Community Integrated Care

Cottam Road

Inspection report

1 Cottam Road
High Green
Sheffield
South Yorkshire
S35 4GN

Tel: 01142844953

Date of inspection visit:
20 June 2017

Date of publication:
19 July 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection was carried out 20 June 2017 and was unannounced, which meant the provider and staff did not know we would be visiting. This was the first inspection we have carried out at this location since the provider changed their registration.

Cottam Road is registered to provide personal care and support to people within their own homes and in their local community. The service provided includes personal care, cooking meals and daily activities. The service has three supported living locations at Cottam Road, Cranworth Close and Brindley Crescent which are in Sheffield and Rotherham. The registered provider head office is based at the Cottam Road location. At the time of this inspection the service was supporting 28 people who wished to retain their independence and continue living in their own home.

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.

Staff were not always provided in enough numbers to meet the needs of the people who used the service. This meant people had not received the support they needed to pursue their chosen activities.

We checked the records of medicine administration. We found there had been a number of medicine administration errors. The registered manager told us they were working with the pharmacist to improve the medicines administration and to ensure all staff were competent in the procedures.

A system had been introduced for the double checking of medicines administered 30 minutes after their due time by another member staff that was not involved in the administration, due to the number of medicine errors. However in only 50% of cases was this a different member of staff. Staff said this was because there was not always another staff member available to check.

Staff knew how to report any safeguarding issues they may become aware of or witness. They knew they had a duty to protect people and had received training in how to recognise abuse and how to report this to the proper authorities.

Staff had been recruited safely and checks had been done to ensure people who used the service were not exposed to staff who had been banned from working with vulnerable people.

Staff were not given appropriate support through a programme of on-going supervision and appraisal.

People were encouraged to maintain a healthy lifestyle. This included being provided with meals that took into consideration their preferences and being supported to access healthcare professionals.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions for themselves.

Staff were observed as being kind, caring, and treating people with dignity and respect. There was an open, trusting relationship between the people being supported and staff. Staff understood people's needs.

Care plans were written with the person, with support from their families/advocates where appropriate. People were supported to be involved in identifying their care and support needs. People's likes and preferences were recorded and staff knew the people well.

On the whole we saw people were supported to be involved in activities within their home and in the community. People, who were able to, made choices about how they spent their time and where they went. Staff told us activities were "quite often" cancelled when staffing numbers were low.

The registered provider had a complaints procedure in place, which people who used the service could access. Any learning from the investigation of complaints was shared with the staff.

The registered provider and registered manager used a variety of methods to assess and monitor the quality of the service. We found these had not always been effective in ensuring compliance with regulations and identifying areas requiring improvement and acting on them.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches of Regulation 18: Staffing and Regulation 12: Safe care and treatment.

You can see what action we told the provider to take at the back of the full version of the report.

Further information is in the detailed findings below.

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 always safe.

Staff were not always provided in enough numbers to meet people's needs.

Improvements were required to reduce the number of medicine errors when administering people's medicines.

Staff understood they had duty to report any safeguarding issues to the proper authorities.

Staff had completed a thorough recruitment process which helped to keep people safe.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were not provided with a regular programme of supervision and appraisal for development and support.

Staff received training in how to meet the needs of the people who used the service.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had an understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were assisted to maintain their health by being provided with a balanced diet and having access to a range of healthcare professionals.

Is the service caring?

Good

The service was caring.

Staff were observed to be caring and kind when supporting people.

People were supported to contribute to their care plan as much as possible. Where they were unable to contribute the service

had sought information from relatives and advocates.

Staff ensured people's privacy and dignity were respected at all times.

Is the service responsive?

Good

The service was responsive.

People's care plans were person-centred and staff knew what person-centred care meant.

People were given the choice of different activities and people were supported to go out into the community.

There was a complaints procedure in place which was accessible to people and the service knew how to respond to complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

The system in place for auditing aspects of the service was not fully effective.

Accidents and incidents were appropriately recorded. However, more detail should be added to identify any trends and prevent further incidents re-occurring.

The registered manager held staff meeting to share knowledge and any changes to practise or procedures. However, staff were not provided with supervision and appraisal.

Cottam Road

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.

We undertook an unannounced inspection of Cottam Road on 20 June 2017. At the time of this inspection the service was supporting 28 people, in three locations, who wished to retain their independence and continue living in their own home. During the inspection we visited the Cottam Road location, where the registered providers head office is based and where 15 people lived and the Cranworth Close location, where six people lived.

The inspection team consisted of two adult care inspectors, a specialist advisor and an expert by experience. The specialist advisor worked as a specialist pharmacist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of people who have a learning disability, people who have a dual diagnosis of learning disability and mental health and people with autism.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned within our requested timescale.

We also reviewed the information we held about the service and the registered provider, for example, notifications of safeguarding and other incidents. Notifications are changes, events or incidents the registered provider is legally obliged to send us within required timescales. We also gathered information from local authority departments and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We contacted other stakeholders with an interest in the service. We received feedback from Sheffield and Rotherham local authority commissioners and safeguarding. We also sent out questionnaires to people who

used the service, relatives, staff and healthcare professionals. We received information back from one staff member and five healthcare professionals.

During the visit we spoke with five people who used the service, four relatives, the registered manager, the quality and excellence partner, a location manager, a team leader and three support workers. We also looked at three care plans, three staff files and records associated with the monitoring of the service.

Requires Improvement

Is the service safe?

Our findings

People spoken with told us, "I love it here. It's like home from home. I really feel like I fit in. I know everybody by name. I get on fine with everyone and I feel as safe as houses. I can talk to the staff and they are like my rock. I am 100% safe and I have no concerns," "I have lived here for a few years now and I feel a bit safe," "I've lived here for a very long time and the staff are good. I feel safe here and I can talk to all the staff. Some of them torment us, but It's only in fun, we torment them too" and "I feel safe when the gates are locked at night and the staff are on."

Relatives told us, "My relative is safe here. There have been times in the past when there was high turnovers of staff which upset my relative, but it seems a lot more settled now and she is benefitting from this," "I feel my relative is very safe, he's very happy and I have no concerns. We have regular meetings and we can go up there, anytime, day or night," "She [relative] has lived there for years and I feel she's always been safe," "The staff are a varied bunch. Some are more caring than others but overall they are quite good. Sometimes my relative doesn't get all the one to one hours that they should, it can be a bit hit and miss" and "There are enough staff now, but it hasn't always been the case. There has been a turnover of staff in the past and some have come and gone. My relative has been here for thirty years in all its different forms and guises. I feel they're getting there staff wise now and its quite a settled bunch at the moment."

When we asked healthcare professionals if people who used this service were safe from abuse and harm 100% of them said yes.

We found staffing levels were not always sufficient to meet the needs of the people who used the service. At the Cottam Road location there were 15 people, living in three houses, who had all been assessed as requiring support for six hours during the night. At night time there were two staff on duty. Staff told us a staff member was based in two of the houses and went into the third house when care or support was required. We found one person had been found on the floor in their living area on several occasions. Staff were unable to confirm if the person had fallen or put themselves on the floor as they had not been in the house at that time.

People who used the service had been assessed as requiring varying numbers of one to one hours, so they could be supported to go out on activities and maintain their independence, for example going shopping and cleaning their homes. The number of one to one hours provided was recorded in the activity planner book. We looked at the one to one/activity hours provided for two weeks in June 2017 and found most people had not had their assessed number of hours. In some cases the hours provided were significantly less than those identified as needed. Staff told us this was because activities were often cancelled due to low staffing numbers. Other records for other weeks also evidenced that people were not always provided with their one to one hours.

We looked at the staff rota for week ending 18 June 2017 and found two staff had phoned in sick for the weekend. Although the team leader had made attempts to cover this, no one was available and therefore staffing numbers were reduced.

At the Cottam Road location we found there were no systems in place for people being supported or staff to contact each other between each of the three houses should they require assistance. Assistive technologies, for example call bells or pagers were not in place in the houses due to this being a supported living service. Each house had a cordless telephone but staff did not always carry this around with them. We were told a person who used the service and two staff had been locked in a room for one and a half hours when the door handle had broken. Staff had no way of contacting help and had to wait until a staff member had left one house and had seen and heard them shouting for help through the window.

Due to a significant number of medicine errors (where people had not been given their medicines) the registered provider had put in place an additional check, whereby 30 minutes following the administration of medicines another staff member was required to re-check that all medicines had been given. We found 50% of these 'second' checks were being carried out by the same staff member. Staff told us this was because there was often no other staff member to carry out this check.

When we looked at the overall number of hours delivered during May 2017 and although this was not significantly lower than the agreed number of hours the information above evidences that people could be at risk of harm.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

On the day of the inspection the registered manager spoke with the registered provider who agreed to increase the number of staff working on nights at the Cottam Road location to three, which meant one staff member would be in each house throughout the night.

We found one person, who had communication difficulties, was prescribed pain relief medicine, which was administered using a specifically designed pain chart where the person could point out the level of pain they are experiencing. However, the PRN care plan was inadequate and lacked detail for the administration of paracetamol or co-codamol as both products contain the same ingredient. It would have been helpful to the individual administering the medicines to detail in which instances to administer paracetamol first or co-codamol. We also found another person was prescribed a PRN medicine and the care plan was detailed and of a very high standard outlining under which circumstances it should be administered.

There was an issue around transcribing dosage instructions for one person who was prescribed cream where the dosage instruction stated "apply as directed" but on the MAR chart the instruction was changed to "apply twice a day". No evidence could be found regarding who had advised the change of directions. Correspondences with other healthcare professions should be recorded to ensure records are up to date and accurate. Furthermore no evidence could be found in the medication policy regarding guidance on transcribing.

The medicines systems for five people living in one of the houses at Cottam Road were checked. Medicines were stored safely and securely in individual cabinets in people's bedrooms and the keys were held with the shift leader. Some issues regarding the accuracy of MARs were noted. Dosage instruction for a cream had been changed to three times a day and there was no evidence recorded where the change in dosage instruction came from. Two creams were still on the MAR although they had been discontinued. We found missing signatures on MAR charts for creams and temperature checks were not always completed daily.

In total 44 medicines related errors were reported over the three locations. Analysing these errors they were two emerging themes. Firstly, the witnessing of medicine administration by the worker as medicine errors

had been reported where tablets were found on the floor suggesting medicines were spat out or not taken but no entries on the MAR charts to indicate this was the case. The second theme was medicines were not being administrated or there was missed signatures on the MAR. As part of the administration process staff should witness the full process of the person taking their medicines and where people are not complying with their medicines this should be reported. Finally, all medicines should be administered except where there is clear instructions from a prescriber to withhold medications.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

We found medicines were stored securely in individual cabinets in the clinic room complying with the storage of medicines requirements with only authorised staff having access to the clinic room. There was also a Controlled Drugs (CD's) (medicines that require extra checks and special storage arrangements because of their potential for misuse) cabinet complying with the Misuse of Drug Acts standards. At the time of our inspection no CD's being administered. Temperatures were monitored and recorded daily for the clinic room. There was evidence of weekly medication audits being undertaken by staff and clear guidance for staff on the ordering and receipt of medications. Medicines were disposed of safely through arrangements with pharmacy provider.

Six people lived at the Cramworth Close location and all of their medicines files were inspected. The files were well organised and set out identically for each person and the information needed was easily retrievable. Each person had a risk assessment completed regarding medicines and the level support required for administration which was reviewed annually. The Medication Administration Records (MAR) were complete and up to date with clear dosage instructions for each medicine. Where people were prescribed PRN (to be given when required) medicines, care plans were in place advising on the safe use of the medicines and were renewed on a yearly basis. Also in the medicines files were information leaflets that were provided to people and their family if requested about the medicines the person was taking.

There was evidence the senior management team had analysed medicine errors and conducted root cause analysis with subsequent changes in systems and processes being made. For example, the pharmacy provider changed, individual cabinets had been introduced for each person rather than storing medicines in a large trolley/cabinet thereby resulting in less disruptions when administering and one person designated for medicine administration per shift. We noted the number of missed signatures had reduced since the introduction of a count sheet in April 2017.

Staff told us they had received training in how to recognise the signs of abuse and how to report this to the proper authorities, we saw records which confirmed this. They felt confident if they approached the registered manager with any concerns these would be dealt with effectively. Staff understood they had a duty to report any abuse they may witness or concerns they may have about the welfare of the people who used the service to ensure their safety. They were also aware they would be protected by the registered provider's whistleblowing policy and all information would be treated as confidential and their identity protected.

People's care plans showed assessments had been completed for areas of daily living which may pose a risk to the person. For example, behaviours which put the person and others at risk and mobility. The assessments outlined what the risks were and how staff should support the person to reduce them. We saw one risk assessment which had been completed in May 2017 regarding a person going outside to smoke during the night. We found in June 2017 an incident had occurred which required the risk assessment to be updated but this had not been completed. We asked the registered manager to review the risk assessment

immediately.

We looked at three recently recruited staff files and saw checks had been undertaken before the employee had started working at the service. We saw references had been taken from previous employers, where possible, and the potential employee had been checked with the Disclosure and Barring Service (DBS). This ensured, as far as practicable, people who used the service were not exposed to staff who had been barred from working with vulnerable adults. The registered manager told us if any convictions showed up on the DBS check they discussed this with the prospective employee prior to them starting employment and made a decision about their suitability to work with vulnerable adults.

The provider had a policy and procedure in relation to supporting people who used the service with their personal finances. The service managed small amounts of money for some people. We saw the registered provider had a system in place to manage each person's money and a sample of documentation was reviewed. We saw finance sheets for money put into and taken out of people's accounts was recorded by a senior member of staff and verified by the home's administrator. Receipts were kept for all purchases. The quality and excellence partner carried out regular checks of finances as part of their unannounced visits to the service.

Requires Improvement

Is the service effective?

Our findings

Staff surveyed and spoken with all told us they had not received formal supervision with their line manager. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. The registered manager confirmed staff had not been provided with supervisions in line with the registered provider's policy. Staff told us they were able to speak with senior staff at any time, informally to raise issues etc., but felt this did not negate the need for formal supervision.

Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their roles. Again staff told us they had not been provided with appraisals.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

The registered manager showed us a copy of the newly introduced 'You Can' supervision booklet. This set out the registered provider's supervision cycle for the year. The registered manager said they were planning to start this over the coming months.

We asked people about the support they received. They told us, "The food is lovely. [Name] makes lovely food for us and I get enough. I go to my doctors just down the road and the staff always tell me of any appointments that I have coming up so I can be ready," "The food is different, it's something new every day, we don't have the same thing over and over which has happened in other homes that I've lived in. There is absolutely enough food, I never go hungry. The staff take a different person every week and you can get treats. I like how they balance it out with healthy foods too," "My doctor is nearby and I'm supported to appointments. I think there are enough staff on here. You're never left struggling, put it that way."

One person spoken with said, "I do the shopping at the supermarket with staff and I do get enough to eat. I have lost some weight lately." Their relative added, "In the past, there wasn't anybody who told her not to have sweets and crisps and high fat foods, so she did pile on the weight. Now though, she has lost two stones and the staff make sure she gets a balanced and nutritious diet."

A member of staff informed us that under a recent initiative, people who used the service took it in turns to go to the supermarket with staff once a week in rotation. The person could choose treats, such as chocolate, crisps and biscuits and the staff were on hand to make sure nutritional food and a balanced diet was also catered for. One person told us "Going shopping is now an activity, rather than a chore. I look forward to doing the shopping when it's my turn as I get to choose the biscuits and crisps for the house that week."

Relatives told us, "They keep me informed of what is going on and the manager is always available. A few of the relatives and residents have casual interviews with new staff so we get a say in who works here, it's good like that" and "I am invited to care plan meetings and I have a say in the preparation of the care plan. The

manager and staff keep me abreast of what is going on with regard to appointments and activities as well."

We asked healthcare professionals if staff were competent to provide the care and support required by people who used this service, if the managers and staff understand their responsibilities under the Mental Capacity Act 2005 (MCA) and if the care and support provided by the staff helped people to be as independent as they could be, 75% said yes they strongly agreed with these statements.

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.

For people in the community who need help with making decisions, an application should be made to the Court of Protection. Currently the registered manager was liaising with the local authority to ensure people's rights were maintained and protected, and their liberty was not being curtailed illegally.

Care plans we looked at showed people had been involved in making decisions about such things as use of a lap strap, bedrails and the administration of eye drops. We saw where appropriate family members and advocates had also been involved in making best interest decisions with people.

Care plans contained information about health appointments and any action taken as a result. Where it had been identified as necessary, regular health screenings were also undertaken. We also saw people were able to meet with more specialised healthcare professionals according to their needs, such as speech and language therapists and physiotherapists.

Staff told us they received training which equipped them to meet the needs of the people who used the service. They told us some training was updated annually, which included health and safety, moving and handling, fire training and safeguarding vulnerable adults. We saw all staff training was recorded and there was a system in place which ensured staff received refresher courses when required.

Staff also told us they had the opportunity to further their development by undertaking nationally recognised qualifications. They told us they could undertake specific training, for example how to support people who displayed behaviours which challenged the service and autism. Induction training was provided for all new staff; their competence was assessed and they had to complete units of learning. New staff shadowed experienced staff until they had completed their induction and had been assessed as being competent. Not all staff had completed training in MCA and DoLS. One staff said, "I would benefit from having this training as I don't really understand it." The registered manager told us they would look at the staff who had not completed the training and arrange for them to do so.

Good

Is the service caring?

Our findings

People told us, "Staff knock before entering my room and I have my own privacy. I let them know if I want to have a quiet hour and I can go upstairs, lock my door and the staff will leave you for that hour. Sometimes you just need a bit of time to yourself. If there is something I don't like, I know that I can voice my opinion. If you are feeling down, you can talk to the staff at any time. We do have house meetings as well" and "I do have visitors. My sister and brother come to see me on a Thursday. I feel I'm able to say what I'm thinking if I don't like something and there's never been any problems with visiting at any time."

One relative told us, "Some newer members of staff weren't knocking on doors but they've been told about it by the manager."

Seventy five per cent of healthcare professionals we surveyed strongly agreed with the statement, "The staff I meet are kind and caring towards the people who use the service."

We saw good rapport between the people who used the service and the staff and there was a friendly atmosphere in the houses. We observed good levels of communication between the staff and the verbal and non-verbal people who used the service.

Staff we spoke with knew the people they cared for and knew who they could have a laugh and joke with. Staff spoke fondly about the people they provided care and support to and knew when people needed time on their own.

Staff understood the importance of maintaining confidentiality and the registered provider had policies and procedures for staff to follow. During discussion staff told us they would never discuss people's personal details with anyone other than the person or any health care professionals involved with their care and wellbeing.

People's privacy and dignity were promoted. Staff told us they closed doors and blinds when supporting people with personal care. We observed staff knocking on people's doors before they entered and announcing who they were and closing them after they entered.

We viewed three people's care files which showed that, where possible, the service had included them in recording what their likes or dislikes were. Where people were unable to contribute, we saw the service had involved family members and advocates in order to obtain the information. We saw that all the care files recorded the person's preferred name and who and what was important to them.

People's care plans showed they had been involved with its formulation. Where possible people had signed to confirm they understood the care plan contents. Staff made daily entries in people's care plans about their wellbeing and how the person had spent their day, for example, what activities the person had undertaken and what care had been provided. The daily notes also detailed any contact with health care professionals and what the outcome was.

The service had information about advocacy groups which people or relatives could contact. The registered manager told us the services were available and they had been used in the past. They felt they had good links with the advocacy service and could contact them if required. In one person's care plan we saw evidence that an advocate was involved in helping the person to make decisions about their daily life and wellbeing.

Good

Is the service responsive?

Our findings

People and their relatives told us about their interests and hobbies and how the staff helped them to remain socially active. People told us, "I walk to the shops now. Its helped me to lose some weight. I go to the hairdressers on a Friday, I also get the bus to luncheon club," "I do painting. I made a placard for a friend who went into hospital. We go shopping up town. I bought a nightgown and two jigsaws last week. We sometimes go on day trips, I like Cleethorpes. sat outside and had my breakfast on Saturday. I choose the times that I get up and go to bed," "I have my colouring books and I go to St. Lukes on a Saturday. I see my mother and we also go to the charity shop and get DVD's" and "I go shopping and to the bingo. I go weekly and I was one number off winning £500 last week. I love it here, I've really settled. My brother comes with my nephews to visit. I went to Skegness yesterday. I can get up when I like and go to bed when I like."

One person who was supported by staff to communicate mimed to us the actions of digging and bowling. We observed the member of staff helped the person to express them self without guiding. From this we were able to establish the person had been ten pin bowling and gardening. The staff informed us that a lot of work had been done to open communication with this person through Speech and Language Therapist (SALT) support.

Relatives told us, "[Name] has a better quality of life now to be honest, than when she had private care and lived at home. She has been on holiday and the staff supported her. She'd never had a holiday in her life and it was amazing for her. She's also been on a few day trips as well," "It's really good at Cottam Road; they have a lot of parties, for Christmas, Halloween and for people's birthdays. They had a barbecue last week because of the nice weather" and "She [family member] is going to the cinema this afternoon as part of her one to one hours. We also take her away for weekends and the home arranges for her oxygen to be sent to the hotels as she has angina attacks."

One person proudly told us, "We chose the colours when the living room was decorated recently. Well it's our home isn't it?"

Another person told us, "We all have a care plan, it's about behaviour management." The person's relative went on to explain, "The care plan focuses on things like how many one to one hours the residents get. It includes getting them up and showering them. [Name] accepts the situation for what it is and goes with the flow most of the time."

Other relatives said, "A good thing here now is that the relatives get to do a 'meet and greet' with any new staff. We get to vet them if you like and see if they are suitable for our relatives and to work at the home. It does make me feel more involved in the planning of my relatives care" and "I am fully involved with my relatives care plan and I'm kept informed every step of the way. The staff are more like friends and family and they don't get paid enough. My relative is in hospital at the moment and the manager has just been to visit them and phoned me. The staff have been excellent with us all throughout it all as it has been a stressful time."

Seventy five per cent of healthcare professionals we surveyed strongly agreed with the statements, "The managers and staff are accessible, approachable and deal effectively with any concerns I or others raise" and "The staff act on any instructions and advice I give them."

We looked at the care files for three people living at the service. The files seen were completed in the new format introduced by the registered provider. They contained detailed information about the person and what mattered to them. There was information about the person's likes and dislikes and how they liked to communicate. We also saw guidance to staff regarding supporting people to meet their needs. For example, one person required support with maintaining a healthy diet; we saw clear guidance for staff. This included updates of how the person's health had improved following staff supporting the person to choose healthy options. This was a good example of how the staff worked in a person-centred way to ensure this person's needs were being met.

The registered manager told us not all care plans had been transferred into the new format. We saw where information remained on the old template there were some gaps in the information provided and not all had been reviewed and updated in line with people's needs changing. The registered manager confirmed to us that all senior staff would have completed training in writing the new care plans by the end of June 2017 and all care plans would be reconfigured onto the new format by 30 September 2017.

People told us, "I've never had to make a complaint but I know the procedure if I ever have need to do so" and "I've only had to complain now and again, but now it's all sorted."

The registered provider had a complaints procedure; this was given to people to read and there was a format which used symbols and pictures to help some people who used this method of communication to better understand it.

The registered manager kept a record of all complaints and compliments; this detailed what the complaint was, what action was taken and the outcome. Feedback was also provided to the complainant. The registered manager used these to improve the service and make changes where needed; all investigations and responses were time limited. The complainant was also signposted to other agencies if they were not happy with the way the investigation had been conducted.

We found if a person or their relative/advocate raised a concern/issues that was dealt with informally; this information was not recorded, acknowledged and dealt with in the same way. So there was no evidence concerns were investigated and appropriate action taken to resolve them. We spoke with the registered manager about this who agreed to include all concerns/issues raised in order that they would be dealt with in the same way formal complaints were.

Requires Improvement

Is the service well-led?

Our findings

The manager was registered with CQC. 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.

People who used the service and their relatives told us they found the registered manager approachable. Their comments included, "I know who the manager is, it's [name]," "I know the manager. She keeps me up to date with things that are happening and I can talk to her anytime. There was a meeting at the town hall about three weeks ago about the change to assisted living and we were all notified about it well in advance. I feel I'm kept in the loop about my relatives care," "[Name] the manager is really good. If there's ever been issues, she rings and lets me know. I attend the house meetings and I haven't had to make any complaints" and "I know who the manager is and I've always felt I can speak to her. There are never any restrictions on visiting, I can go at any time of the day or night and I don't have to let them know I'm going, I can just turn up."

Seventy five per cent of healthcare professionals we surveyed strongly agreed with the statements "The service is well managed" and "The service tries hard to continuously improve the quality of care and support they provide to people."

People told us they felt listened to and involved in making decisions about the home and suggesting improvements. They told us, "We have house meetings in the living room on Sundays," "We sometimes have meetings. I am told of any changes to the staff. There is nothing I would change. All my friends are here. I would recommend living here to my friends and family," "I've never had to complete a survey. We are told if staff are leaving or going to a different house. There's nothing I would change here. I am getting on great and I like it how it is. The staff are ever so friendly and they always have an ear for you. I'd definitely recommend it to friends and family, no worries" and "On Sunday, we have house meetings. We all get a choice of tea in the week. I like salads in the summer. I also enjoy making my sandwiches at night for work the next day. Everything is to my liking."

At this inspection we found systems were not always in place to promptly address issues that had happened. For example, we saw no evidence of the lessons learned from the two staff members and person being trapped in a room and unable to get out. Also no action had been taken to address the issue of the second staff member being available to recheck medicines had been given 30 minutes after the medicine round. Where systems were in place these had not always been effective in identifying and acting on omissions and breaches of regulations were found.

None of the people spoken with could remember being asked to complete any kind of survey about the home. The registered manager told us they had completed a survey in 2016 but this was due to be sent out again from head office. The registered manager said people would be supported to complete these either by the staff or their relatives/advocates. The registered manager said she would also use surveys to gain the

views of relatives and health care professionals. The outcome of all of the surveys were to be analysed and a report produced which detailed the findings, any areas of concern and how these were to be addressed.

The registered provider had clear lines of communication and staff we spoke with understood this. They knew they could approach the registered manager at any time. Staff told us, "We have staff meetings about every six weeks where we can give our views. This job is really rewarding. I just wish the rota's were better, we don't know where we are" and "I love this job but it has been stressful lately due to lack of staff and us not always being able to facilitate people's one to one time."

Although staff told us they felt supported by the registered manager and senior staff, one to one supervision and appraisals had not taken place

The registered manager audited all the accidents and incidents which occurred. This was to establish any trends or patterns or if someone's needs were changing and they needed more support or a review of their care. The system in place made it difficult to establish any trends or patterns as each accident/incident was recorded on a separate electronic format. The registered manager told us the new 'monthly assurance cycle' system would make it easier to identify any trends or underlying causes, which could then be used to prevent any reoccurrences.

We found some information, for example; care plans were not always dated and signed. We also found no evidence the omissions were picked up through the system for auditing so that improvements could be made.

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
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed in a proper and safe way to make sure care and treatment was provided safely.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not always provided in enough numbers to meet the needs of the people who used the service. Staff were not provided with a regular programme of supervision and appraisal for development and support.