

PossAbilities C.I.C

Leighton House

Inspection report

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Date of inspection visit: 7 October 2015
Date of publication: 19/11/2015

Ratings

Overall rating for this service

Good



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?

Good



Overall summary

This was an announced inspection which took place on the 7 October 2015. The service had not been inspected previously as the service had recently registered with the Care Quality Commission.

Leighton House offers short-term support accommodation to people over the age of 18 who have a learning disability. They provide respite to parents and carers of people who are cared for in their own home. Leighton House is adapted to meet the needs of

profoundly disabled individuals. There are a number of communal areas including a lounge area, activity room and a garden. There were five people staying for a short break at the service on the day of our inspection.

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

Summary of findings

During our inspection we found a breach of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

We looked at the storage of medicines and saw each person's medicines were stored separately and in a secure cupboard. We saw a thermometer was in place for the medicines cupboard and asked to see the record of temperature checks. We were informed that these checks had not been undertaken. This meant the service was unaware if medicines were being stored at the recommended temperature.

We also found that controlled drugs were not managed safely. Records did not match medicine administration records, there was not always two signatures in the controlled drugs record, numerous pages of the controlled drugs record showed crossing out and balances were not amended when people were discharged.

We have made a recommendation that the service considers contacting the local fire service for further advice on evacuation procedures.

The service had a safeguarding policy in place which gave staff example of abuse, what they needed to look for and what they needed to report.

People who used the service told us there was always enough staff on duty to meet their needs and to support them. Staffing levels were dependent upon the needs of people using the service each day.

Robust recruitment processes were followed when employing new staff members. Policies and procedures were in place for managers to follow when recruiting.

Staff knew their responsibilities in relation to infection control. We saw that personal protective equipment (PPE) was available throughout the service.

Records we looked at and staff we spoke with showed that an induction was completed when they commenced work for the service. One new staff member told us they had also 'shadowed' experienced members of staff.

Training records showed that staff were trained in a number of areas such as, equality and inclusion, first aid and food hygiene.

Staff did not receive supervisions every eight weeks as defined by the service policy and procedure. The registered manager informed us this would be reviewed and realistic timeframes would be agreed and the policy amended.

The service contacted relatives prior to people using the service to find out if their needs had changed. Staff would also inform relatives how the stay had been.

Policies and procedures were in place in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff had also received training in this area. The registered manager knew their responsibilities in relation to these and had recently arranged a best interests meeting for one person who used the service.

People who used the service and their relatives told us that staff were kind and caring. We observed staff interacting with people in a kind and sensitive manner.

We found the atmosphere in the service was warm and friendly. Staff members we spoke with told us they would be happy for one of their relatives to stay in the service.

The service had an activity room where people who used the service had access to free Wi-Fi, a play station, computer, board games and music. We also saw posters advertising a Halloween party and bonfire night.

The service had a compliments and complaints policy in place. This detailed timescales for dealing with any complaints that the service received. The service had a compliment and complaints form available on the notice board for people who used the service, relatives and visitors to use.

There was a recognised management system which staff understood and meant there was always someone senior to take charge. We spoke with the registered manager throughout our inspection and found them to be approachable and helpful.

We looked at some policies and procedures that were in place within the service. We found the service was in the process of renewing all their policies and procedures, the majority of which had been completed. Staff were also expected to complete a workbook in relation to policies and procedures to evidence their understanding of these.

Summary of findings

Also in place was 'The Big Idea'. This was designed as a way to encourage staff to be involved in driving up quality within the service. Staff had a form to complete in order to present their ideas for improvement.

The service had a targets and objectives plan in place. This showed areas for growth such as building a sensory garden, to promote holidays with activities for people who used the service and the offering of a bespoke day service where people could learn new skills.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. This was because the management of controlled drugs within the service was not always managed safely or in line with current legislation.

Risk assessments were in place for both people who used the service and for the environment.

People who used the service were involved in the interviewing process of potential new staff members.

Requires improvement



Is the service effective?

The service was effective.

All the care files we looked at included a 'traffic light hospital assessment'. This is a system by which important information is readily available should a person be admitted to hospital.

The kitchen within the service was accessible to all the people who used the service. Meal times were flexible and people could access drinks and food when they liked.

We saw there were separate pans and utensils available for the preparation of halal and vegetarian foods. These were colour coded and stored separately from the other pans and utensils within the service.

Good



Is the service caring?

The service was caring.

People who used the service felt their privacy and dignity was maintained at all times.

There was always at least one staff member in communal areas at all times to support and interact with people who used the service.

Staff supported people to be as independent as possible in areas such as personal care, making snacks and drinks and ironing their clothes.

Good



Is the service responsive?

The service was responsive.

The service provided a range of activities for people who used the service including walks in the local area, ten pin bowling, meals out and music sessions.

People who used the service told us they had never had to make a complaint. Staff we spoke with were able to tell us what action they would take if someone made a complaint.

Good



Summary of findings

All the people we spoke with who used the service told us they were encouraged to make choices. This included choices about when to go to bed, when to get up, what they would like to do for the day, what activities they would like to undertake and what they wanted to eat.

Is the service well-led?

The service was well-led.

We asked people who used the service if they knew who the manager was. All the people we spoke with were able to identify them. Relatives we spoke with told us they felt the registered manager was approachable.

The service had a 'staff awards' system in place. This is a system by which staff members can nominate a colleague to receive an award in recognition of the work they undertake.

The registered manager told us that a family forum had been set up where parents/carers could attend in order to discuss Leighton House and the care and support their family member received.

Good



Leighton 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 7 October 2015 and was announced. The provider was given 15 hours' notice because the location provides short term respite accommodation for people who are often out during the day; we needed to be sure that someone would be there. This was also to ensure that the manager was available to provide us with the required information and answer our questions.

The inspection team consisted of one adult social care inspector.

Before our inspection we reviewed the information we held about the service including notifications the provider had

made to us. This helped to inform us what areas we would focus on as part of our inspection. We had not requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any responses.

We spoke with three people who used the service and two relatives. We also spoke with two staff members, a senior staff member and the registered manager.

We looked at the care records for four people who used the service and the personnel files for three staff members. We also looked at a range of records relating to how the service was managed, these included training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

People who used the service told us they felt safe. Comments we received included “Oh yes I am always safe” and “They look after me and keep me safe”. Relatives we spoke with told us they felt their family member was safe. One person told us “Without a doubt” they were safe.

We looked at the management of medicines within the service. We saw that policies and procedures were in place for medicines management and these were readily accessible for staff.

The registered manager told us only staff that had been trained in medicines were permitted to administer these. We saw that every day a trained staff member was allocated the responsibility for medicines for the day. This included responsibility for the keys to the medicine cupboard. Staff also had their competency checked on a regular basis and records we looked at showed this was completed by a senior member of staff.

The service undertook regular audits of medicines. We looked at the medicine administration record (MAR) for a number of people. These showed that each time a medicine was administered, staff members counted the remaining tablets. This should ensure that any errors or discrepancies are highlighted immediately.

We looked at the storage of medicines and saw each person's medicines were stored separately and in a secure cupboard. We saw a thermometer was in place for the medicines cupboard and asked to see the record of temperature checks. We were informed that these checks had not been undertaken. This meant the service was unaware if medicines were being stored at the recommended temperature. Medicines stored at the incorrect temperature may make the medication less effective.

We checked to see that controlled drugs were safely managed. We looked at the record of controlled drugs held in the service. We found records relating to the administration of controlled drugs (medicines which are controlled under the Misuse of Drugs legislation) were not always signed by two care staff to confirm these drugs had been administered as prescribed. The practice of dual signatures is intended to protect people who use the service and staff from the risks associated with the misuse

of certain medicines. Whilst there is not always two staff members on duty there should be a system in place for the checking and handing over of controlled drugs at which point the second signature should be obtained.

We found that records of controlled drugs did not always match MAR sheets. The controlled drugs record for one person showed that 20 tablets were in stock, however the MAR sheet showed 19 were in stock and this is what the person was discharged with. We spoke with the senior care staff member regarding this and further examination of the records showed that one tablet had been administered and signed for on the MAR sheet but the controlled drugs record had not been completed.

Further examination of the controlled drugs record showed that staff did not make an entry to show how many tablets people were being discharged with or to show that the balance in stock was zero when discharged. Numerous pages showed that staff had crossed out writing making it difficult to read what had been written previously.

These matters are a breach of Regulation 12 (1) and (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the management of medicines was not safe.

Staff we spoke with were able to tell us how they would respond if they had any safeguarding concerns and felt confident they would be supported if they ever needed to whistle blow (report poor practice). One staff member told us “Yes I feel supported and protected”.

The service had a safeguarding and whistleblowing policy in place. This gave staff clear examples of the types of abuse and signs that they needed to observe for and report on and advised staff to contact the registered manager or person on call if they had any concerns. The policy also included forms for staff to use in order to whistle blow on any poor practice, which allowed the person to remain anonymous. The service also had a safeguarding mission statement in place within the staff handbook and details on whistleblowing were also contained in this.

We examined three care files during our inspection. We saw that risk assessments were in place for people who used the service in relation to mobility, self-harm and challenging behaviour. The risk assessments were completed to keep people safe and not restrict what they wanted to do.

Is the service safe?

We also saw risk assessments had been completed for the environment such as fire safety, health and safety, moving and handling and slips, trips or falls. This showed the service had considered the health and safety of people using the service.

The service had a moving and handling file in place which detailed all hoists and slings used in the service. This included photographs of the equipment and the make and model. This equipment was checked twice daily by staff members and any faults were to be reported to the registered manager and documented. Staff we spoke with told us they had received in-house training on the use of equipment.

The service had a procedure in place for the reporting of incidents, accidents and dangerous occurrences. We saw that accident and incident forms were in place within the service. We found these were reviewed by senior care staff and advice or actions were documented to show how these had been dealt with and any learning from them.

We asked people who used the service if they felt there was always enough staff on duty to support them. One person told us, "Yes always enough staff to help me". Staff members we spoke with told us that staffing levels were good and they felt the service accommodated the needs of the people using the service on a daily/weekly basis.

The service employed seven permanent staff members. We looked at the rota's covering a four week period and found that sufficient numbers of staff were available to meet the needs of people that would be using the service during those times. The registered manager informed us they completed the rota dependent upon the needs of the people coming to stay in the service. People's needs were assessed and staffing was pre-arranged to meet those needs.

We found robust recruitment processes were followed by the registered manager when recruiting new staff. We saw the provider had a policy and procedure to guide them on the relevant information and checks to be gathered prior to new staff commencing; ensuring their suitability to work at the service.

We examined the files for three staff members. We saw the service obtained two written references and an application form (where any gaps in employment could be investigated) had been completed. The service undertook a criminal records check called a disclosure and barring

service (DBS) check prior to anyone commencing employment in the service. This check also examined if prospective staff had at any time been regarded as unsuitable to work with vulnerable adults. We saw the service fully explored any cautions/convictions highlighted on any DBS and meetings were held to discuss the details, any mitigating factors and assess the risks of employing people with any criminal records. This meant that service users were protected from unsuitable people being employed by the service.

The registered manager also informed us that people who used the service were involved in the interviewing of potential staff members. The applicant was expected to attend a session where service users were undertaking activities and they would be expected to take part in the activities with people. Service users had been trained in what to look for in potential new staff members and they completed a feedback form about how they felt the applicant interacted with them. This formed part of the decision making process on whether people were suitable. This was good practice as service users had greater control and influence over who they wanted to support them.

We noted that one of the downstairs corridors had two slopes which were difficult to notice due to the floor covering. This posed a risk to slips, trips and falls and had been highlighted previously by the service and a recommendation made for an anti-slip strip/mat and/or pictorial signs to be put in place. This had not been undertaken on the day of our inspection.

We looked at all the records relating to fire safety. We saw that fire equipment, fire extinguishers and fire blankets, had been maintained in September 2015 where they were deemed safe and appropriate. We also saw weekly inspections were undertaken of means of escape, emergency lighting, fire alarm, automatic door closers and a visual check of firefighting equipment. We saw that all the gas and electrical equipment had been serviced and checked.

We found that some people who used the service had a Personal Emergency Evacuation Plan (PEEP) in place. These detailed how many staff would be required to support the person, any mobility issues and any other special considerations that needed to be taken into account. The service also had generic PEEPs in place for those people who did not yet have an individual PEEP in place. We spoke with the registered manager regarding

Is the service safe?

this. They informed us that they were in the process of putting individual PEEPs in place for those people who used the service who required one but as this was a significant task generic ones were being used in the interim. These were generic for people who could mobilise independently and those with limited or no mobility.

Fire drills were to be completed on a monthly basis, however records showed that none had been completed but a date had been arranged for three days after our inspection. This meant that people may not be evacuated effectively in the event of an emergency situation. **We recommend the service considers contacting the local fire service for further advice in relation to current best practice on systems and procedures for evacuating people in emergency situations.**

People we spoke with told us they felt the service was clean. One relative told us “It is lovely and clean, they decorate regularly”.

One staff member we spoke with told us they had completed training on infection control and knew their responsibilities in relation to this, such as hand hygiene and wearing personal protective equipment (PPE). Another staff member had yet to complete their training but knew their responsibilities as they had received previous training.

We saw there were policies and procedures in place for the prevention and control of infection. We saw from the training matrix that two staff had undertaken training in infection control and the remaining five staff members were booked on courses in the near future. Staff had access to PPE such as gloves and aprons should they be required and we saw there were plentiful supplies.

We observed the service to be clean, tidy and free from offensive odours. All the bathrooms we looked in contained hand wash and paper towels.

Is the service effective?

Our findings

We asked people who used the service if they felt they were supported by staff members who knew them well. One person told us, “Yes staff help me, they help me to shave”.

One staff member we spoke with had recently been employed by the service. They told us they had been getting to know people by spending time with them to get to know their likes and dislikes, speaking to relatives, looking in care records, such as care plans and risk assessments and speaking with staff who had known them for some time.

Staff spoken with and records examined showed that an induction was completed when they commenced work at the service. The induction consisted of four days training with workbooks being given to staff members for completion. The induction covered topics such as equality, diversity and inclusion, medication, privacy and dignity and health and safety. One new staff member confirmed they had an induction when they started and had ‘shadowed’ experienced staff who had instructed them on what they needed to do. They also informed us they were unable to work independently until such time as they were assessed as competent to do so. This ensured service users were supported by people who had the relevant skills and knowledge.

The staff handbook detailed training that was mandatory for staff, this included safeguarding, Mental Capacity Act 2005 and health and safety. It was also mandatory for staff to undertake Diploma level two or three in health and social care if they did not already have this qualification.

Training records we looked at showed that staff members had undertaken training in various areas such as, equality and inclusion, food hygiene, first aid, dignity in care and health and safety. We also noted that a number of staff had completed further training, such as dementia care and autism. The service also had ‘training champions’ (people with enhanced knowledge in specific areas) in areas such as communication, acquired brain injury and moving and handling. This showed the provider was committed to enhancing the knowledge and skills of people who worked in the service.

The service had a supervision and appraisal policy in place. This stated that staff should receive supervision every eight weeks and if this was not possible there should be an agreement with the service manager.

Records we looked at and staff confirmed that they did not receive supervisions every eight weeks as per their policy on staff supervision. One person had not received supervision since June 2015 and one staff member had worked for the service for two months and had not had supervision. We spoke with the registered manager regarding this. The day after our inspection the registered manager informed us that the service was looking into reviewing the policy and procedure in order for it to reflect working patterns as they felt it was currently unrealistic to achieve supervisions every eight weeks. Effective supervisions enable staff to reflect and learn from practice and support professional development. Regular supervisions are therefore an integral part of ensuring a knowledgeable, effective and committed workforce.

The service had a check book in place for staff members to complete on a daily basis. Checks that staff were required to be completed included finances, medication and kitchen cleanliness. Cleaning tasks were also included in the check book and staff had to sign when they had completed them. This would ensure that staff members coming on duty would know what had and had not been completed and was one way of communicating with each other. Staff also had access to a communication diary and personal care files.

We saw that contact was made with relatives prior to people using the service to find out if their needs had changed. Also when people were returning home, staff would contact relatives to hand over how the stay had been. One relative we spoke with told us they thought staff were knowledgeable but also said, “I just worry sometimes that they are not really on the ball” with health associated issues. This relative told us their family member had returned home unwell on occasions in the past. However they told us they had raised these issues with the manager and things had improved; the past few times they returned home they were well and told us “Everything else is fine”. We asked another relative if they were informed of any changes in relation to their family member. They told us “They certainly do, for anything at all”. Another relative told us staff would contact them, “If they felt I needed to know”.

Is the service effective?

The registered manager also informed us that they were in the process of developing “My stay” cards. These would be like a postcard that people would take home with them and would show what they had been doing whilst on respite.

We saw that the provider produced a newsletter which was sent out for all staff to read. This included information relating to topics such as CQC inspections, driving up quality, things happening throughout other services associated with the provider and a staff discount scheme. This showed the provider was keen to keep staff informed of what was happening across the whole scheme.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment the need, where there is no less restrictive way of achieving this.

The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. We saw that staff had received training and policies and procedures were in place in relation to MCA and DoLS. The registered manager informed us that they did not currently have anyone who used the service subjected to a DoLS. However they told us that they had recently undertaken a best interests meeting. This involved the person, their family, the young people’s team and staff from Leighton House and related to the person’s safety on the stairs. A best interest decision was made from this meeting where all parties agreed the proposed actions.

The service ensured they gained people’s consent to personal care and treatment, activities and outings and the use of assistive technology. Consent consultation forms were completed and in place in each of the care records we looked at.

The registered manager told us that people who used the service were supported when necessary to attend healthcare appointments, such as their GP, dentist or optician. Should someone become unwell whilst they were staying at Leighton House, staff would arrange for them to be seen by a GP.

All the care files we looked at included a ‘traffic light hospital assessment’. This is a system by which important information is readily available should a person be admitted to hospital. Red symbolised things people must know about the person, amber symbolised things that are important to the person and green symbolised likes and dislikes.

We spoke with people who used the service about the meals they received. Comments we received included “Yes I get a choice of meals”, “I help to make supper” and “Staff tell you what is for tea”. We asked one person what would happen if they did not like what was on the menu, they told us staff “Would make me something else”.

The kitchen within the service was accessible to all the people who used the service. Meal times were flexible and people could access drinks and food when they liked. We saw there was hand washing technique guidance on the wall for staff and a food hygiene poster which covered areas such as a checklist for good food hygiene practice, ten main reasons for food poisoning and danger zones for food temperatures.

Staff had been trained in the safe handling, preparation and storage of food. We saw that coloured chopping boards were available for the preparation of different food items. This should ensure the preparation of meals were safe. We also saw there were separate pans and utensils were available for the preparation of halal and vegetarian foods. These were colour coded and stored separately from the other pans and utensils within the service.

The service had pictorial menus in place that covered a two week period and gave people a choice of three main courses and three side dishes. The pictorial menus made it possible for all the people who used the service to make choices of what they wanted for their meals. We also saw that food supplies were well stocked and corresponded with the menu.

The service appeared to have been recently decorated and rooms were light and bright. Furniture throughout the home was modern and clean. There was a homely feel around the service including bedrooms because people were able to bring in items from home to make them feel more settled.

Is the service caring?

Our findings

People who used the service told us staff were caring. Comments we received included, “I like [Staff member]”, “Staff are nice”, “Staff look after me, especially my lovely [Staff member]”, “They always help me” and “[Staff member] is funny, she makes me laugh”.

Relatives we spoke with told us they felt that staff were kind and caring and that they listened to their family member. One relative told us “[Service user] loves going, he likes the staff and other customers” and another relative told us “In general I am very happy with the service; I can settle and enjoy my weekend”.

We saw care staff interacted with people who used the service in a kind and sensitive manner and humour was used appropriately with service users. Laughter was heard throughout the home on a regular basis throughout our inspection. We saw there was always at least one staff member in the communal areas of the service, meaning there was always someone available for service users to interact with.

People who used the service told us that their privacy and dignity was always maintained. Comments we received included, “Staff knock on my door and wait” and “Staff always knock and if I don’t answer they will come back later”.

We saw that some bedroom windows had been partially or fully frosted so that people could not see through into

people’s bedrooms, whilst still allowing light to enter the room. The registered manager told us that it had been possible for members of the public to see into these rooms (prior to the service opening) when walking past the service and the frosting therefore protected people’s privacy and dignity.

We found the atmosphere in the home was warm and friendly. One relative we spoke to about the atmosphere in the home told us, “[Service user] has been going for 14 years and he helps out. They love him going as much as he loves going” and “We were quite astounded, it is a really nice place”. We asked two staff members if they would be happy for one of their relatives to live at Leighton House, both told us they would be happy for any of their relatives to live there.

We asked staff how they supported people who used the service to be independent. Staff told us they promoted independence in many areas such as making drinks, sandwiches, ironing and tending to their own personal care needs as much as possible. One staff member we spoke with told us they supported people to be independent by encouraging them to undertake personal care themselves, commenting “I encourage them rather than doing it for them”. Another staff member told us “I think it is good for people to do as much as they can for themselves”. One relative told us they supported their family member to be independent and commented, “Yes they do, Mr Music Man is teaching [service user] how to play the guitar”.

Is the service responsive?

Our findings

People who used the service told us they enjoyed a variety of different activities whilst they were staying at Leighton House. Comments we received included “I’ve been to the shops today buying food for the house”, “I go to Whitely Road, you can play pool and listen to relaxing music” and “Staff took me to Forest Green”.

The service had an activity room where people who used the service had access to free Wi-Fi, a play station, computer, board games and music. The registered manager informed us that this room was used regularly by people staying at the service. We also saw posters advertising a Halloween party within the service and a bonfire that was being arranged.

We saw that people were able to enjoy a variety of activities whilst they were staying at Leighton House. Activities we saw on offer included, walks, ten pin bowling, meals out and music sessions. People who used the service also had access to the ‘Gateway Club’, this was a centre that was owned by the provider and was used by many people throughout different services. This gave people staying at Leighton House the opportunity to meet other people and socialise in a different environment. Records we looked at showed people were asked about what activities they liked to undertake and this was documented in their care records.

We asked people who used the service if they had ever needed to make a complaint or if they knew who to go to if they had any concerns. One person told us “I would speak to the staff” and another person told us “If I had any concerns I would phone and they would come back to me with an answer”.

Staff we spoke with knew how to respond if a person or their relative made a complaint. One staff member also told us they would ensure the complainant had a copy of the complaint’s procedure.

The service had a compliments and complaints policy in place. This detailed timescales for dealing with any complaints that the service received. The service had a compliment and complaints form available on the notice

board for people who used the service, relatives and visitors to use. This also informed the person completing the form when they could expect to receive a reply. There were also compliments and complaints postcards available which were quicker for people to fill in should they wish to do so.

Prior to each person using the service a pre-admission assessment was completed by a member of staff from the service. Social services also supplied information about the person’s support needs. The assessment covered all aspects of a person’s health and social care needs and helped to form the care plans the service put in place. The assessment process ensured that the service could meet the needs of people.

People were invited to visit the service prior to their stay in order to meet the staff and people staying at the service. This process helped to ensure that the transition to receiving occasional or frequent periods of respite care was a positive experience.

We looked at three care records for people who used the service. We saw the care records for each person were presented in different formats; however the registered manager informed us that the service was in the process of ensuring all care records used the same format, an “essential lifestyle plan”.

We found the essential lifestyle plans in place contained detailed person centred information, including photographs of people, their family and things that were important to them. We saw people’s likes and dislikes were documented and that these were reviewed each time the person used the service to ensure they were up to date and reflected current needs. They also evidenced that people and their families had been involved in the development of them.

All the people we spoke with who used the service told us they were encouraged to make choices. This included choices about when to go to bed, when to get up, what they would like to do for the day, what activities they would like to undertake and what they wanted to eat. We observed staff throughout our inspection giving people choices.

Is the service well-led?

Our findings

The service had a manager who registered with the Commission on 24 August 2015. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We asked people who used the service if they knew who the manager was. All the people we spoke with were able to identify them. One person commented, "[Registered Manager] is always the boss". Relatives we spoke with told us they felt the registered manager was approachable. One relative told us, "We are treated with respect and not fobbed off".

One staff member we spoke with told us, "The registered manager is very approachable; they have been absolutely brilliant, patient and understanding with me this past year. They have an open door policy".

There was a recognised management system which staff understood and meant there was always someone senior to take charge. We spoke with the registered manager throughout our inspection and found them to be approachable and helpful.

We found the service was actively working with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to streamline their records system. This was to colour code every document into the five domains of safe, effective, caring, responsive and well led in order to evidence how they were meeting the regulations in these parts.

We looked at the quality assurance systems in place within the service and found that these were sufficiently robust to identify areas for improvement. We found that the senior member of staff undertook audits on a monthly basis, this included medication, finances, care plans, cleaning and moving and handling. These audits showed any actions that needed to be taken.

We looked at some policies and procedures that were in place within the service. We found the service was in the process of renewing all their policies and procedures, the majority of which had been completed. These were

detailed and provided staff with the relevant information they needed in order to undertake their duties. Staff were also expected to complete a workbook in relation to policies and procedures to evidence their understanding of these.

The service has a 'staff awards' system in place. This is a system by which staff members can nominate a colleague to receive an award in recognition of the work they undertake. Awards that can be achieved include; leadership award, above and beyond award, one to watch award, and innovation award. The registered manager told us this was an effective way to encourage staff to perform well in their roles and that all the people who had been nominated were invited to an awards ceremony.

Also in place was 'The Big Idea'. This was designed as a way to encourage staff to be involved in driving up quality within the service. Staff had a form to complete in order to present their ideas for improvement detailing the benefits to the service users and company and the resources that would be required. These ideas would then be taken to the board for initial discussion and a decision tree flowchart was used to progress or reject the idea. This showed the service was actively seeking ways in which to improve and take on board the suggestions that staff made.

The service sent out feedback forms to relatives on an annual basis in order to gain feedback on how well the service was doing or if there was a need for improvement. The registered manager informed us that the staff survey had recently been discussed in a board meeting due to the continued lack of responses they received. Going forward the service was looking to make the surveys shorter and easier to complete (whilst covering the main topics required) and to share the findings of each survey with all the staff and how the service would respond. The aim being to motivate staff to complete them so that the service could drive improvement.

Records we looked at also showed that staff meetings were held. The last meeting was held in August 2015 and discussed topics such as CQC reports, medication, staffing and what a 'perfect shift' would look like.

One relative we spoke with told us they were aware the service had meetings for families but they "Would not go to meetings, I don't like them". The registered manager told us that a family forum had been set up where parents/carers

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could attend in order to discuss Leighton House and the care and support their family member received. Records we looked at showed that dates had been arranged for these to occur.

Records we looked at also showed that there was a service user advisory group who met on a monthly basis. These forums gave people who used the service the opportunity to discuss Leighton House, the care and support they

received and if they felt any improvements were needed. We saw that a service user advisory group file was available in communal areas within the service so that people who used the service could access this for information.

The service had a targets and objectives plan in place. This showed areas for growth such as building a sensory garden, to promote holidays with activities for people who used the service and the offering of a bespoke day service for people at the service where people could learn new skills.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Medicines were not managed in a safe way.</p>