needs.

People were supported to have an active and healthy lifestyle. Mealtimes were social occasions and people were supported to eat a healthy varied diet of home cooked food and drink.

People were given the support they needed to make day to day decisions and important decisions about their lifestyle, health and wellbeing.

Is the service caring?

Good

The service was caring.

The registered manager and staff were committed to proving individual personal support. People had positive relationships with staff that were based on respect and shared interests.

People had support from friends and representatives to help them make decisions and have a good quality lifestyle. People were fully involved in planning their futures.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to. People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People received the care and support they needed to meet their individual needs. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to. The service was flexible and responded quickly to people's changing needs or wishes.

People took part in daily activities, which they had chosen and wanted to participate in. People had opportunities to be part of the local community.

People could raise concerns and complaints and trusted that the staff would listen to them and they would work together to resolve them.

Is the service well-led?

Requires Improvement

The service was well-led.

The registered manager and staff were committed to providing person centred care. The registered manager promoted an open and inclusive culture that encouraged continual feedback.

Audits and checks were carried out to make sure the service was safe and effective but checks were not always made to make sure shortfalls had been addressed.

People's views and interests were taken into account in the running of the service. Feedback was sought from people, staff, relatives and stakeholders. It was considered and acted on.

The service worked effectively to create links in the local community.

Homeville

Detailed findings

Background to this inspection

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

This inspection took place on 15 February 2016 and was unannounced. The inspection was carried out by one inspector. This was because the service only provided support and care to a small number of people.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law, like a death or a serious injury. This enabled us to ensure we were addressing potential areas of concern at the inspection.

On this occasion we did not ask the provider to complete 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. This was because we inspected this service sooner than we had planned to.

As part of our inspection we spoke with and observed two people at the service, the registered manager, and two staff. We observed staff carrying out their duties, such as supporting people to go out and helping people to make their lunch and drinks.

We reviewed a variety of documents which included two people's care plans, training information, staff files, medicines records and some policies and procedures in relation to the running of the service.

We last inspected Homeville in May 2014. There were no concerns identified at this inspection.

Requires Improvement

Is the service safe?

Our findings

People indicated that they felt safe. They were happy, smiling and relaxed with the staff. People approached staff when they wanted something or they wanted to go somewhere. Staff responded immediately to their requests. People approached staff if they were unhappy or worried and staff reassured them. People had communication plans that explained how they would communicate or behave if they were anxious or worried about something.

Most risks to people had been identified and assessed but some guidelines to reduce risks were not always available. For example there one person who liked to spend a long time soaking in the bath. Staff respected the person's privacy and wish to do this, but there was no risk assessment in place to make sure the person was as safe as possible. Staff on duty told us that they regularly checked the person was alright and waited near the bathroom. They also said that they supported them with washing. There was risk that not all staff would do this as there was no specific guidance in place. When other risks had been identified like as risk of losing weight, action had not been taken when a person did lose weight. There was a risk that people may receive inconsistent care and support at times.

Care and treatment was not provided in the safest way for people because the provider did not have sufficient guidance for staff to follow to show how risks to people were mitigated and action had not been taken when a risk occurred. This is a breach of Regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other risks had been assessed in relation to the impact that the risks had on each person. There were risk assessments for when people went out. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others. People could access the community safely on a regular basis. When people were going out, they received individual support from staff that had training in how to support people whose behaviour might be challenging. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards.

Staff knew people well and were able to recognise signs if people were upset or unhappy. They were able to recognise if people needed support to calm them if they appeared anxious or upset. Staff explained how they would recognise and report abuse. They had a good understanding of different types of abuse and had received training on keeping people safe. They told us they were confident that any concerns they raised would be taken seriously and fully investigated to ensure people were protected. There were clear procedures were in place to enable this to happen. Referrals would be made to the local safeguarding authority when required and action taken by the staff to reduce the risks from happening again. Staff were aware of the whistle blowing policy and knew how to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Information was available to people and staff about what to do and who to contact if they were concerned about anything. People could be confident that staff would protect them from abuse because they were aware of their roles and responsibilities.

People were protected from financial abuse. There were procedures in place to help people manage their money as independently as possible. This included maintaining a clear account of all money received and spent. Money was kept safely and what people spent was monitored and accounted for. People could access the money they needed when they wanted to.

Accidents and incidents involving people were recorded. The registered manager reviewed accidents and incidents to look for patterns and trends so that the care people received could be changed or advice sought to help reduce incidents.

The staff carried out regular health and safety checks of the environment and equipment. This made sure that people lived in a safe environment and that equipment was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure they were not too hot or too cold. Regular checks were carried out on the fire alarms and other fire equipment to make sure it was fit for purpose. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the 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.

People received their medicines when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. Staff received training on how to give people their medicines safely and their competencies were checked regularly to make sure their practice remained safe. Medicines were stored securely. The medicine cupboard was clean and tidy, and was not overstocked. Room temperatures were checked daily to ensure medicines were stored at the correct temperatures. On a few occasions the temperature in the room were medicines were stored exceeded the recommended limit. The registered manager immediately took action to remedy this.

The records showed that medicines were administered as instructed by the person's doctor. Some people were given medicines on a 'when required basis' this was medicines for pain like paracetamol. There was written guidance for each person who needed 'when required medicines'. The effects of the medicines were monitored to see if they were working for the person. If they were not effective then this was reported to the person's doctor and further advice was sought.

There was enough staff on duty to meet people's needs and keep them safe. Staff told us there was enough staff available throughout the day and night to make sure people received the care and support that they needed. The duty rota showed that there were consistent numbers of staff working at the service. The number of staff needed to support people safely had been decided by the authorities paying for each person's service.

People required one to one support when they went out on activities. The registered manager made sure there was enough staff available so people could do the activities they wanted. There were arrangements in place to make sure there was extra staff available in an emergency and to cover for any unexpected shortfalls like staff sickness. Staff said that there was little sickness and if someone was off sick other staff were always happy to cover the shortfall. If there were not enough staff available, staff from the company's other service in the local area covered the shortfall. On the day of the inspection the staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people's individual needs.

Staff were recruited safely to make sure they were suitable to work with people who needed care and support. The provider's recruitment policy was followed. Staff completed an application form, gave a full employment history, showed a proof of identity and had a formal interview as part of their recruitment.

Written references from previous employers had been obtained and checks were carried out with the Disclosure and Barring Service (DBS) before employing any new staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their terms and conditions of work.

Good

Is the service effective?

Our findings

The people had very different care and support needs and the staff were very aware, sensitive and knowledgeable about each person and how they liked to have things done. People had a wide range of needs. Some people's conditions were more complex than others. People said and indicated that the staff looked after them well and the staff knew what to do to make sure they got everything they needed. People had a good relationship with the staff and got on with them well.

The staff had knowledge about how each person liked to receive their personal care and what activities they enjoyed. Staff were able to tell us about how they cared and supported each person on a daily basis to ensure they received effective personal care and support. They were able to explain what they would do if people became restless or agitated or if they were upset and needed extra support and comfort. There was information on different techniques to use like 'encourage the person to take deep slow breathes', 'show the person what to do' or 'put on music and start doing exercises and person will join in'. When people could not fully communicate using speech they had an individual communication plan which explained how they communicated. There was robust guidance in place about how staff should respond to people in the way that they understood and suited them best.

The on-going training programme ensured that staff had the right skills and knowledge to look after people properly. When staff first started working at the service they had completed an induction programme, which had been developed to include training focused on supporting people who lived in the service. The induction included completing the standards recommended by Skills for Care, a government agency who provides induction and other training to social care staff. The service was in the process of introducing the new Care Certificate for all staff, as recommended by Skills for Care. The induction included shadowing experienced staff to get to know people and their routines. Staff were supported during the induction, monitored and assessed by the registered manager to check that they were able to care for, support and meet people's needs.

The registered manager kept a training record which showed when training had been undertaken and when 'refresher training' was due. This included details of courses related to people's health needs like epilepsy and administering special medicines to people if they had a seizure and other specific needs. Staff had completed the training and were knowledgeable about what they had learned. The registered manager checked that staff were competent and had the knowledge and skills to carry out their roles.

Staff told us that they felt supported by the registered manager and the deputy manager. They said that they were listened to and were given the support and help that they needed on a daily basis and their requests were acted on. There were handovers at the end of each shift to make sure staff were informed of any changes or significant events that may have affected people. There was also discussion on what people had planned and the support and care people needed during the next shift.

Staff had regular one to one meetings with the registered manager or the deputy manager. This was to make sure they were receiving support to do their jobs effectively and safely. Staff said this gave them the

opportunity to discuss any issues or concerns that they had about caring and supporting people, and gave them the support that they needed to do their jobs more effectively. Staff who had worked at the service for 12 months had, had an annual appraisal to discuss their training and development needs. The performance of the staff was being formally monitored according to the company's policies and procedures. The staff were supported out of hours by the registered manager or the deputy manager. Staff said they could contact the management team day or night and they were confident they would receive any support and help that they needed.

There were regular staff meetings that highlighted people's changing needs and other issues like health and safety, staff conduct and training. There were reminders about household tasks allocations and about the quality of care delivered. Staff had the opportunity to raise any concerns or suggest ideas. Staff felt that their concerns and ideas were taken seriously by the registered manager and acted on.

The registered manager and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest. The registered manager had applied for deprivation of liberty safeguards (DoLS) authorisations for people and these were being processed. These authorisations were applied for when it was necessary to restrict people for their own safety. These restrictions in place were as least restrictive as possible.

The registered manager had considered people's mental capacity to make day to day decisions and there was information about this in their care plans. There were mental capacity assessments in place to determine whether people had capacity or not to make decisions. When people's behaviour changed and there were changes made to their medicines, these decisions were made by the right clinical specialists with input from the staff. When people lacked capacity to give consent to these changes there was mental capacity assessment available and best interest decision making was recorded.

People were in control of their care and treatment. Staff asked for people's consent before they gave them any care and support. If people refused something this was recorded and respected. Before people took part in activities or went out staff checked with people about what they wanted to do.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. The staff actively sought support when they needed it and did not work in isolation. People were supported to make and attend medical appointments. If people's physical and/or mental health declined and they required more support the staff responded quickly. Staff contacted local community healthcare professionals and made sure that the appropriate treatment, care and support was provided. Staff closely monitored people's health and wellbeing in line with recommendations from healthcare professionals. People saw their doctors for a health check up every year and whenever they needed to. People also had regular appointments with opticians and dentists.

People indicated and said the meals were good and they could choose what they wanted to eat at the times they preferred. People went shopping to buy the food and drinks that they wanted. People were encouraged to be as independent as possible and were involved in cooking their own meals if they wanted to be. People were involved in organising the menu for the week and could choose what they wanted to eat. Staff were aware of what people liked and disliked and gave people the food they wanted to eat. Staff respected people's choices about what they did eat. People were supported and encouraged to eat a healthy and nutritious diet. People could help themselves to drinks and snacks when they wanted to and there was a range of foods to choose from. Staff included and involved people in all their meals. People often went out

to eat in the local area and this was an activity they enjoyed.

Good

Is the service caring?

Our findings

People indicated and said that the staff were caring; they liked staff who were supporting them. People chose to spend time with staff. When people wanted to be on their own their wishes were respected. Staff supported people in a way that they preferred and had chosen. People and staff worked together to do daily tasks like laundry, tidying up and preparing drinks and meals. People smiled and laughed a lot. People and staff were seen to have fun together and share a laugh and a joke. People chatted, socialised and looked at ease. People were very relaxed and comfortable in their home and with the staff that supported them.

People had a key worker. A key worker is a member of staff allocated to take a lead in coordinating someone's care. They were member of staff who the person got on well with and were able to build up a good relationship. Key workers were assigned to people based on personalities and the people's preferences. Whenever possible people were supported and cared for by their key worker. They were involved in people's care and support on a daily basis and supported people with their assessments and reviews. The staff had a good knowledge of the people they were caring for. Staff said that they kept themselves updated about the care and support people needed. The key worker system encouraged staff to have a greater knowledge, understanding of and responsibility for the people they were key worker for. Key workers and other staff met regularly with the people they supported to find out what they wanted to do immediately and in the future. One member of staff told us: "We all get on very well together. We like each other". Other staff said that they made sure that they included people in all aspects of the day; they said that they treated everyone equally and fairly. People said and indicated that they liked the staff team that supported them and that they were able to do as much as possible for themselves. Staff were kind, considerate and respectful when they were speaking with people and supporting them to do activities.

When people could not fully communicate using speech they had an individual communication plan. This explained the best way to communicate with the person like observing for changes in mood, how to approach them. Staff were able to interpret and understand people's wishes and needs and supported them in the way they wanted. When people had to attend health care appointments, they were supported by their key worker or staff that knew them well and would be able to help health care professionals understand their communication needs.

Staff encouraged and supported people in a kind and sensitive way to be as independent as possible. Staff asked people what they wanted to do during the day and supported people to make any arrangements. People made their own choices each day, such as what they wanted to wear or eat, where they wanted to spend their time and what they wanted to do. Sometimes people liked to go out in the local area and at other times preferred to stay in at home. This was respected by the staff. Staff changed their approach to meet people's specific needs. People were aware of what was being said and were involved in conversations between staff. Staff gave people the time to say what they wanted and responded to their requests. Staff responded quickly to people when they asked for something. One person called for a staff member to help them in the kitchen, the member of staff immediately gave a response and went to help them.

People's ability to express their views and make decisions about their care varied. To make sure that all staff

were aware of people's views, likes and dislikes and past history, this information was recorded in people's care plans.

People, when they were able, were involved in planning their own care and deciding what they wanted to do. If people had family then their views and opinions were sought in planning people's care. The registered manager told us that if needed they would access independent advocates to support people who did not have any one to speak up on their behalf. Advocates support people so that their views are heard and their rights are upheld. The advocates were there to represent people's interests, which they could do by supporting people to communicate their wishes, or by speaking on their behalf. They are independent and do not represent any other organisation. At the time of the inspection people had families who supported them.

Everyone had their own bedroom. Their bedrooms reflected people's personalities, preferences and choices. People had equipment like music systems; T.V's and games so they could spend their time doing what they wanted. All personal care and support was given to people in the privacy of their own rooms. Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task.

Staff were aware of the need for confidentiality and personal information was kept securely. Meetings where people's needs were discussed were carried out in private.

Good

Is the service responsive?

Our findings

People had assessments before they came to stay at the service. People were supported to be involved in the care and support that they needed when they wanted it. They talked with staff about the care and support they wanted and how they preferred to have things done. Assessments reflected their previous lifestyles, backgrounds and family life. It also included their hobbies, and interests, as well as their health concerns and medical needs. These helped staff to understand about people and the lives that they had before they came to live at Homeville. The assessments also included information about how people wanted to remain independent with specific tasks and the areas where they needed support. Staff asked people and their family members for details of their life so they could build up a 'picture' of the person. This gave the registered manager and staff the information about the person and how to care and support them. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best.

Each person had a care plan. The care plans were in the process of being reviewed, updated and written in a format that would be more meaningful to people. The care plans were written to give staff the guidance and information they needed to look after the person. The care plans were personalised and contained details about people's background and life events. Staff had knowledge about people's life history so they could talk to them about it and were aware of any significant events. People who were important to people like members of their family and friends were named in the care plan. This included their contact details and people were supported to keep in touch. The registered manager and staff had endeavoured to maintain contact with people's families to build family relationships.

Staff were responsive to people's individual needs. Staff responded to people's psychological, social, physical and emotional needs promptly. Staff were able to identify when people's mental health or physical health needs were deteriorating and took prompt action. Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs to enable staff to care for each person. They included guidance about people's daily routines, behaviours, communication, consent and eating and drinking.

People's preferences of how they received their personal care were individual to them. People's ability to express their views and make decisions about their care varied. To make sure that all staff were aware of people's views, likes and dislikes and how they liked to live their lives, this information was recorded in people's care plans. There was information about what made people happy, what made them unhappy and what made them angry. When people could not fully communicate using speech they had an individual communication plan. This explained the best way to communicate with the person. Staff were able to interpret and understand people's wishes and needs and supported them in the way they wanted. When people became upset about events that happened in their lives the staff had found meaningful and creative ways to support them to help resolve the issues they had.

People with complex support needs had a support plan that described the best ways to communicate with them. There was a list of behaviours that had been assessed as communicating a particular emotion, and

how to respond to this. Staff said that these were helpful and generally accurate and helped them support the person in the way that suited them best. The support plans focused on how to manage the behaviours positively and to give support in a way that was less likely to cause the behaviour. These plans were person centred and bespoke for each person. For example, making sure that staff were aware of the situations that may lead to a behaviour and anticipate what the person wanted before the behaviour actually occurred. The plans explained what staff had to do to do if a behaviour did occur. The support described was aimed at providing alternative strategies to reduce any negative behaviour. Staff were consistent in how they managed behaviours.

People were supported to develop their independence skills. Staff completed daily records and these included what activities people had participated in. Staff said they had got to know people and encouraged them to do as much for themselves as possible. People had 'goals' (skills or tasks identified that people were learning to become more independent in) People's progress was monitored to support people to develop skills and independence at their own pace. For example one person was now able to wash themselves independently as staff had worked out a simple strategy of giving them shampoo and shower gel in a small pot so they would only use the required amount. Another person had been supported to get a voluntary workers post at a local charity shop. They had filled in an application form, attended an interview and were very pleased and happy when they got the post. Staff said that their confidence and skills had improved.

People lived active, varied lifestyles and followed their own interests. They had opportunities to participate meaningfully in the community and to develop their skills. People were encouraged and supported to join in activities both inside and outside the service. People were excited and happy about the activities they did. A variety of activities were planned that people could choose from. People had timetables of activities to give a basis for the choices available. Some activities were organised on a regular basis, like going to social clubs and attending a drama group. People did exercise classes to help them keep fit. There were art and craft groups, discos and local community groups. Some people really enjoyed going for a walk in the local area and staff supported them to do this when they wanted. People were occupied and enjoyed what they were doing. Staff were attentive to know when people were ready for particular activities and when they had had enough. There was also very clear guidance on the things that people disliked and that upset them. Staff made sure that these were avoided.

People's relatives were encouraged to visit whenever they wanted. People were also supported to make visits to their families and keep in touch regularly by phone. The deputy manager was going to take a person to home to visit their family as the family found the drive to the service difficult.

The complaints procedure was displayed and showed who would investigate and respond to complaints. People were listened to and their views were taken seriously. If any issues were raised they were dealt with quickly. People's key workers spent time with them finding out if everything was alright with the person and if they wanted anything. There were regular meetings for people and staff. There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions. Staff felt confident to pass complaints they received to the registered manager. The service had a complaints process that was written in a way that people could understand. It was available and accessible. The service had not received any formal complaints in the last 12 months.

Requires Improvement

Is the service well-led?

Our findings

The manager had become the registered manager of the service in August 2015. They had worked at the service for many years prior to this appointment. They were also the registered manager for another nearby service within the company. Staff told us the service was well led. They had confidence that the registered manager would take their role seriously and make sure that people were safe and receive everything they wanted and needed. The deputy manager had been working at the service since July 2015. Staff said they received support from the registered manager and the providers to develop and take the lead role in some areas.

The registered manager and staff were clear about the aims and visions of the service. The service's visions and values were to support people to be as independent as possible while keeping them safe. Their practices was based on 'person centred support' and supporting people to reach their full potential. Staff were aware of and agreed with the set of values' which outlined the expectations of staff in their actions and behaviours towards everyone who used the service and each other. This promoted and put into practice values such as compassion, dignity, equality and respect. Our observations and discussions showed that there was an open and positive culture between people, staff and the manager. People were at the centre of the service and everything revolved around their needs and what they wanted. There were links with the local and wider community and people had developed friendships.

People were supported to keep in touch with their friends and family and to make new friends. There was a culture of openness and honesty; staff spoke to each other and to people in a respectful and kind way.

People indicated and staff told us the manager listened to what they had to say and if there were any problems they were sorted out. The staff said the registered manager and provider were fair and supportive. On the day of the inspection people and staff approached the registered manager whenever they wanted to. There was clear and open dialogue between the people, staff and the registered manager.

Staff handovers highlighted any changes in people's health and care needs. Staff were clear about their roles and responsibilities. They were able to describe these well. The staffing structure ensured that staff knew who they were accountable to. Regular staff meetings were held where staff responsibilities and roles were reinforced by the manager. The registered manager and staff had clear expectations in regard to staff members fulfilling their roles and responsibilities.

The registered manager knew people well, communicated with people in a way that they could understand and gave individual and compassionate care. The staff team followed their lead and interacted with people in the same caring manner. Staff said that there was good communication in the staff team and that everyone helped one another. They told us that they felt valued and appreciated by the providers.

There were systems in place to regularly monitor the quality of service that was provided. People's views about the service were sought through meetings, reviews, and survey questionnaires. The last survey was sent to people, their relatives and staff in October 2015. The results of these surveys were in the process of

being analysed and collated to produce a report to identify the strengths and weaknesses of the service. The registered manager had sought the opinions of other stakeholders, like doctors and community specialists in December 2015 so their input could be used to drive improvements to the quality of the service. The registered manager audited aspects of care weekly and monthly such as medicines, care plans, health and safety, infection control, fire safety and equipment. If any shortfalls were identified then action was taken to make improvements. The associated director visited the service regularly to check on how things were. The staff could contact them at any time if they needed to. The associated director also carried out regular visits to check and identify any shortfalls within the service and any environmental work that had been carried out or needed to be done. They wrote a report of their findings but they were not auditing all the systems within the service. The associated director had recently developed a programme for auditing the system but it had not been implemented. There was no evidence that follow up checks were made and there were no records in place to make sure shortfalls had been addressed and that improvements had been made.

The systems in place to quality assure the care being provided were not fully effective. Feedback was not being gathered from all stakeholders to improve the quality of the service. All systems within the service were not being checked by the provider and records were not completed to demonstrate that when shortfalls had been identified action had been taken to make improvements.

This is a breach of regulation 17(2) (a) (b) (c) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

There were regular managers meetings when discussions took place within the management team about the shortfalls and challenges they faced and the action management were going to take to drive improvements.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This is so we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so when required.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in the safest way for people because the provider did not have sufficient guidance for staff to follow to show how risks to people were mitigated and action had not been taken when risks occurred. This is a breach of Regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance All systems within the service were not being checked by the provider and records were not completed to demonstrate that when shortfalls had been identified action had been taken to make improvements. This is a breach of regulation 17(2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities).