

Mrs R Haq

Graywood Care Home

Inspection report

10 Northdown Avenue
Cliftonville
Margate
Kent
CT9 2NL

Tel: 01843220797

Date of inspection visit:
29 August 2017

Date of publication:
06 October 2017

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

Graywood Care Home provides accommodation and personal care for up to 13 people who need support with their mental health. The service is located in a residential area of Margate, near to shops, local amenities and the sea front. There is good access to public transport. The service is set out over two floors. The first floor could be accessed by stair lift if needed. On the ground floor are communal areas and bedrooms. Each person had their own bedroom which contained their own personal belongings and possessions that were important to them.

There were 12 people living at the service at the time of the inspection. The care and support needs of the people were varied. There was a wide age range of people with diverse needs and abilities. The youngest person was in their 30's and the oldest was over 80 years old. As well as needing support with their mental health, some people required care and support related to their physical health. People were able to make their own decisions about how they lived their lives. They were able to let staff know what they wanted and were able to go out independently.

There was no registered manager in post. This was because the service was registered to one person who is the provider and therefore the service does not require a registered manager. The provider was the registered person. 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 provider had overall responsibility for this service. The provider spent time at the service and there was an assistant manager in post who gave support with the day to day running of the service. The service was a family run business and family members were employed by the provider. The provider, assistant manager and staff supported us throughout the inspection.

At the last inspection in September 2016 we found a breach of regulations and the service was rated 'Requires improvement'. We issued a requirement notice relating to a lack of good governance. We asked the provider to take action and the provider sent us an action plan. The provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. Improvements had been made but further improvements were required.

Staff and people told us that the service was well led and that the management team were supportive and approachable. They said there was a culture of openness within Graywood Care Home which allowed them to suggest new ideas which were often acted on. The assistant manager had sought feedback from people, staff and others involved with the service. Their opinions had been captured, and analysed to promote and drive improvements within the service. Informal feedback from people, their relatives and healthcare professionals was encouraged and acted on whenever possible.

The assistant manager undertook checks of the environment to make sure everything was safe. Audits and health and safety checks were regularly carried out by the assistant manager and these were recorded.

However, the assistant manager had not identified the shortfalls in recording some information. Some records had not been completed and did not contain all the information needed to support people.

On the whole, there was guidance in place for staff on how to care for people effectively and safely. Risk assessments were designed to keep most risks to minimum without restricting people's activities or their life styles and promoting their independence, privacy and dignity. However, on occasions potential risks to people were identified and discussed but guidance on how to safely manage the risks was not always available and some risk assessments were not accurately recorded. This is an area for improvement.

At the last inspection fire safety checks which were supposed to be done weekly had not been completed. At this inspection all safety checks had been completed at the required intervals Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do. There were regular fire drills at the service so that people knew how to leave the building safely. People's personal evacuation emergency plans (PEEPS) had been reviewed and updated to explain what individual support people needed to leave the building safely. There was no 'grab- bag' available at the service. A 'grab bag' is a bag that contains important information about people like what medicines they take that can be taken out of the building quickly in the event of an emergency. The assistant manager said they would implement this.

Before people decided to move into the service their support needs were assessed by the assistant manager to make sure they would be able to offer them the care that they needed. The findings of the assessments had not been recorded so that they could be used to develop a care plan. The care and support needs of each person were different and each person had a care plan which was personal to them. Care plans recorded the information needed to make sure staff had guidance and information to care and support people in the way they preferred. People were able to come and go as they pleased and organise their own daily activities. People would benefit from more direction and support from staff when planning and undertaking activities

People had an allocated keyworker. A key worker was a member of staff who takes a key role in co-ordinating a person's care and support and promotes continuity. Throughout the inspection people were treated with kindness and respect. Staff were attentive and the atmosphere in the service was calm, and people were comfortable in their surroundings. Contact with people's family and friends who were important to them was supported by staff.

People's medicines were handled and managed safely. People's physical and mental health was monitored and people had regular contact with specialist health care services. If people were unwell or their health was deteriorating the staff contacted their doctors or specialist services.

People said that they enjoyed the food and it was always of a good standard. They said there was plenty of choice and the portions at meal times were good. They told us they had involvement in the menu to ensure they had their favourite foods.

People were settled, happy and contented. Staff were caring and respected people's privacy and dignity. There were positive and caring interactions between the staff and people were comfortable and at ease with the staff. Everyone told us their privacy was respected and they were able to make choices about their day to day lives.

The staff knew people well and were familiar with their lifestyle wishes and preferences. This continuity of care and support resulted in building people's confidence to enable them to make more choices and decisions themselves. People's individual religious preferences were respected.

Staff understood how to protect people from the risk of abuse. Staff had received training on how to keep people safe. They were aware of how to recognise and report safeguarding concerns both within the service and outside agencies such as the local authority safeguarding team. Staff were confident to whistle-blow to the registered manager if they had any concerns, and were confident that appropriate action would then be taken.

The assistant manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have to be agreed by the local authority as being required to protect the person from harm. At the time of the inspection no-one living at the service was subject to a DoLS restriction. Although the assistant manager had considered people's mental capacity to make the decisions, this had not been recorded.

There was a stable staff team who had worked at the service for many years. There were sufficient numbers of staff to meet people's needs. The assistant manager was in the process of recruiting new staff. There were staff recruitment procedures to ensure staff were suitable for their job roles. Staff had the knowledge and skills to meet people's needs, and attended regular training courses. There was a training programme, including induction training in place to ensure that all staff received the basic and specialist training they needed to ensure they had the skills and competencies to care and support the people. Staff received regular one to one meetings with the assistant manager and an annual appraisal to discuss their training and development needs. Staff were supported by the assistant manager and felt able to raise any concerns they had or suggestions to improve the service.

The complaints procedure was available and accessible. People knew how to complain and felt confident their complaints would be listened to and acted on. People had opportunities to provide feedback about the service provided both informally and formally. The assistant manager was aware they had to submit notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

We found a breach of regulation 17 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a continuous breach of this regulation which was also identified at the two previous inspections. 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 were managed so people were not restricted in any way.
Risks were identified and staff knew what to do to mitigate risks but guidance on how to mitigate risks was not always clear or available.

Staff knew the signs of abuse and how to report any concerns.

There were enough staff to meet people's needs and staff were checked before they started to work at the service.

Medicines were managed safely.

Is the service effective?

Good 

The service was effective

Staff had received all the training they needed to meet people's needs. Staff felt well supported by the assistant manager and the staff team.

The management and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People and their representatives were involved in making decisions about their care and support.

When people had specific physical or mental health needs and conditions, the staff had contacted healthcare professionals and made sure that appropriate support and treatment was made available.

People were provided with a suitable range of nutritious food and drink.

Is the service caring?

Good 

The service was caring.

People spoke highly of the staff and the management team. They said they were always treated with respect and dignity; and that

staff were helpful and caring.

Staff communicated effectively with people, they ensured that people's privacy was respected and responded quickly to their requests for support.

Staff promoted people's independence and encouraged them to do as much for themselves as possible.

Is the service responsive?

Good ●

The service was responsive

People received the care and support they needed to meet their individual needs. People's preferences, likes and dislikes were taken into consideration in all aspects of their care.

People were supported to make choices about their day to day lives. People were able to undertake daily activities that they had chosen and wanted to participate in. People would benefit from more support and direction when planning and doing activities. People had opportunities to be part of the local community.

People said they would be able to raise any concerns or complaints with the management and staff, who would listen and take any action if required.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Systems for monitoring the quality of care provided were not fully effective. Records were not always completed clearly or available.

Staff were aware of the provider's vision for the service and this was followed through into their practice. The staff were aware of the service's ethos for caring for people as individuals.

People were encouraged to give their views and feedback about the service. They felt listened to and had a say on how to improve things. There was a commitment to listening to people's views and making changes to the service.

Graywood Care Home

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 29 August 2017 and was unannounced. It was carried out by one inspector; this was because the service only provided support to a small number of people.

Before the inspection, we did not ask the provider to complete a Provider Information Return (PIR). This was due to technical issues. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law, like a death or a serious injury.

We met all of the people living at the service and had conversations with eight of them. We spoke with four members of staff, the provider and the assistant manager. Before the inspection we spoke with a visiting professional who had regular contact with the service.

During our inspection we observed how the staff spoke with and engaged with people. We looked at how people were supported throughout the day with their daily routines and activities. We reviewed five care plans of the people living at the service, and looked at a range of other records, including safety checks, records kept for people's medicines, staff files and records about how the quality of the service was managed.

We last inspected this service on 2 September 2016. A breach of a regulation was identified at this inspection.

Is the service safe?

Our findings

People said that they felt safe living at Graywood Care Home. People said, "I have a key to my bedroom but I don't use it as I trust all the staff and people living here".

Risks to people had been identified and assessed but guidelines to reduce risks were not always available or were not clear. Some people had conditions like diabetes. The guidance and information in their risk assessments recorded the physical signs and symptoms staff should be aware of if their condition was becoming unstable and what action to take. However, risk assessments did not say what people's normal blood sugar range was and at what point staff needed to seek advice and assistance. The staff we spoke with were able to explain clearly the signs they would look for and knew what people's normal blood sugar range was. However, there was a risk that people might not receive the support they needed if their blood sugars became unstable.

When people were undertaking activities like going on holiday the risks had been discussed and minimised but these had not been recorded. There was no written guidance for staff about how to minimise these risks.

We recommend that the provider ensures that all risks are recorded in people's files.

Other risks had been assessed in relation to the impact that the risks had on each person. There were risk assessments for when people had conditions like epilepsy or if people were at risk of losing weight. These were detailed and explained how to support and care for people safely. Accidents and incidents had been recorded. Since the last inspection only a few accidents or incidents had occurred. The assistant manager knew about analysing accidents and incidents to identify any patterns or trends.

At the last inspection fire safety checks had not been completed when they needed to be, at this inspection improvements had been made. Fire safety checks had been completed, including the fire alarms, emergency lighting and fire doors. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do. There were regular fire drills at the service so that people knew how to leave the building safely. People and staff were able to say what they would do in the event of a fire. They said they had practised and were able to say exactly what they had to do if the fire alarm went off. People's individual personal evacuation emergency plans (PEEPS) had been reviewed and updated to explain what individual support people needed to leave the building safely. The service did not have a 'grab bag' in place. This is a bag that contains important information including what medicines people were prescribed and other important information that would be needed if they left building in an emergency. The assistant manager said they would address this.

The provider had recently had an independent fire safety company visit to review and update the fire systems at the service. Recommendations had been made and the provider planned to take action to make sure all the recommendations were met.

Regular health and safety checks of the environment and equipment had been carried out. There were

records to show that equipment and the premises received regular checks and servicing, such as checks of the boiler, electrical system, and temperature of the water

People said that if they were not happy with something they would report it to the assistant manager or provider. They were confident that they would listen and take action to protect them. Staff knew people well and were able to recognise signs if people were upset or unhappy. Staff explained how they would recognise and report abuse. They 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. 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.

People were protected from financial abuse. There were procedures in place to help people manage their money as independently as possible and several people managed their own money. People knew how much money they had to spend every week and some people had made the choice for the provider to keep their money safe. The provider kept clear accounts of all money received and spent. Money was kept safely and was accessed by senior staff only. People's monies and what they spent was monitored and accounted for. People could access the money they needed when they wanted to.

People said that their medicines were given to them when they needed them. One person said, "Staff always make sure I have my tablets every day, so I don't have to worry about when to take them". People told us that they received their medicines when they should and felt staff handled their medicines safely. Staff said that they had received training in medicines and that their competencies in giving medicines to people were checked to make sure they were safe to do so. Records confirmed this.

There were policies and procedures in place to make sure that people received their medicines safely and on time. People's medicines were managed by staff. People said they were happy with this arrangement and this was the way they preferred to have their medicines. Medicine Administration Records (MAR) charts showed that people received their medicines according to the prescriber's instructions. People's medicines were reviewed regularly by their doctor to make sure they were still suitable. Temperature checks of the room where the medicines were stored were taken daily and recorded to ensure that medicines were stored at the correct temperature to ensure the effectiveness and quality of the medicines use. Some people were given medicines on a 'when required basis'. There was guidance for each person who needed 'when required medicines'.

Medicines were audited at least daily. Medicines were counted and a record kept of the amount. The entries were signed and countersigned to make sure there was the correct amount of tablets and that staff were writing in the correct person's record.

All the relevant safety checks had been completed before staff started work at the service. Application forms showed a full employment history and gaps in employment had been explored when staff were interviewed. Satisfactory evidence of conduct in previous employment had been requested. Two references were obtained from previous employers for the majority of staff. Other safety checks had been completed including Disclosure and Barring System (DBS) checks. (The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services). Interviews were carried out and a record of the interview was kept. Successful applicants were required to complete an induction programme and probationary period.

People said that there was enough staff working at the service to support them. One person commented, "Staff are always around when we need them". Staff told us there were sufficient staff on duty at all times

and the rota showed that staff worked as a team to cover for sickness or annual leave. On the day of the inspection the staffing levels reflected the number of staff on the duty rota. The duty rota indicated that there were consistent numbers of staff available throughout the day and night to make sure people received the care and support that they needed. A member of staff had recently left and the assistant manager was recruiting to the post. In the meantime existing staff were covering the shortfall and doing extra shifts.

Is the service effective?

Our findings

People told us the staff looked after them well and the staff knew what to do to make sure they got everything they needed. People commented, "I have a keyworker. They help me do things and sometimes get me things that I need" and "Everyone gets on well together. The staff very kind and friendly".

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection all the people had the capacity to make their own decisions and no-one was deprived of their liberty. The provider had not formally recorded that people had full mental capacity or recorded how they had considered and assessed capacity. This is an area for improvement.

A visiting professional told us that the staff knew what they were doing and were knowledgeable about people. They said that staff contacted them promptly if there were any concerns and acted on the advice or changes to people's care and support.

The provider kept a training record which showed when training had been undertaken and when 'refresher training' was due. This included details of some courses related to people's health needs like diabetes and mental health. Staff had now completed this training and were able to explain how the conditions might affect people. Staff knew the signs and symptoms to look for if people's diabetes became unstable or if their mental health started to deteriorate. Staff had received updated training in first aid and Mental Capacity Act training. Regular training updates were provided in subjects, such as, fire safety, medicines and moving and handling.

The majority of the staff team had worked at the service for many years. The staff knew people well and knew how they liked to receive their care and support. The staff had knowledge about how people liked to receive their personal care and what activities they enjoyed. Staff were able to tell us about how they supported people on a daily basis to ensure they received effective individual care and support. They were able to explain what they would do if people became unwell.

There had been no recent new staff employed at the service. When new staff did start they received an induction. The induction consisted of time spent going over policies and procedures, getting to know the

service and the people living there. As part of the induction period, new staff shadowed existing staff to get to know how things were done. Staff member's personnel records showed that they were going through the induction which was being signed off by the assistant manager at each stage

Staff told us that they felt supported by the provider and assistant manager. They said that they were listened to and were given the support and help that they needed on a daily basis. 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. Staff received regular one to one meetings and a yearly appraisal from the registered manager. This gave them the opportunity to discuss their roles and responsibilities, and to highlight any further support or training they required. Staff told us that the management team were always available for guidance and support to enable them to carry out their role effectively. The staff were supported out of hours by the provider and the assistant manager.

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 provider and assistant manager and acted on.

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. People's health was monitored and care provided to meet any changing needs. When 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.

People were supported to go to the GP, dentist and optician; appointments had been made for blood tests when people had conditions like diabetes. Staff made appointments with the consent of the person and when asked were happy to accompany people to these appointments. Staff closely monitored people's health and wellbeing in line with recommendations from healthcare professionals.

People and staff told us that there was good communication between everyone. Visiting professionals said that there was clear and effective communication with the staff. Regular reviews were held when people's care was discussed in full and the staff were able to provide documentation if there had been any issues. Staff immediately sought advice and support if they were unsure how to manage certain situations.

People said the meals were good and they could choose what they wanted to eat at the times they preferred. People were supported and encouraged to eat a healthy and nutritious diet. People told us, that they were involved in cooking and could go to the kitchen anytime and get drinks or snacks. People's dietary preferences were respected and people's preferred meals were prepared for them. 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.

Some people had coffee/tea making facilities in their rooms so they could be more autonomous and independent. Staff included and involved people in choosing and preparing their meals. People often went out to eat in restaurants and local cafés. When people were not eating enough staff made sure they had enough calories to maintain their weight to remain as healthy as possible. The amount of food and drinks they had was monitored to make sure they were having adequate amounts to keep healthy and hydrated. Staff contacted dieticians when they needed to. Some people had specific health needs like diabetes and

staff supported and encouraged them to manage their diets to make sure they were as healthy as possible. The lunchtime meal was a social occasion when people sat together and chatted. There was a relaxed and friendly atmosphere. People had helped lay the tables. The tables were nicely laid with serviettes and condiments. On the day of the inspection the provider had organised a barbeque. Everyone looked forward to this during the day and enjoyed the event.

Is the service caring?

Our findings

A lot of the people at the service had lived there for many years. They said they were very happy living at Graywood Care Home. People told us, "I've lived here for years and I won't want to be anywhere else. The staff are good and kind and listen. The manager is good, and the food is good" and "The staff are always kind and listen to what I have to say".

People were treated with dignity and respect. Interactions between people and staff were positive, caring and inclusive. Staff told us that they enjoyed working with the people living at Graywood Care Home and this was demonstrated by their commitment to providing people with the support they needed. They knew about people's life experiences and supported people in line with their different personalities. Staff gave people the time to say what they wanted and responded to their requests. People felt they were able to express their needs and that they would be listened to.

People's independence was supported and people went out and about as they wished. People told us they were able to make choices about their day to day lives and staff respected those choices. Everyone worked together to respond to people's individual needs to make sure people got the help and support they needed. Staff encouraged and supported people in a kind and sensitive way.

The staff had good knowledge of people and their needs. All staff spoke about respecting people's rights and supporting people to maintain their independence and make choices. The management and staff were committed to providing personalised care to each person. Staff made sure that people were involved in the daily routines, like washing up and tidying their bedrooms. Staff supported people to what they wanted to do. Staff took time to listen and supported people to make arrangements for the day. Some people were going out shopping; or visiting a local café.

Throughout the inspection exchanges between people and staff were caring, respectful and professional. People were included in conversations and staff explained things to people and took time to answer people's questions. People told us how everyone was involved at the service. They told us about they felt like part of a family and that the provider included them in family celebrations. People were very respectful and supportive towards each other. Positive and caring relationships had developed between people. The provider treated people as extended family. On the day of the inspection people approached the provider for advice and reassurance. The provider responded in a caring, sensitive and inclusive way. They made the people feel important and cared for.

People's rooms were personalised with their own possessions, they had their own things around them which were important to them. There was personalised information about people's background and life events recorded in their care plans. Staff had knowledge about people's life history so they could talk to them about it and were aware of any significant events.

People were independent and could come and go as they pleased. If they wanted to, people had a key to the front door to let themselves in and keys to their bedrooms. People's religious beliefs were supported.

The service had developed links with local church groups and people attended church when they wanted to.

People had opportunities to express their views about the service. There were regular meetings with the management team to discuss the care and support they were receiving. The last meeting included discussing the risk of being out in the sun and wearing sun cream, menu options and activities that people would like to do. It also included updating people about the changes within the staff team.

Staff involved and supported people in making decisions about their care. People said that they were involved in planning their care. They told us staff sat with them to discuss what care and support they wanted and what they did not want. At the inspection the assistant manager was supporting a person to review and update their care plan. Staff understood about person-centred care. People decided when they went to bed, when they got up and how they wanted to spend their time.

Staff took care to ask permission before intervening or assisting people. Staff spoke with people in a friendly and pleasant manner. Staff respected people's privacy and knocked on people's doors and waited to be invited in. When staff wished to discuss a confidential matter with a person they did not do so in front of other people but asked the person if they could speak to them in private. Everyone said their privacy was always respected.

People's personal information was stored safely and securely and people had access to their care plans when they wanted to.

Is the service responsive?

Our findings

People said, "I can come and go when I want. I just let the staff know otherwise they would worry". People told us they had been involved in the planning of their care. One person told us, "All decisions have been made with me, we work together". Staff were responsive to the needs of people and they knew people well.

A visiting professional told us that staff contacted them promptly if there were any concerns and acted on their advice and made changes to people's care and support.

Before people first came to live at the service they had pre-admission assessment which identified their care and support needs. This was undertaken by the assistant manager. The assistant manager had recently carried out a pre-admission assessment but there was no record of this to identify the person's care and support needs and other important information. The assistant manager was able to recall information but there was risk that it was not all captured and that other staff would not know about the person, their history health issues and the care and support that they would need. The assistant manager had developed a care plan when the person arrived at the service and this was being added to as they got to know the person better. Other people did have pre-admission assessment records.

Individual care plans were developed for each person to give staff the guidance and information they needed to look after the person in the way that suited them best. Staff were responsive to people's individual needs. People told us that the quality of their life was good and staff were supportive. Staff considered people's views and took action in line with people's wishes. There were opportunities for people to express their views about their own support and about the running of the service. There were regular house and individual meetings.

In some care plans it was identified that for people to be involved in their care planning the plans needed to be written in format that was easier to understand. Some care plans were in a pictorial format and others were written in large bold print. People told us about their care plans and said that they were involved in the planning and they understood what they were for. The care plans gave the information on the support people needed with their personal care. There was information on what people could do for themselves and the when they needed support. The care plans clearly stated the signs staff should be observing for to detect if people's mental health was deteriorating and the action they should take. Staff responded to people's psychological, social, physical and emotional needs promptly.

Each person had a key worker. This was a member of the care team who took responsibility for a person's care to maintain continuity and for the person to have a named member of staff they could refer to. People had meetings with their key worker at least once a month to review their care and say what they wanted. People said that they felt listened to and their views were taken seriously. If any issues were raised they said these 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 was a commitment to listening to people's views and making changes in accordance with people's comments and suggestions. Relatives came to visit and people went to visit their families. People were supported to have contact relatives.

People decided what they wanted to do and when they wanted to do it. Information was included in people's care plans about their preferences about how they wanted to be supported. Staff were familiar with people's likes and dislikes in regards to their personal care, hobbies and interests, outings, holidays and activities in and outside the service. Throughout the days of the inspection people decided how they spent their time, the food they wanted and what social activities they wanted to do. Some people went out in the local area. Some people said they liked going on long walks and another person told how they enjoyed going to the library. People were able to do these activities on their own. Some people had specific interests and hobbies. In some care plans we saw that people liked animals, going to football matches and photography. One person had a special interest in aeroplanes and had model aeroplanes on the shelf near where they sat. They also received regular magazines about their favourite hobby. People told us that they enjoyed watching films late at night.

People commented "I am alright here, I have no complaints" and "I have complained about the food a couple of times and they sorted it out immediately". There had been no formal complaints since the last inspection. People were confident that the provider, assistant manager and staff would listen to them if they had any concerns and would take action to resolve the issues. People said they would complain if they needed to but did not have any complaints. People were asked regularly if they were 'happy' with everything. The complaints procedure was available to people and written in a format that people could understand. Any complaints were logged and investigated and responded to by the provider.

Is the service well-led?

Our findings

People and staff were complementary about the provider and assistant manager. They said they were very supportive and they could approach them at any time. People said the management team always listened to what they had to say and always made time for them

At the last inspection the provider had failed to identify the shortfalls at the service through regular effective auditing and feedback was not being gathered from all stakeholders to improve the quality of the service. At this inspection improvements had been made. However further improvements were needed.

Records had not always been completed. When people were taking risks these were considered and mitigated but had not been recorded. People's mental capacity had been considered but the outcome had not been documented. Before people came to live at the service the assistant manager said their needs had been assessed but there was no record of the assessment. There was a risk that information would not be passed on to staff or be forgotten. The provider's audits had not identified the shortfalls in the records that we found at the inspection.

The registered person had failed to identify the shortfalls at the service through regular effective auditing. Records were not all accurate and up to date. This was a continuous breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was the third inspection where we identified a continuous breach of this regulation

The assistant manager ensured that people were involved in the day to day running of the service. Systems were in place to obtain their views, including residents' meetings and quality assurance surveys. Staff had opportunities to share their views through staff meetings and supervision to make suggestions about changes and developments. Surveys were also being sent to relatives and health care professionals. Staff confirmed the culture within the service was supportive and enabled staff to feel able to raise issues and comment about the service or work practices. Staff commented about the open culture and felt able to speak out about anything. Staff told us, if needed, they felt confident about raising any issues of concern around practices within the service and felt they would be supported by the assistant manager

Audits and checks were undertaken to make sure care plans were up to date and reflected people's changing needs. Medicines had been audited to make sure people were receiving their medicines as they were supposed to. The assistant manager carried out monthly health and safety checks of the environment including the water temperatures, the stair lift and fire safety. All bed rooms were checked for any repairs or replacements needed for fixtures and fitting. Safety of electrical equipment was checked, cleanliness and décor. These checks were recorded. If any shortfalls or issues were identified then action was taken to rectify them.

People were encouraged to be involved in the service through regular meetings, and events. The minutes of these showed these were an opportunity to share ideas and plan improvements. People and staff said that the provider and assistant manager were available and accessible and gave practical support, assistance and advice. Staff handovers between shifts highlighted any changes in people's health and care needs. Staff

were clear about their roles and responsibilities. Regular staff meetings were held when staff responsibilities and roles were reinforced by the management team. The provider or assistant manager were 'on call' at all times to ensure that staff had the support they needed outside of office hours.

The service's visions and values were to give people the care and support that they needed while promoting independence keeping them safe. The management and staff were clear about the aims and visions of the service. When staff spoke about people, they were very clear about putting people first. The provider and assistant 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 on the whole interacted with people in the same caring manner.

There were links with the local and wider community. People had built relationships inside and outside the service. They were supported to keep in touch with their friends and family and to make new friends.

Providers are required, by law, to display their CQC rating to inform the public on how they are performing. The latest CQC report and rating was displayed in the service. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The assistant manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had failed to identify the shortfalls at the service through regular effective auditing. Records were not all accurate and up to date.</p> <p>This was a continuous breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>