

Prince Bishop Support Services Limited

Surrey Place

Inspection report

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County Durham
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25 June 2018

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 19 and 25 June 2018 and was unannounced. This was the first inspection of this service under the current provider.

Surrey Place is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Surrey Place is registered to provide support for up to three people with a learning disability and/or autism and is based in a two-storey property. Nursing care is not provided. At the time of the inspection there were two people using the service.

The care service was not acting within the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service were not receiving support in line with legislation, standards and evidence based guidance. Some areas of the premises had not been adapted to meet people's needs and ensure they could be safely independent and live as ordinary a life as any citizen.

The service had a registered manager in place. 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.

A lack of management oversight had resulted in several areas of concern being unidentified until we raised them. Audits were not effective and the registered manager had not been proactive in ensuring records were up to date and accurate. There was a reliance on external professionals to make decisions around the support people needed and insufficient action taken to follow up concerns or minimise risk.

Medicines were not always managed safely for people. Improvements were also needed in the correct storage and recording of medicines.

Risks associated with people's support needs were not always fully considered or correctly documented in support plans. Procedures to be followed in an emergency had not been adequately risk assessed and would not ensure people were safe in the event of a fire.

Staff had received safeguarding training and were aware of reporting procedures should they have any concerns.

The premises had not been appropriately adapted to meet people's needs. There was no bath for people who wished to use one and the shower did not have any support rails. Some external areas were in a poor state of repair making them hazardous.

Environmental checks were carried out on the premises to ensure it was safe. This included gas and electrical testing. The testing of portable electrical appliances was not being done in line with the provider's policy and a check of window restrictors was not documented. Where an issue was identified, such as hot water temperatures being a scalding risk, no action was taken to reduce the risk.

Capacity assessments were not being conducted in line with the Mental Capacity Act 2005. Some people had been identified as lacking capacity by external professionals but this was not reflected in support plans. One person was going out independently when there was a doubt as to whether they were safe to do so however no action had been taken prior to an external review giving advice on this.

We found there were no staff on duty to support people with their assessed needs overnight. However, following feedback on the first day of our inspection the registered manager changed the rota to include a regular sleep-in member of staff. At times one person was left in the property alone during the day. The risks around this had not been adequately addressed.

Comprehensive, up to date training records were not kept and the records that were available indicated several gaps in staff training.

Appropriate pre-employment checks were carried out before staff started work to ensure they were suitable for the role.

Staff knew the people they supported and their life histories. However, we found that support plans were not always person centred and often included negative language or statements. We have made a recommendation about this.

Staff were supported via regular supervisions and an annual appraisal.

People were involved in writing weekly menus and preparing food with staff support. They could help themselves to snacks and drinks throughout the day and told us they were happy with the choice of food.

People said staff were kind and caring and we saw independence was promoted.

People were engaged in regular weekly activities and accessed several different groups in the local community.

The service had a complaints policy to be followed if any issues arose. This was made available to people using the service in an accessible format. People knew how to raise any concerns they had but the service had received no formal complaints.

We identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Medicines were not always stored, recorded or managed safely.

Risks to people were not always assessed or plans put in place to minimise the risks, for example people being left without staff supervision in the service. Emergency plans in the event of a fire were unsatisfactory.

The provider carried out pre-employment checks to minimise the risk of inappropriate staff being employed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Capacity assessments were not undertaken in line with the Mental Capacity Act 2005 and where a lack of capacity was identified this was not appropriately recorded.

Appropriate capacity assessments were not taking place. As a result people were not receiving the necessary level of support.

The provider had not made the necessary adaptations to the premises to ensure people's needs were adequately met.

People were supported to make their own choices around food. Staff prepared meals and supported people to prepare their own drinks and snacks.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Although we found the staff were caring throughout the inspection it was evident from the issues we found that the provider was not ensuring the service was caring in all areas.

We saw positive interactions between staff and people who used the service and people told us they liked the staff who supported them.

People's independence was promoted and advocacy services were available should people wish to use them.

Is the service responsive?

The service was not always responsive.

Support plans were not always person centred and often included negative language or statements.

People were engaged in regular weekly activities and accessed several different groups in the local community.

People knew how to complain if necessary. The provider had a complaints policy in place and this was available in accessible format.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

A lack of management oversight had resulted in several areas of concern being unidentified until we raised them.

Audits were not effective and the registered manager had not been proactive in ensuring records were up to date and accurate.

There was a reliance on external professionals to make decisions around the support people needed and insufficient action taken to follow up concerns or minimise risk.

Staff were supported through regular meetings, supervisions and appraisals.

Requires Improvement ●

Surrey Place

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.

The inspection took place on 19 and 25 June 2018. The first day of the inspection was unannounced.

The inspection team consisted of two adult social care inspectors.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also contacted the local authority commissioners for the service and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with two people who lived at the service. We looked at two care plans along with medicine administration records. We spoke with four members of staff, including the registered manager, the deputy manager and two support staff. We looked at three staff files, including recruitment records.

We also spoke with a visiting professional and completed observations around the service.

Is the service safe?

Our findings

We looked at the way risks to people were assessed. When we arrived, a person who used the service opened the door and invited us in. They were alone in the property and telephoned staff at a nearby service owned and operated by the provider to alert them to our arrival. There was no risk assessment in place to address the risk of people coming to visit the service when this person was alone.

One member of staff was on duty every day between 8am and 8pm or 9pm Monday to Friday and 9am to 8pm on Saturday and Sunday. The registered manager told us people who used the service were left overnight without a member of staff on duty and this had been the case since 8 May 2016. One person sometimes required the support of staff when going out so the other person was then left in the property alone during the day. The provider had installed a care call system in case of emergency. During the inspection a number of safety concerns came to light regarding people being alone overnight. We discussed these with the registered manager who arranged for a night time member of staff to be reintroduced with immediate effect.

One person had recently had two falls. There was a history of falls for this person and the registered manager told us they were "always stumbling" and had been more unsteady on their feet lately. Their falls risk assessment had not been updated to reflect this change. When we asked about this the registered manager told us they would request an up to date falls assessment to be carried out at their next social worker review. We pointed out the need to have these risk assessments in place and that this was the responsibility of the registered manager and provider.

Where risks had been identified no action had been taken to mitigate these risks. For example, both people had risk assessments in place for use of electrics and the risk level for 'setting the house on fire' was identified as high on both records. This was due to the risk of leaving the iron plugged in after use. Despite this the iron was stored in the laundry area which was accessible to both people at all times, including when no staff were in the building. We discussed this with the registered manager who told us the iron would be stored in a locked cupboard following our feedback.

The registered manager told us that one person went out independently but was very vulnerable and gave us some examples of this. The risk assessments in place did not adequately address these vulnerabilities and the associated risk. There had been insufficient consideration given to the dangers the person could be in when accessing the community. On the second day of our inspection a social worker reviewed this person's support needs and confirmed they should not go out without the support of staff.

Risk assessments had been done for self-administration of medicines. One person did not self-administer any medicines and therefore this risk assessment was not necessary. We found that the other person did self-administer one medicine but there was no written record of this. Their risk assessment for self-administration identified a high risk but no further information was included for the one medicine they did self-administer or how this was monitored. This person had signed a consent form for staff to administer all medicines and again no record was made to indicate one medicine was self-administered. The person took

this medicine with them when they went out independently and there was no risk assessment in place for this. On the first day of our inspection there was no spare stock of this medicine and no contingency plan in place if it was lost whilst out of the building.

A record was kept of any accidents or incidents, including details of when and where they happened and any injuries sustained. However, there was no evidence of lessons learned from these records and the information did not prompt an update records such as falls risk assessments.

We looked at the way medicines were managed. Medicines were stored in a locked cupboard but no temperature checks were being done. Failing to store medicines at the correct temperature means they may become ineffective or unsafe. Because the temperature was not monitored we could not be sure medicines had not been compromised by inappropriate storage. We fed this back to the registered manager on the first day of our inspection and were told a thermometer would be obtained straight away. When we returned six days later this was not in place and checks were still not being done.

We looked at Medicine Administration Records (MAR) for the people using the service. According to the MAR one person was prescribed a medicine to be taken four times a day. This was not being signed as administered and we were told that it was to be given 'as required'. The records did not reflect this and we discussed going back to the GP and pharmacy to rectify this. When we checked the stock of this medicine we found there was none available at the time of our inspection. We were told that the previous stock was out of date and had been returned. We received confirmation the following day that replacement stock had been received however there was an eight day period in which this pain relieving medicine was not available should it have been needed.

We looked at the emergency evacuation procedures in place. We saw that both people had personal emergency evacuation procedures (PEEPs) in place. We were told that during the day staff would support the people to leave the building but at night they were expected to evacuate independently. They were then expected to alert emergency services and staff at a nearby service owned and operated by the provider. The nearby home only had one member of staff on duty overnight so they would then need to raise the alarm with an on call staff member. We saw records of fire drills that stated during the most recent drill, in May 2018, one person had remained in the building hovering the stairs. There had never been a test of the night time drill. This meant the provider could not be sure people were able to take the necessary steps as described in the procedure and evacuate safely. Both people using the service were unsteady on their feet and yet both escape routes from the building were down uneven steps. The arrangements in place in the event of a fire were not adequate to keep people safe, particularly at times when they were alone in the property.

We looked at how environmental risks were managed. The provider's fire risk assessment stated Portable appliance testing (PAT) took place annually, however it had not been done since February 2016. We asked the registered manager about this and we were told that this had changed and the testing now took place every three years. Although there is no legal requirement to undertake annual PAT checks, regular visual checks should be conducted to ensure appliances still look safe to use, for example to look for any loose wires or scorch marks which may indicate a problem. There was no evidence of these checks taking place. There were window restrictors on the larger first floor windows. Health and safety records stated window restrictors should be regularly checked. The registered manager told us they did this but there was no record of these checks.

Water temperature checks were done monthly. The temperature of the water in the laundry room and kitchen sinks was recorded as being 50 degrees Celsius or above. No risk assessment had been undertaken

to minimise the risk of scalding. There was a sign above both sinks that said 'please wash your hands' but no sign to warn people of the hot water. We fed this back to the registered manager and when we returned on the second day of inspection warning signs had been put in place. The signs were yellow rather than red which would better indicate danger and had no picture or symbol to make the information more accessible. We were told the laundry room was now locked when staff were not in the building however people did their own laundry. The registered manager was not present on the second day of our inspection so we discussed with the deputy manager the option of a thermostatic mixing valve as a less restrictive option.

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

People told us they felt safe living at the service. On the second day of the inspection one person told us, "I do feel safer now the staff are back on a night. I needed some medicine when I woke up this morning and staff were there to give me my painkillers before I got out of bed."

There was a low turnover of staff and most of the support staff had worked for the provider for several years. The provider had safe recruitment procedures in place which minimised the risk of unsuitable staff being employed. Disclosure and Barring Service (DBS) checks were carried out before staff were employed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and minimises the risk of unsuitable people from working with children and adults.

Staff had all received training in the safeguarding of vulnerable adults and demonstrated a knowledge of safeguarding procedures. One member of staff told us, "If I had any concerns about someone being abused I would definitely take it further, I treat people how I would expect my own family to be treated. If I had concerns I would take it to the manager or safeguarding myself. I work for the people who live there and if I felt nothing was done I would go to CQC myself."

The environment was clean and tidy with bright modern decoration and no infection control concerns.

Is the service effective?

Our findings

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.

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

We checked whether the service was working within the principles of the MCA.

Both people had mental capacity assessment forms on their care files which stated, '[person's name] has capacity.' They were not decision specific and the forms had not been fully completed. We spoke with the registered manager who told that both people had capacity. We asked them why the forms had not been fully completed and they told us only health professionals could undertake capacity assessments. They later told us they had been referring to DoLS assessments when they said this but there was no evidence of any capacity assessments being undertaken and there was not a clear understanding of the procedures to follow.

A review by an external professional within one person's support plan indicated they may lack capacity in respect of finances. When we asked the registered manager about this they confirmed they did lack capacity but only in respect of finances. This was not documented anywhere in the provider's paperwork. The person had a finance support plan in place which made no reference to a lack of capacity and there was no best interest decisions on file in relation to the day to day management of finances.

We were told that nobody was currently subject to DoLS. The registered manager told us that one person was able to go out independently but only in the local area. If they wished to travel further staff needed to support them and if they were in the property staff needed to provide constant one to one supervision. There was no clear rationale for these decisions recorded in support plans. An external review was conducted on the second day of our inspection at which it was decided that in order to remain safe the person needed to be supported by staff whenever they went out. The registered manager and another staff member had told us how vulnerable the person was when in the community but no capacity assessment had been done to ensure they were still able to make decisions around this in a way which kept them safe.

The registered manager told us this person required the one to one support when they were at home to prevent 'bickering' with the other person who used the service. Staff also told us there had been incidents between the two people. One member of staff told us, "When I was working there one night the ladies had an 'episode'. I asked them both to sit and chat with me and explained to them that they live together and need to get along." Despite this they were left unsupervised for between 12 and 13 hours overnight. We were

told the people went to bed before staff left at 8pm and would not get up or leave their rooms after this but we saw from daily records that people were regularly up before staff arrived for work on a morning. This meant adequate safeguards had not been put in place to minimise the risk of safeguarding incidents.

This was a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People were involved in planning their weekly menu and also helped staff write a shopping list and go to the supermarket to buy groceries. One person told us, "We can choose what we want to eat. [Person's name] likes savoury rice but I don't so we have different things at mealtimes." Another person told us how they helped with cooking meals and both people were able to make their own drinks and snacks. One person was part of a slimming group in the local community and told us about the healthy food choices they made as a result of this.

One person had diabetes. We were told by the registered manager and deputy manager that this was diet controlled but it was not clear in their support plan. Throughout the person's support plan records made reference to diabetes without specifying whether this was type one or type two. These diseases are both linked to blood sugar levels but have different causes and risk factors, and different lines of treatment. At the back of their health care portfolio there was an information booklet on type one diabetes, as the person actually had type two diabetes this information was not relevant and could confuse staff supporting the person. A health monitoring record merely stated 'info required' in the diabetes support section. There was no risk assessment in place for the person's diabetes and the associated health risks. Minimal information was included within support plans. Comprehensive records were not kept of the food they were eating each day. On some days no lunch was recorded and only a yogurt was eaten for breakfast. We were told by the registered manager that the person often took a packed lunch when going out during the day and records indicated that the person often prepared this themselves. On these occasions no record was kept of what they were taking to eat. In a review of the person's care needs dated 14 September 2017 it stated, 'Health up and down due to diabetes.' There was no further clarification or explanation of this. The registered manager assured us more complete records would be kept going forward.

Both people had hospital passports in place. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. These documents had been reviewed but contained out of date information and had not been updated. For example, one person's hospital passport said they did not have any difficulty with liquids or the vessels they are served in but elsewhere in their support plan it stated they needed to use a two handled cup or a straw when having drinks.

We saw that both people were supported to access health professionals such as GPs, asthma clinics, dentists, opticians and chiropodists. The registered manager was not always proactive in following up on identified concerns. One person was told by the optician they had cataracts in February 2018. The deputy manager was unable to tell us if or how this was affecting the person's eyesight and there was nothing in their records. Although records stated the optician were referring the person for a procedure nothing had been done to follow this up since February 2018.

People aged 14 and over who have been assessed as having moderate, severe or profound learning disabilities, or people with a mild learning disability who have other complex health needs, are entitled to a free annual health check. Neither person had received an annual health check since 2015. The registered manager told us they had attempted to make an appointment but had been told over the phone they were not eligible. They had not pursued this further and therefore health checks had not taken place.

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

Both people who lived at the service regularly went to the provider's other nearby service for a bath. This was because there was only a shower at the service. One person told us they liked to have a bath. The provider had not made the necessary adaptations to ensure people's preferences around personal care could be accommodated without them having to leave the premises.

The shower in the property did not have any hand rails to provide support for people when getting in and out and whilst showering. There was no alarm in the bathroom and one person confirmed they did not wear their care call pendant in the shower as it was not water resistant. The provider had failed to make the necessary adaptations to ensure people were able to use the shower facilities safely.

Entry to the property was uneven with steps at the gate and also up to the front door. These steps were concrete and were in a very poor state of repair. Cement was coming away between some of the steps and causing a further trip hazard. At the rear of the property the exit via the back door was also down steep stone steps. Again, these were uneven and difficult to navigate safely. Both people using the service at the time of our inspection were described as being unsteady on their feet and one person with a history of falls told us they had previously fallen on the steps at the back door.

This was a breach of Regulation 15 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We looked at the records related to staff training. The provider's training policy listed 19 courses they felt were essential and further specialist training that must be provided for any care staff working with specific user groups and/or medical conditions such as diabetes and autism. A matrix was produced to record an overview of all staff training but included only 14 of the training courses the provider required staff to undertake on an annual basis. The chart was colour coded so that those staff who were overdue training in a specific area were highlighted in red and upcoming deadlines highlighted in yellow. Despite the colour coding prompt, we found staff were overdue refresher training in 11 out of the 14 courses listed. Fifty per cent of staff were overdue training in first aid, fire safety, equality and diversity and positive behaviour whilst 70% were overdue dignity in care training. The training matrix did not reflect all of the training the provider required staff to undertake. This failure to keep comprehensive up to date records of training meant the registered manager not ensuring staff had the up to date knowledge and skills required of their role.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff we spoke with were satisfied with the training they had received. One member of staff told us, "We get lots of training. Lots is mandatory but then we also get the choice to do other courses too like palliative care and dementia. I have done a 20 week dementia care course which I really enjoyed. I have training in health and safety, fire, equality and diversity and end of life."

People who lived at the service showed us around. One person showed us their bedroom and told us they had chosen the wallpaper which had images of a European city they had previously visited. The room was very personalised with lots of items that were important to the person on display. The décor around the service was homely and both of the people who lived there told us they had been involved in choosing this. We also saw it was discussed in residents' meetings.

Is the service caring?

Our findings

We observed staff to be caring throughout the inspection and received positive feedback from people using the service. However, we found that the provider did not create a caring culture within the service and the failure to comply with our regulations is indicative of this. For example, records were not kept up to date to ensure they contained all relevant information. This meant that staff did not have access to accurate information in relation to people's support needs and risk levels. People were not protected from the risk of harm caused by poorly maintained access and a lack of appropriate bathroom adaptations. People were not always given the appropriate level of supervision to ensure their safety.

We observed staff to be kind and friendly in their approach. Staff interacted well with people and the atmosphere was homely and relaxed. The people we spoke with told us they were happy with the support they received. One person told us, "They [staff] are doing a wonderful job, 100%."

We observed staff supporting people throughout the inspection. We found from our observations and conversation with staff they had a good knowledge of the people they were caring for, their likes and dislikes and how they liked to spend their time.

People were supported to remain in contact with their relatives and friends. When relatives were not able to visit, arrangements were in place for regular telephone contact and people told us they were happy with this. The provider had another service very nearby and longstanding friendships with people who lived there were maintained with regular visits.

Staff were happy in their job and spoke positively about the care provided by the service. One member of staff told us, "It's like we're all part of one big family. [Person's name] always asks about my family and remembers their birthdays. I love working here it's like a second home."

During our visit we observed people being spoken to and treated in a respectful and dignified way. The staff we spoke with explained how they maintained people's privacy and dignity. One member of staff said, "I always knock on a person's door before entering and won't go in until I hear them shout its ok. I always ask people what name they want me to call them by." People had keys for their bedrooms and were able to keep them locked for privacy if they wished to.

Staff encouraged people to be as independent as possible. People were involved in planning menus, writing shopping lists and shopping for groceries weekly with the support of staff. People were able to prepare their own drinks and snacks. They were also encouraged to keep their home clean and tidy by doing chores such as hoovering and laundry.

One member of staff told us, "I let them do as much as they can for themselves. I don't want to take anything away from them. I would tell them that I am there to give them a hand but encourage them to do as much for themselves as they can but be there to help when they needed it."

We saw a 'Rights of the Individual' document on people's support files. This included statements such as, "I have the right to say yes or no for myself; I have the right to change my mind and I have the right to be treated with respect and as an equal human being." This was a very positive document but had not been produced in an easy read format. People we spoke with told us they felt they were treated equally and supported to make their own decisions. One person told us, "Staff helped me because they could see I had potential. Without [deputy manager] and the other staff I'd have lost the will to live. I feel more confident now and much happier."

People had access to advocacy services and one person told us of a time when they had been successfully supported by an advocate. An advocate is someone who supports a person so that their views are heard and their rights are upheld.

Is the service responsive?

Our findings

We looked at how people's support plans reflected their needs. We saw they contained some information about people's life history, likes, dislikes and preferences. However, the language used in some support plans was very negative. For example, one document said, "I can be nasty to my peers. I would like staff to prompt me to go to my room and spend some time to calm down and think about what I have done."

One person was referred to by a name they were not commonly known by within some of the records on their support plan. When we asked a member of staff if the person had a preference we were told they "hated" being called by the name that was in some records. This was not written within their support plan and by using it in records they were not respecting the person's preference.

Person centred goals were recorded on support plans. However, where records were kept of how people managed daily tasks the most negative outcome was always put first on the form. For example one person required a prompt to clean their teeth. The first option at the top of the 'tick box' form was "[person's name] refused to listen to staff's advice and guidance when brushing teeth". The most positive outcome, "[Person's name] has brushed their teeth on a morning with no prompts from staff" was last on the list of options. This meant that when anyone referred to the documents they saw the negative information about the person first and this could influence their expectation of the person's behaviour in a negative way.

We saw positive behavioural support plans on both people's files. Positive behaviour support (PBS) is a person-centred approach to support people who display or are at risk of displaying behaviours which challenge. The documents for both people contained identical information. One document referred to both people's names on one document. This meant the documents were not written specifically for each person and were not person centred.

We recommend the provider consults current best practice guidance on person centred planning.

We spoke with the people who used the service about the activities they took part in. They told us they went out to day centres, drama classes and exercise and healthy eating classes. Both people told us they liked to watch soap operas and one person enjoyed going to a disco once a week.

One person told us, "I'm filming at [day centre] this week. I've already made lots of films but this one's a murder mystery and I'm the detective. I love going to [disco] it's great. I've got lots of friends there and there's lots going on. I stopped going to [another disco] as people were just sitting about and it was boring." Another person told us, "I go to two different drama groups and I love watching the soaps. Emmerdale is my favourite."

Both people had been abroad on holiday the previous year and one person told us how much they had enjoyed it and wanted to go away again. We asked staff whether there were any plans for a holiday this year and we were told they had not made any plans yet but hoped to do so soon.

We saw that one person had expressed a wish to attend a college course to learn about computers. There was no evidence that this had been arranged. When we asked the registered manager they informed us there were no courses available but there was no record of what attempts had been made to achieve this.

The provider had a Friendships, Personal Relationships and Sexuality policy however there was no information in people's support plans relating to relationships and sexuality and staff had not received training in this area. Although people using the service were not prevented from forming intimate relationships they were provided with limited advice on relationships and sexual health and they were not signposted to any local organisations or sexual health services that may have been able to provide expert advice or support in this area.

We recommend the provider consults current guidance on how best to support people with learning disabilities to have relationships.

We asked people if they knew how to make a complaint if there was something they were not happy about. Information on how to make a complaint was in each person's bedroom. This was in an accessible easy read format. One person we spoke with told us they knew how to complain. They told us, "I would tell [registered manager] or [deputy manager] if I wasn't happy. I've said things to them in the past and they've listened to me."

Although nobody using the service was in need of end of life support at the time of our inspection end of life care plans had been put in place on each person's support plan. These detailed people's wishes so that when the time came staff could support them in a way that reflected their wishes.

Is the service well-led?

Our findings

This was the service's first inspection under the current provider. The provider details had changed in January 2017. The home had a registered manager who had been registered with the Commission since January 2017, when the new provider took over. They had also been the registered manager for the service under the previously registered providers.

On the first day of our inspection we found a number of areas that raised significant concerns about the safety of the people using the service. Safeguards were put in place to reduce these risks but this was only as a result of our feedback. There was a lack of management oversight at the service which was evidenced by the breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 detailed earlier in the report.

The registered manager carried out a number of quality assurance checks to monitor the standards at the home. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found the audits that were carried out had not been effective in highlighting the issues we had found. Some of the checks we were told were taking place had not been documented at all.

The registered manager was not proactive in ensuring people's records were accurate or up to date, relying on the input of external professionals. Records were disorganised with information about people's support needs and risk levels divided between three files. Some documents were duplicated and others were not present. Medicines records were not always accurate and some risk assessments were not present.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We observed the registered manager spending time with the people who used the service. They interacted in a very relaxed and positive way and people told us they were happy to speak to them if they were unhappy about anything. An external professional we spoke with told us, "[Registered manager] is very good, very caring and very thorough."

Regular residents' meetings were held with the people who used the service. These meetings discussed things such as decoration of the service and activities.

Staff meetings were held monthly. We saw minutes from previous meetings which covered topics such as new medicines paperwork, safeguarding and the importance of ensuring documents were filled in correctly. Staff told us they felt supported, that they could approach the registered manager with any concerns they had and were confident these would be addressed. One member of staff told us, "Yes I can go to [registered manager] or [deputy manager] about anything."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting,

by which an organisation provides guidance and support to staff.

Staff were asked to provide feedback via an annual survey. One member of staff told us, "Yes, we get a survey off the owner every year where we can say anything about the service we provide. The family's also get one."

The provider was meeting legal requirements of their registration. The service had notified the Commission of significant events at the home such as serious injuries as they are legally required to do.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was failing to assess all areas of risk for people using the service. Where risk was identified action was not being taken to mitigate this. Regulation 12(1)(2)</p> <p>Medicines were not managed, stored or recorded safely. Regulation 12(2)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider did not ensure appropriate assessments were undertaken in line with the principles of the Mental Capacity Act 2005. Failure to identify a lack of capacity had placed a person at increased risk of harm. Regulation 13(1)(2)</p> <p>The provider did not put sufficient safeguards in place to minimise the risk of incidents between people using the service. Regulation 13(1)(2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider was failing to ensure that people's needs were adequately met by making necessary adaptations and improvements to the premises. Regulation 15(1)(c)(e)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not ensure that effective systems were in place to monitor the service. Audits were not successfully identifying areas of concern. The registered manager was not proactive in ensuring records were up to date and accurate. There was a reliance on external professionals to make decisions around the support people needed and insufficient action taken to follow up concerns or minimise risk. Regulation 17(2)(a)(b)(c)</p>