National Autistic Society (The)

Overcliffe House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We undertook an unannounced inspection of Overcliffe House on the 30 September 2016. Overcliffe House is a care home providing personal care and accommodation for up to twelve adults with learning disabilities and autism.

At our last inspection on 6 March 2015 the service met the regulations inspected.

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

Care plans were person-centred, and specific to each person and their needs. Care preferences were documented and staff we spoke with were aware of people's needs. Care plans were reviewed monthly and were updated when people's needs changed.

Relatives informed us that they were satisfied with the care and services provided. Relatives also told us that they were confident that people were safe in the home.

Systems and processes were in place to help protect people from the risk of harm and staff demonstrated that they were aware of these. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

People needed support with their finances as they did not have the capacity to do so. Records showed checks were being carried out by staff and the registered manager.

Systems were in place to make sure people received their medicines safely. Arrangements were in place for the recording of medicines received into the home and for their storage, administration and disposal.

The premises were clean and tidy. There was a record of essential maintenance carried out at the home. Bedrooms had been personalised with people's belongings to assist people to feel at home. However, the water temperatures in the home were not controlled and had reached temperatures above the recommended safe water temperatures. Although, the registered manager told us the issue had been reported and were waiting for this to be fixed by the housing association. we identified that there were inadequately controlled risks being presented to people using the service in the meantime.

Staff had been carefully recruited and provided with induction and training to enable them to support people effectively. They had the necessary support, supervision and appraisals from management.

Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA 2005). Capacity

to make specific decisions was recorded in people's care plans.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The home had made necessary applications for DoLS as it was recognised that there were areas of the person's care in which the person's liberties were being deprived. Records showed that the relevant authorisations had been granted and were in place.

There were suitable arrangements for the provision of food to ensure that people's dietary needs were met.

Staff were informed of changes occurring within the home through daily handovers and staff meetings. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

A satisfaction survey had been carried out in July 2016 and the results from the survey were positive. The service undertook a range of checks and audits of the quality of the service and took action to improve the service as a result.

There was a management structure in place with a team of support workers, registered manager and the provider. Staff spoke positively about working at the home. They told us management were approachable and the service had an open and transparent culture. They said that they did not hesitate about bringing any concerns to the registered manager.

The current systems in place were not robust enough to monitor and improve the quality of the service being provided to people using the service. Although some checks had been completed by the registered manager, there were areas which had not been promptly followed up or identified.

Relatives spoke positively about management in the home and staff. They said that the registered manager was approachable and willing to listen.

We made one recommendation concerning finances. We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We are currently considering what further action to take. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded

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

Aspects of the service were not safe. Records showed water temperatures in the home were above the recommended safe temperatures. The registered manager told us this had been reported to be fixed however records showed the issue was on going.

People needed support with their finances as they did not have the capacity to do so. Records showed checks were being carried out by staff and the registered manager.

Appropriate arrangements were in place to ensure there were sufficient and competent staff deployed to meet people's needs.

Appropriate arrangements were in place in relation to the management and administration of medicines.

Appropriate employment checks were carried out before staff started working at the service. So only suitable staff were employed to provide people with care and support.

Is the service effective?

Good

The service was effective. There were some arrangements in place to obtain, and act in accordance with the consent of people using the service.

Staff had completed relevant training to enable them to care for people effectively. Staff were supervised and felt well supported by their peers and the registered manager.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

Is the service caring?

Good

The service was caring. Relatives told us that they were satisfied with the care and support provided by the service.

People were treated with dignity and respect.

Yearly reviews of people's care had been conducted with

relatives in which aspects of their care were discussed.

Is the service responsive?

Good

The service was responsive. Care plans included information about people's individual needs and choices.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored.

The service had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Requires Improvement

Aspects of the service were not safe. The current systems in place were not robust enough to monitor and improve the quality of the service being provided to people using the service. Checks had been completed by the registered manager, however there were areas which had not been promptly followed up or identified.

Relatives told us that management were approachable and they were satisfied with the management of the home.

The home had a clear management structure in place with a team of support workers, the registered manager and the provider. Staff were supported by management and told us they felt able to have open and transparent discussions about the service with them.

Overcliffe House

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 provide a rating for the service under the Care Act 2014.

The inspection team consisted of one inspector. Before we visited the home we checked the information we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised.

There were twelve people using the service. All the people had autism and could not always communicate with us and tell us what they thought about the service. Because of this, we spent time at the home observing the experience of the people and their care, how the staff interacted with people and how they supported people during the day and at meal times.

We spoke with four relatives. We also spoke with the registered manager and two support workers. We reviewed five people's care plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Requires Improvement

Is the service safe?

Our findings

Relatives of people using the service told us they felt their family member was safe in the home. They told us "[Person] is very safe there" and "They [person] are getting good care and attention from the service. I have no problem with the home at all."

We saw there were systems in place for maintenance of the building and equipment, and to monitor the safety of the service. Portable Appliance Tests had been conducted on all electrical equipment, legionella checks on the home's water supply and maintenance checks had also been carried out. Accidents and incidents at the home were recorded in an incident report book and incident forms were completed. Testing of the fire alarm was done weekly, fire drills were conducted twice a month and fire equipment was checked on a monthly basis. People using the service had a personal emergency and evacuation plan (PEEP) plan in place in case of fire.

However records showed water temperatures in the home would at times reach above the recommended safe water temperatures and were not consistent. Water temperatures should not be above 44°c as this places people at risk of scalding. For example, for the upstairs bathroom, the water temperatures were recorded as the following: 21/5/16 – 55.6°c, 10/7/16 – 57.2°c, 23/7/16 – 53.2°c, 31/7/16 – 54.1°c, 7/8/16 – 50.5°c, 11/8/16 – 52.7°c, 13/8/16 – 50.4°c, and on the 24/9/16 – 50.9°c. Records also showed for the downstairs bathroom water temperatures were 3/9/16 – 43.9°c and 27/8/16 – 45°c. During this inspection we checked the water temperatures for the upstairs bathroom and the temperature for the bath was 39.1°c and the sink was 41°c.

We discussed this with the registered manager who told us the home was managed by the local housing association and they were waiting for them to replace the valves to ensure the water temperatures were controlled. However there was limited measures in place to reduce the risk of scalding to people using the service. Some people were independent and were able to use the bathrooms themselves which means they could be at risk of being scalded as they would have no staff support to check the water temperatures first to ensure it was safe.

For people who required support with their bathing the registered manager told us staff would check the water before they supported people with their personal care. However this was not being checked using a thermometer and there was no records to show that these checks were being done. The thermometer was only being used to test the water temperatures on a weekly basis. There was also no risk assessments in place in relation to the high water temperatures to assess the risk to people using the service and implement appropriate measures to minimise the risk of people being scalded.

Shortly after the inspection, the service had an inspection by an external water treatment company on the 5 October 2016. The report shows the water temperatures inspected were under 44°c. However the measures recommended for temperature control was assessed as 'Action required to gain temperature control' and the 'Classification Of Priority' for this area was rated as 'High Priority' which meant immediate action was required

The above evidence demonstrates a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were safeguarding and whistleblowing policies in place and records showed support workers had received training on how to safeguard adults and were aware of actions to take in response to suspected abuse. When speaking to support workers, they were able to explain the different types of abuse and the steps they would take if they suspected any potential abuse.

Records showed that people using the service needed to be supported with their finances as they did not have the capacity to do so themselves. Records showed that the National Autistic Society (NAS) acted as corporate appointees for ten people using the service and local authorities were appointees for two people using their service. Mental capacity assessments were in place which showed the decision about NAS managing people's finances was made in people's best interest and discussed with family relatives.

There were some arrangements in place to manage the finances of people using the service. Records showed transactions were recorded and checked by staff on a daily basis during staff handover. The registered manager told us that checks were completed by staff and balances were signed off by two members of staff to ensure they were accurate. If money was needed which was over a specific amount, this would then need to be authorised by the registered manager. Records showed that provider audits were also completed to check people's finances were managed appropriately and a financial risk assessment was in place.

Each person had an individual financial plan which detailed how people's finances were going to be managed. The registered manager told us people were supported by a staff member at the building society, transactions were recorded in the building society book which would be recorded and checked in the home records.

However there was a lack of external auditing to ensure people's finances were being managed safely and appropriately. The last external financial audit of people's finances was conducted in 2014 and there was no records to show another financial audit had taken place since.

When speaking to relatives of people using the service we found there was a lack of communication with them about people's expenditure. Relatives told us they generally had no concerns about the way people's finances were being managed but finances were only discussed annually during care reviews. Relatives told us they were not aware of people's expenditure and what money was being spent on. They told us they felt they would like to be more informed about people's expenditure on a more frequent basis.

We recommend the service review external auditing arrangements to ensure effective management of people's finances.

Records demonstrated the service had identified some individual risks to people and put actions in place to reduce the risks. The care plans we reviewed included relevant risk assessments, such as personal care, risks of choking, anxiety and behaviours that may potentially challenge the service. These included control measures to help minimise the risks to people using the service. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Risk assessments were reviewed and were updated when there was a change in a person's condition.

There were adequate numbers of staff on the day of the inspection. The atmosphere was calm in the home and staff were observed not to be rushed or under any pressure. We found support workers had worked at

the home for a number of years which ensured a level of consistency in the care being provided and familiarity with people using the service. The service did not use agency staff and if cover was needed, then bank staff who had been at the home previously and knew people and their needs well were used. When speaking to staff, they confirmed this. They told us "We have regular bank staff who are familiar to the service and the people here."

There was a monthly rota in place and care workers told us they knew their shifts in advance. Support workers told us "There is a rota in place so you always know what you are doing", "Staffing is good. There is enough staff to support people safely" and "We have a good core team here. That's why the home works really well. We all know the people well."

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for five support workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults. Two written references and evidence of their identity had also been obtained.

There were suitable arrangements in place to manage medicines safely and appropriately. Care plans of people using the service listed which medicines they were prescribed, why the medicine was being taken and the potential side effects. There was also information for staff on what to do if a person refused to take their medicines. We looked at a sample of the Medicines Administration Records (MAR) sheets and saw they had been signed with no gaps in recording when medicines were given to a person, which indicated people had received their medicines at the prescribed time.

There were appropriate systems in place to ensure that people's medicines were stored and kept safely. The home had a separate medicine storage facility in place. The facility was kept locked and was secure and safe. There were arrangements in place with the local pharmacy in relation to obtaining and disposing of medicines appropriately. Records showed a visit from the dispensing pharmacist had been undertaken in April 2016 and no major concerns had been identified.

The registered manager told us that two members of staff would administer medicines to ensure this was done accurately. We observed this during the inspection. Records showed daily checks were being completed to ensure staff had checked the blister packs, that the MAR sheets were completed and a medicines count had been conducted.

However, the provider's medicines daily audit records showed there were gaps on the 10/9/2016, 14/9/2016, 17/9/2016, and 18/9/2016. Checks had been completed on the 19 and 20 September 2016 but there was nothing recorded after this date. This indicated that checks were not being conducted daily and could potentially risk unsafe medicines management in the home. The registered manager told us medicines were always checked by two members of staff but would ensure records were completed appropriately to reflect this.

Support workers had received regular medicines training and policies and procedures were in place. Records showed medicines competency assessments for staff were completed to ensure they were assessed and monitored to demonstrate they were capable to support people with their medicines safely.

Good

Is the service effective?

Our findings

Relatives spoke positively about the staff. Relatives told us "They have employed good staff. They are respectful and not patronising. I have always been happy with them", "Staff are very pleasant", "The staff are lovely" and "They do the best they can."

Staff told us that they felt supported by their colleagues and management. They spoke positively about working at the home. Support workers told us "I do enjoy my job I love it. Every day is different you are always learning something new", "There is good teamwork and everyone is supportive", "We have got the right people doing the right job" and "We have got a good team and a solid team. Its flows very well."

Records showed staff were supported to gain and develop the knowledge and skills to enable them to support people effectively. We saw from records that staff had undertaken an induction when they started working at the home. There was on-going training to ensure that staff developed and maintained their skills and knowledge. Records showed that staff had also obtained national vocational qualifications (NVQ) in health and social care. One support worker told us, "They [management] supported me with my NVQ3." Staff also told us they were supported with their professional development and earned continuous professional development (CPD) points through their training and working experience. This ensured the skills and knowledge of staff was current and staff had the opportunity to enhance their skills to enable them to carry out their roles more effectively.

Training records showed that staff had completed training in areas that helped them to meet people's needs. Topics included medicines, health and safety, safeguarding and equality and diversity. Staff spoke positively about the training they had received and were able to explain what they had covered during the training sessions. Staff told us "We get lots of training. They are totally relevant to our jobs" and "Lots and lots of training. Anything you can think of we get it but it is all very beneficial to us." Records also showed that staff had received specialised training to enable them to support people with their particular needs and conditions. Some people using the service had complex needs such as autism and epilepsy. Records showed that staff had completed autism specific and epilepsy training.

Records showed that staff had received regular supervision sessions and this was confirmed by staff we spoke with. Supervision sessions enabled staff to discuss their personal development objectives and goals. We also saw evidence that staff had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress. Support workers told us "We always have supervision and annual appraisals" and "Yes we have supervision. If there is something, you can speak to your line manager about it." The registered manager told us they had started to conduct 'reflective' appraisals. This was an appraisal conducted on one specific area where staff would want to enhance their knowledge and understanding such as policies and procedures or specific areas such as safeguarding. Staff spoke positively about this and told us "I have had two reflective appraisals. We concentrate on a particular area. If feels good. It's like you are learning something new and you are developing your understanding on that particular area."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. We noted that care plans contained some information about people's mental state and cognition. There was a decision record sheet which listed areas where people were able or not able to make decisions and any support they needed. Records showed the person's next of kin and healthcare professionals were involved to ensure decisions were made in the person's best interest. For example one person using the service required specific medical treatment and records showed relatives and healthcare professionals were involved to ensure this was done in the person's best interest to receive the appropriate treatment.

Staff had knowledge of the MCA and training records confirmed that staff had received training in this area. Staff were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

However care plans were not signed by people using the service or where appropriate, signed by their relatives. In some people's care plans, there was a consent form signed by relatives to say that they consented to the care and support provided to their relative but it was unclear as to what care and support this was specifically referring to. The registered manger told us people's care was discussed and agreed during yearly reviews with relatives and healthcare professionals. Records confirmed this. The registered manager told us she would ensure the care plans were signed by relatives which would clearly show the areas of support agreed for people using the service.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes which protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm.

We observed and records showed evidence that people went out and enjoyed various activities and community outings. We found that, where people were unable to leave the home because they would not be safe leaving on their own, the home had made applications for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS) and these were in place.

People were supported to maintain good health and have access to healthcare services and received on going healthcare support and we saw documented evidence of this. Care plans detailed records of appointments with health and social care professionals. People also had individualised hospital passports in place. These included information healthcare professionals would need to be aware of such as allergies, health and medicines currently being taken by the person. The document also contained information on what was important to them and their likes and dislikes. This would ensure people received the appropriate support and treatment in accordance to their specific needs in the event of people needing hospital admission. One relative provided us with positive feedback about the way their family member was supported when they were recently not well. They told us "[Person] had to go to hospital. They took [person] there, stayed with them. I was kept informed. It was excellent. They went beyond the call of duty."

People were supported to get involved in decisions about their nutrition and hydration needs. The

registered manager told us there was a menu in place as people were able to communicate their wishes and this was accommodated for them. The menu was displayed in the kitchen using a pictorial format to help people understand what they were going to have at meal times. We saw that drinks and snacks were always available throughout the day. We noted people's requests for food or drink were promptly responded to. The kitchen and dining areas were fully accessible to people using the service throughout the day. During meal times, the atmosphere was relaxed and people sat with other people using the service. People ate independently and were given the time to eat at their own pace and were not hurried by staff.

There were some arrangements in place to ensure the home was maintained. The registered manager told us they had access to a maintenance person if things needed to be fixed. Overall the home was tired looking with old furnishings, the interior was not bright, some walls were painted with a dull greenish colour and some bathrooms were in need of refurbishment. The home has medium sized gardens and were supplied with a range of garden furniture so people could sit in the garden. We discussed this with the registered manager and she acknowledged the overall decor of the home could be improved. She told us the housing association was responsible for carrying out any refurbishment in the home and some refurbishment had been requested to be done.

Good

Is the service caring?

Our findings

Relatives spoke positively about the way people were looked after. They told us "[Person] is well cared for". "The care is brilliant", "Brilliant, friendly, warm and helpful. I wouldn't change a thing", "I am delighted with the care", "[Person] is well looked after" and "I am lucky to have [person] there. It is very good."

We observed that support workers showed interest in people and were present to ensure that people were alright and their needs attended to. Staff were attentive and spoke in a gentle and pleasant manner to people. Support workers approached people and interacted well with them.

Staff had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with their care. A support worker told us "We reassure them and talk to them. We try to make them feel comfortable. This is their home at the end of the day."

People had free movement around the home and could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted. Some people chose to spend time in the communal lounge, their bedroom and some people were at the day centre.

All bedrooms were for single occupancy and people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home.

In people's care plans, there was information on how people were able to communicate and for staff to ensure they were able to communicate with people effectively. For example, the care plans contained a communication profile which detailed how staff should communicate with people in different scenarios which may affect people such as if there was a change in the person's daily routine, when it was time to get up and when people needed to attend appointments.

There were some arrangements to support people to express their views and be involved in making decisions about their care where it was possible. Resident meetings were held in which people were supported and encouraged to communicate their wishes. Actions such as noting particular foods people indicated they wanted were added to the home's menu.

Annual reviews of people's care were being conducted with the involvement of people's relatives and healthcare professionals. Records showed that people's care was discussed and reviewed to ensure people's needs were being met effectively. Relatives confirmed this and told us "Yes we have review meetings usually yearly. Generally no issues" and "We look at the care plans during the review. It is well organised and I have the opportunity to say what I want."

However, some relatives told us that communication from the home could be better and more on a frequent basis. They told us "We get feedback on appointments but if there is anything else we have to ask.

Communication could be better and more frequent. Like the day to day stuff. It would be nice to be informed on a more regular basis" We discussed with the registered manager that more frequent reviews with family members should be considered so relatives are informed of not just feedback from appointments but of people's general well being and daily living requirements. The registered manager told us she would consider putting this in place.

Good

Is the service responsive?

Our findings

Relatives spoke positively about the service and care people were receiving. They told us "I'm very pleased with the home", "I am satisfied with the care and have no concerns", "They do understand [persons] needs", "[Person is very well looked after" and "[Person] is happy and content there. When [person] comes home, they are always happy to go back."

Care plans were individualised and person- centred and included information about a range of each person's needs including; health, social skills, community living, finances and communication. Care plans clearly detailed information about people's personal backgrounds, preferences, daily routines, what is important to them and their likes and dislikes. Care plans were reviewed monthly and updated when people's needs changed.

Although the information in people's care plans was person centred and detailed, we found the format lengthy and on occasions the information had been duplicated. There was guidance in relation to autism in people's care plans and how autism affected them individually. However when reviewing the care plans, we found some of the characteristics detailed were generic and not specific to people's individual needs. We discussed this with the registered manager about stream lining the format to make it more concise and easier to follow. The registered manager told us she was reviewing the care plans and would ensure the format was clear and guidance was relevant to people's specific characteristics.

Care plans set out how people should be supported to promote their independence. During the inspection, we observed support workers provided prompt assistance but also encouraged and prompted people to develop and retain their independence. Support workers told us when people were at home during the day they would encourage people to develop their daily living skills. We observed this during the inspection. Support workers encouraged people to do their own laundry and clean their room.

Support workers told us and records showed there was a handover after each of their shifts and residential daily records of people's progress were completed each day so staff were kept informed about people's needs.

People's care plans reflected people's individual interests, religious and cultural needs. People were supported to visit family and friends and supported with maintaining relationships with family members and maintain links with the wider community. During the inspection some people were at the day centre, some people were at home, one person was assisted in their choice to go out for a walk and they had tea and cake whilst they were out and one person had gone to stay with their family. Care plans also contained pictures of people involved with activities and community outings. A support worker told us "We can get people out easily. We have two mini vans we can use." Relatives also told us "[Person] goes to the day centre. They do try and stimulate [person] and accompany them on outings. They have lovely food, [person] is taken out" and "[Person] takes part in cooking and they take them out for trips."

There were procedures for receiving, handling and responding to comments and complaints. We saw the

policy also made reference to contacting the Local Government Ombudsman and the CQC if people felt their complaints had not been handled appropriately by the home. There were no recorded complaints received about the service. Relatives we spoke with had no complaints or concerns about the service.

Requires Improvement

Is the service well-led?

Our findings

Relatives spoke positively about the management of the home. They told us "Very professional", "Management are very good, whenever I have had to speak with them it's never been a problem", "I can't fault them. I am very happy with the way it is run", "If I need them, they are only too pleased to help me. We can get hold of them easily" and "Someone is always available to speak with me. If I have had to request they call me back, they have always done so."

There was a management structure in place with a team of support workers, registered manager and the provider. The people using the service had lived at the home for most of their lives which ensured consistency in the care they received.

There were some systems in place to monitor and improve the quality of the service being provided to people. We found the service obtained feedback from relatives via questionnaires in July 2016. We noted the feedback was generally positive. Comments included 'We cannot praise the staff highly enough for the work the work they do…', and '[Person] feels secure.' When asked what was the best thing about the support your family member gets, comments included 'Communication skills', '[Person] is able to experience the world around them by being taken out to activities and on holidays. [Person] is supported to achieve new skills with kindness and patience' and 'Staff going the extra mile.'

The service undertook some checks of the quality of the service. We saw evidence that checks had been carried out by the registered manager in various areas such as medicines, health and safety, maintenance and people's finances. The registered manager showed us an audit that had recently been conducted by the provider in July 2016 which covered aspects of the service including medicines, health and safety, care plans and staffing. Areas of improvement and actions to be taken were noted and actioned.

However, during this inspection, we identified other areas which needed improvement. These included the appropriate management of people's finances, the lack of measures in place and follow up action to ensure the issue of high water temperatures had been resolved, the gaps in the checks conducted in relation to medicines management, care plans had not been signed and did not always relate to people's specific needs. Relatives also told us that communication from the home could be better and more frequent and limited detail was shared with relatives about people's expenditure as people did not have the capacity to do so themselves.

Although some checks had been completed by the registered manager, the checks failed to identify the issues and concerns as raised during this inspection. The registered manager told us she had not completed any audit to review the service which meant the service was reliant on the provider checks to ensure quality. This demonstrated the current systems in place were not robust enough to assess, monitor and improve the quality and safety of the services being provided to people which could risk people receiving care and support which was not appropriate to their needs and unsafe.

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

2014.

Staff had a positive attitude and were of the opinion that the service was well managed and had an open and transparent culture. Staff told us "As a company they look after people well", "100% they [management] will act on things. I have a lot of faith in them", "Very forthcoming and caring"," They have a good approach here, if you have any problem it is dealt with", It's like a family here, you talk to anyone about anything" and "They are doing a great job."

Staff also felt the registered manager and provider were supportive and approachable. They told us "They are very approachable, you can confide in them", " Very open to ideas and suggestions", "They listen to your suggestions and give you the opportunity to run with it and see how It goes" and "100% they listen to any concerns, complaints, queries and questions."

The service had a system for ensuring effective communication amongst staff and this was confirmed by staff we spoke with. Records showed there were staff meetings where staff received up to date information and had an opportunity to share good practice and any other concerns. Staff told us "Yes we have staff meetings. We discuss the residents and their needs. If there are any changes we need to know about or new policies. They are helpful"; "Team meetings are good. You talk about the residents and get updates. Communication is really good here" and "We are all on email so we get updates that way as well."

The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Staff were aware of these policies and procedures and followed them. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The current systems in place were not robust enough to assess, monitor and improve the quality and safety of the services being provided to people. Regulation 17(1) (2) (a) (e)