Care Quality Commission

Graham Robert Jack

Hazelwood

Inspection report

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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

Overall summary

This inspection took place on 15 June 2015. This inspection was unannounced.

This location is registered to provide accommodation and personal care for three people with learning disabilities. Three people lived at the service at the time of our inspection.

People who lived in the house were younger adults below the age of sixty five years old. People had different communication needs. Some people were able to communicate verbally, and other people used gestures and body language. We talked directly with people and used observations to better understand people's needs.

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 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

There were not always sufficient staff on duty to meet people's needs. One staff member had recently left the service. As a result, staff and the registered manager were having to cover the vacancy. Recruitment was taking place but the impact of this staff shortage meant that people did not always have the staff support they required.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and staff had not assessed people's mental capacity following guidelines set out in the Mental Capacity Act 2005 Code of Practice. There were no consent forms in people's care records for the use of their photographs, sharing of confidential information or to obtain agreement as to how their care and treatment was provided. The registered manager had not completed mental capacity assessments so it was not clear whether people were consenting to the care and support they received.

This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were audit processes in place to monitor the quality of the service, however the registered manager did not consistently demonstrate how systems and feedback from people and staff led to improvements in service quality. Maintenance systems were not always sufficiently robust to ensure maintenance work was completed in a timely manner. Although the home needed refurbishment, the registered manager did not have a refurbishment plan to show when the home would be refurbished.

There was no business continuity plan in place. People could not be assured that the service could continue safely using contingency measures in the event of unforeseen emergencies.

The examples above are in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were competent to meet people's needs. Staff received on-going training. Staff supervision had not been taking place regularly to support staff in their role. This was due to other demands placed on staff due to reduced staffing levels in the home.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and staff used this guidance to make sure people were protected from harm. Risk assessments took account of people's right to make their own decisions.

There were safe recruitment procedures in place which included the checking of references.

Accidents and incidents were recorded and monitored to identify how the risks of re-occurrence could be reduced.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

Staff knew each person well and understood how to meet their support needs. Each person's needs and personal preferences had been assessed and were continually reviewed.

People were supported to choose and make meals that met their needs. Staff knew about and provided for people's dietary preferences and needs.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness and respect. People's privacy was respected and people were assisted in a way that respected their dignity.

People were involved in their day to day care and support. People's care plans were reviewed with their participation. People's relatives and advocates were invited to attend the reviews and contribute.

People were promptly referred to health care professionals when needed. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. The staff promoted people's independence and encouraged people to do as much as possible for themselves. People were involved in planning activities of their choice.

People received care that responded to their individual care and support needs. There was an open culture that

Summary of findings

put people at the heart of the service. Staff held a clear set of values based on respect for people, ensuring people had freedom of choice and supporting them to be as independent as possible.

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?

Requires improvement 

The service was not consistently safe.

Staffing levels were not adequate to ensure people received appropriate support to meet their needs.

There was no business continuity plan in place. People could not be assured that the service could continue safely using contingency measures in the event of unforeseen emergencies.

Staff had training in safeguarding adults. Staff understood how to identify potential abuse and understood their responsibilities to report any concerns to the registered manager and external authorities.

Is the service effective?

Requires improvement 

The service was not consistently effective.

The registered manager had not followed guidance to assess people's mental capacity to make decisions about their care. People could not be assured they were provided with care and treatment they had consented to.

Staff did not receive regular supervision to monitor their performance and development needs.

Staff had the training, knowledge, skills and support to enable them to provide effective care and support.

People had access to appropriate health professionals when required.

Is the service caring?

Good 

The service was caring.

Care staff provided care with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and dignity by dedicated care staff.

Is the service responsive?

Good 

The service was responsive.

Staff consistently responded to people's individual needs. People were involved in their day to day care and support. People, their relatives and advocates participated in reviewing their care plans.

People were promptly referred to health care professionals when needed.

Summary of findings

The staff promoted people's independence and encouraged people to do as much as possible for themselves. People were involved in planning activities of their choice.

Is the service well-led?

Requires improvement 

The service was not consistently well-led.

Maintenance systems were not consistently effective to ensure maintenance work was completed in a timely manner. The registered manager did not have a refurbishment plan in place to ensure the home décor was kept to an appropriate standard.

There were quality assurance systems in place, however the registered manager did not demonstrate how systems and feedback from people and staff led to continuous improvements to the quality of the service.

Staff held a clear set of values based on respect for people, ensuring people had freedom of choice and support to be as independent as possible.

Hazelwood

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 was 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 was undertaken by one inspector, due to the small size of the service and the need not to cause undue disruption to people who lived at the service.

We spoke with inspectors who had carried out previous inspections at the home. We checked the information we held about the service and the provider. We had received notifications from the provider as required by the Care Quality Commission (CQC).

Before an inspection, we usually ask providers 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. However we had not requested that the provider completed a PIR on this occasion and we took this into account when we made the judgements in this report.

During our inspection we spoke with the registered manager and two members of the staff team. We spoke with all three people who lived at the service. We spoke with one relative. We looked at three care plans. We looked at three staff recruitment files and records relating to the management of the service, including quality audits. After the inspection we spoke with a quality monitoring officer at the local authority to obtain their feedback about the service.

Requires improvement

Is the service safe?

Our findings

People were safe with the staff that supported them. They could speak with the registered manager or staff if they had any concerns. Safeguarding information was available to people in a service user guide. This contained pictures and accessible language to help people identify possible abuse and the steps they could take if they had concerns. One relative said, "My relative is safe at the service. Staff always call me and tell me if anything has happened." A person's advocate told us, "X is safe at the service. Staff supervise them at all times. I have never had cause to be concerned. Staff are very careful with X in the kitchen where there are known risks. Staff let me know if there are any issues." Staff said they knew people well and looked for any changes in people's behaviour which would alert them to the possibility of abuse.

There was not adequate staffing in place to meet the needs of people. A member of staff had recently left the service. The registered manager was providing care to people due to the vacancy and staff were working additional hours. The registered manager and staff told us that they were all working very hard and were tired due to additional hours worked. Staff said, "There are difficulties at the moment. We are doing extra shifts. Weekend shifts are not always fully covered." We observed that staff were fully committed to supporting people at the service. However, staff said that whilst they were ensuring the rotas were covered there was less one to one hours for them to work with people and people were not going out as much. Staff said, "We can't always take everyone out. Instead we stay at the house and play games." This was the case particularly at weekends when staff said they supported people on their own, as it was difficult to get additional cover. One relative said they thought the service could benefit from additional staff. They said that staff needed to spend a lot of time with one person due to their needs. One person's advocate said, "They are short-staffed. Staff are working long shifts." This meant that people were not provided with the one to one support and social activities that they needed.

One person's health needs had increased in recent months and they required a high level of one to one support from staff. The person was not able to attend their usual social activities outside of the service while they were unwell. Staff said that supporting this person took up a lot of their time as the person needed constant reassurance and that they had less time to provide support to other people in the home. We observed that staff spent most of their time with this person on the day of our visit. At the time of our inspection the person had not had their needs recently reviewed to assess whether they required additional staff hours to meet their increased needs. The registered manager said the person was due for a local authority review in a few weeks' time.

This lack of adequate staff to meet people's needs at all times is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was actively recruiting to fill the vacant post. Previous candidates had not been suitable and they were continuing to look for the right candidate. Staff retention was high at the service. This promoted a positive environment and consistent support for people.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were suitable.

The registered manager did not have a business contingency plan that addressed possible emergencies such as extreme weather, infectious disease, damage to the premises, loss of utilities and computerised data. People could not be assured that the service could continue safely using contingency measures in the event of unforeseen emergencies.

This lack of a plan to make sure people would be safe in the event of an emergency is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Policies and procedures were in place to inform staff how to deal with any allegations of abuse. Staff were trained in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. Staff told us they had a duty to report concerns to the local authority safeguarding team. Records showed staff had completed training in safeguarding adults. Contact details for the local authority safeguarding team were available to staff if they needed to report a concern.

Requires improvement

Is the service safe?

Staff were aware of the whistleblowing policy and said they would not hesitate to report any concerns they had about care practices. There was a whistleblowing policy in place and contact details of external agencies they use to report any concerns.

Personal Emergency Evacuation Plans (PEEP) were in place. These plans provided details of how staff should support people to vacate the premises in the event of a fire. Records showed that evacuation drills were completed to support people and staff to understand what to do in the event of a fire. The fire alarm was tested weekly and all fire equipment was serviced every six months. The registered manager completed a fire risk assessment every year. The last one was completed in June 2014, where no issues were identified.

The premises were safe. A member of staff stayed overnight which meant emergencies could be responded to promptly. This system also ensured that people were able to access support or guidance without delay. The registered manager had completed a safety inspection of the home. All electrical equipment and gas appliances were regularly serviced to support people's safety.

Records of accidents and incidents were kept at the service. When incidents occurred staff completed appropriate forms, informed the registered manager and other relevant persons. Accidents and incidents were monitored to ensure risks to people were identified and reduced. Staff discussed accidents and incidents in daily handover meetings and regular team meetings. One incident recorded that someone had sustained bruising whilst having a seizure. Staff changed the headboard on the person's bed and made sure they had soft cushions to reduce the risk of injury. They ensured the person was given a rubber mat should they fall out of bed to minimise injury. This showed that action had been taken to reduce the persons' risk of harm during these incidents.

Care records contained individual risks assessments and the actions necessary to reduce the identified risks. The risk assessments took account of people's levels of independence. Risk assessments were in place for someone who experienced anxiety around food and had some behaviour which may challenge. Their medicines were reviewed every week and their needs were regularly monitored by a specialist healthcare professional. Feedback staff had received from health care professionals included, 'You are doing everything good practice would suggest to support the person'. The care plan included clear guidance for staff to follow when the person displayed behaviours which may challenge. The staff knew this guidance and they used it whilst supporting the person. Staff recorded behavioural incidents with information on triggers and actions taken to support the person. Due to changes in the person's mental health needs, staff had reviewed and re-designed activities for them to ensure they kept calm. They undertook low key activities to reduce their anxiety. This was documented in their care plan and included activities such as going to cafes, walks, going on the bus and listening to music.

People were supported to take their medicines by staff trained in medicine administration. Staff had their competency assessed every year and new staff were monitored to ensure they had the right competency to support people with medicines safely. Records showed that staff had completed medicines management training. Staff had read policies about the management and review of medicines and signed a record to confirm their understanding of the policy and practices.

All Medicine Administration Records (MAR) were accurate and had recorded that people had their medicines administered in line with their prescriptions. The MAR included people's photograph for identification, allergy information and the person's individual administration requirements which reduces the risk of errors occurring. Additional information was recorded about any side effects to watch out for. The registered manager carried out monthly audits to ensure people were provided with the correct medicines at all times. This system ensured that people received their medicines safely.

Requires improvement

Is the service effective?

Our findings

People were satisfied with the staff who supported them. People said, "I like living here and the other people here are my friends. I get on with staff." Staff told us that when they spent time with someone who had non-verbal communication, they looked out for their facial expressions and demeanour. They said people used pictorial aids and they pointed to items of reference if they wanted to communicate something to staff. We observed people walking staff to the fridge to decide what food they wanted to eat. One relative said, "The staff are very good." They said they did not have any concerns about the competence of staff to support their relative's needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The registered manager and staff were trained in the basic principles of the MCA and DoLS to support people's right to make their own decisions. Staff said, "We need to ensure people make informed choices. Some people have advocates and family members to help them make decisions. We provide pictorial aids to help people understand any decisions they might need to make." The registered manager completed DoLS applications for everyone at the service and had referred them to the appropriate authority. They were awaiting the outcome of these applications. This was to ensure that people's freedoms were not unlawfully restricted. Although DoLS applications had been made, staff said they were not sure whether people met the criteria for DoLS or what the criteria necessarily meant. Staff said they struggled to understand how to apply the MCA and DoLS in practice and that they would benefit from more in-depth training and advice to help them understand this process.

Where people may not have capacity to make specific decisions about their care and treatment, mental capacity assessments had not been completed to demonstrate this. The registered manager told us that no-one had mental capacity, however no assessments had been completed to demonstrate how they had come to this conclusion. Care plans contained pictures and staff used accessible language to help people understand their support needs. However, there were no consent forms in place to demonstrate that people agreed to the care they received.

The lack of mental capacity assessments completed to demonstrate people had consented to their care is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had not received regular one to one supervision to be supported in their role effectively. The registered manager and staff were doing additional hours due to a staff vacancy and as a result supervision sessions had not recently taken place. The lack of regular support affects the way staff are able to discuss their role with the registered manager but it did not have a direct impact on the care and support people received. Staff said they were able to discuss any issues arising at handovers and the registered manager was accessible if they had any matters to report.

Staff had appropriate training and experience to support people with their individual needs. Staff confirmed they had received a comprehensive induction and had demonstrated their competence before they had been allowed to work on their own. Essential training included fire safety, manual handling, health and safety and safeguarding. This training was provided annually to all care staff and there was a training plan for the year to ensure people kept their skills up-to-date. A training recording system was in place that identified when staff were due for refresher courses. This ensured staff were adequately trained to meet people's needs effectively.

Staff records showed they completed annual appraisals to discuss their performance and career development needs. The registered manager ensured that staff could access development programmes to attain a qualification in health and social care. Staff completed training in other specialist areas such as epilepsy management. Staff understood the needs of people who experienced epilepsy. They were vigilant about signs and symptoms which could alert them to a possible seizure. They also worked closely with health care professionals to reduce risks to the person. Staff recorded when seizures occurred and followed a protocol in the event the person had a seizure. Staff recorded a description of this, how they supported the person's recovery and agreed steps to take in the event of an emergency.

People were given care and support which reflected their communication needs and learning disabilities. One person had a sensory room which contained items of different colours and textures and different lighting. This provided the person with a relaxing space to help manage

Is the service effective?

their anxieties, supported their increased concentration and provided sensory stimulation. This supported their emotional well-being. Information was recorded in people's care plans as to how staff should communicate with them. One person's care plan guided staff to use short sentences to convey meaning, to use pictures and objects, to provide people with familiar routines and give them information in advance to enable them to process information. Communication methods used were individual to the needs of each person.

People liked the food and were able to make choices about what they wanted to eat. We observed one person making their own breakfast. They chose to eat crumpets and were supervised to prepare this. One person told us, "I like the food here." Another person liked to pick their breakfast cereal and make themselves cups of tea. We observed them interacting with staff and deciding what to eat for breakfast. One person was making a cup of tea and was reminded by staff to allow the water to fully boil and then cool down before drinking. This was due to an identified risk as the person did not always have awareness of temperatures. Staff had purchased a tipper kettle to support the safe and steady pouring of hot water to promote people's independence with this task. One person was choosing what they wanted to have in their packed lunch as they were going for a walk into town. They went to the fridge with staff and picked out cheese for their sandwich. One person liked to do cooking and cooked a group lunch every week with support from staff. They said, "I like cooking and also make buns and scones." 'Feedback and choice forms' completed by staff showed the person helped make egg sandwiches for their lunch. The person was learning this in stages to enable them to complete the task independently in future. Staff said they used pictures of food and drink to enable people to decide what to eat. We saw people taking staff to the freezer to decide what they wanted to eat that day. We looked at questionnaires where people had fed back that they 'always had enough to eat and drink.' People made choices about what food to eat and were supported to prepare meals to promote their independence skills.

Staff monitored food and drink intake and weight records. Records were up-to-date and accurate to ensure people's health needs were consistently monitored.

People had health care plans which detailed information about their general health. These plans contained pictures and accessible language to support people to understand their health needs. People with specialist healthcare needs were referred appropriately and had regular monitoring visits to ensure their health needs were met. Records of visits to healthcare professionals such as G.Ps and dentists were recorded in each person's care plan. Health appointments were recorded in a professionals log in people's care plans. People's care plans contained clear guidance for care staff to follow on how to support people with their individual health needs.

Good

Is the service caring?

Our findings

People said they were very happy with the care staff. One person said, "I get on with the staff." We observed people had developed good relationships with staff. We observed positive interactions and friendly relationships between people and staff. Staff talked about people in a caring way. Staff said, "I like the people. I encourage them to do nice things." We looked at questionnaires which recorded their views on staff. They said they 'Liked the way staff spoke with them always.' One relative said, "My relative is well cared for. The staff are very caring and go out of their way to talk with me when I visit and "My relative has come on a lot. They can do a lot more for themselves now and are more independent." Staff said, "We encourage people to promote their independence and help them achieve their goals in a positive way." We spoke to someone's advocate, they told us, "I have nothing but praise for the staff. They are fantastic. They know X so well and have a fantastic rapport with them. They are caring and respectful of X. They go over and above the call of duty. They take X out regularly, always give them choices and listen to them. They are like one big family and are very welcoming."

Staff promoted people's independence and encouraged them to do as much as possible for themselves. They said, "I like to promote people's independence and help them to achieve their goals. For example, I have helped one person to manage their personal grooming, so that they are able to do this now without prompting." Support plans clearly recorded people's individual strengths and levels of independence. Where people could complete activities of daily living this was clearly recorded in their support plans. People had access to a telephone with large numbers to help them make calls to family and friends independently. One person had difficulties walking. Staff had supported the person to go on walks to improve their endurance and stamina. Staff had ensured the person was provided with adapted shoes and had access to a physiotherapist to develop their independence in walking. This had led to the person gaining increased confidence and doing more personal care tasks independently.

Staff were aware of people's history, preferences and individual needs and these were recorded in their care plans. People spent private time in their rooms when they chose to. One person told us, "I like my room upstairs." Some people preferred to remain in the lounge, kitchen or their bedroom. Care plans contained information about people's preferences. One person's care plan recorded they liked to having regular cups of tea and colouring books as this gave them a focus and a routine that was helpful to them. We observed staff giving the person colouring in books and pictures to support and reassure them. The person told us they liked colouring books and we saw them doing some colouring in whilst we were there. When someone got anxious we saw staff immediately engaged with them and redirected them to focus on other activities. Staff consistently spoke to them in a calm but assertive way to help them manage their anxieties. Staff told us about the techniques they used to calm and reassure the person. Staff were vigilant and responded to the person in a respectful way to acknowledge their anxiety and redirect them from the source of their anxiety.

People were asked to give their view about their care and support. They were asked who they wished to attend reviews about their care. People's relatives and advocates attended their care planning and review meetings. One person's response recorded in a recent questionnaire read, 'If I want to go out I can and I can make choices.' This showed that people were supported to meet their individual wishes and preferences.

People were involved in their day to day care. Staff completed daily interaction records to document discussions they had with people and their wishes and preferences. They wanted to increase their independence and had goals to do tasks around the home. People's care plans were written in an accessible format to help people get involved in their own care planning. People said they were happy with the support they had from staff. Staff said, "We could benefit from more visual aids to give people choices about what they want to do when they go out." One person at the service had an advocate who supported them with decisions about their care and support. People's families were invited to be involved in people's lives and participated in meetings about people's care and support.

People were treated with respect and staff upheld their dignity. Staff told us they treated people with dignity and respect. Staff said, "We speak nicely to people and ensure we give them respectful instructions. When people are bathing, we make sure the blinds are closed and ensure people have towels to wrap around themselves" and "We give people private time and space." Care plans were written by staff using respectful language throughout and

Good

Is the service caring?

people's choices were emphasised. We observed staff talked with people respectfully. One person's required some help with an aspect of their personal hygiene and the staff member calmly and discretely prompted the person to make them aware of this. Another person's clothing was coming loose and the staff member prompted them to make them aware of this and to support their dignity. The Quality Monitoring officer said when they visited the service, "People were observed being spoken to respectfully by staff, being treated as individuals and given choices."

Good

Is the service responsive?

Our findings

People were satisfied with their care. One relative said, "They always take my relative to the G.P. when it is needed. They always sort their health needs out. My relative has done extremely well since they have been at the service. A person's advocate said, "They always respond to X's needs. They give X stability and their health has improved over the last few months. They keep me fully informed and I attend care reviews for X." Staff said, "We know people very well and understand their needs. We invite their relatives and advocates to care meetings to discuss people's needs." Staff described how they would respond if people were in pain or had concerns. They said that one person could physically indicate if they had a physical injury. One person could give verbal indications if they had concerns with staff asking them simple questions. We observed staff providing one to one support during our inspection. Staff provided constant reassurance to the person throughout the day and used techniques to distract the person from the focus of their anxiety.

Peoples' care plans included their personal history and described how the person wanted support to be provided. For example one person was able to choose what clothes they wanted to wear, do their own shaving, decide when they wanted baths, make food choices and decide what social activities to take part in. People were supported to pursue interests and maintain links with the community. One person told us, "I like to do art. I am waiting for the bus to take me to the day centre." They told us they had friends there that they liked to see. We observed a photograph of them attending a theme park with a member of staff. Staff said they had really enjoyed the day. People told us they liked going on holidays. In the dining room each person had a photograph board which showed pictures of them undertaking activities and visiting places of interest. The boards showed the types of things people liked to do and the people who were important to them. One person particularly liked to go to the café for tea. This formed part of their weekly routine as it was a comfort to them, reduced their anxiety and was an important focus of their week. Another person needed very structured routines to support their emotional wellbeing. They liked to take a bus to town and watch people walking by, they liked musical events and attended gigs at the local theatre. Staff responded to their wishes by giving them a couple of activities to choose from at any one time, to facilitate their understanding and promote decision-making. This supported them to make independent decisions based on things they liked to do. During this time whilst additional staff are being recruited there are times when people's choices to go out can be restricted. The staff have done their best to respond to people's wishes within the capacity of the current staffing levels. This is a temporary situation and once new staff start work people can resume their normal routines. People's quality of life will be affected if the lack of staff continues in the long term.

People attended weekly one to one meetings with their key workers to talk about their support needs, what they would like to do and any issues of importance to them. A key worker is a named member of staff with special responsibilities for making sure that a person has what they need and developing a supportive relationship with them. Staff recorded discussion and actions points from those meetings on 'Feedback and choice forms'. We read that one person was enthusiastic about having a massage on one day. They expressed this by rubbing their feet, smiling and looking out of the window in anticipation of the reflexologist's visit and appeared happy and relaxed after their visit. One person was interested in different musical instruments. Records showed they had enjoyed carrying a hand drum around and shaking it to make different sounds. Another form recorded that someone wanted to go to a café for tea and cake and then take the bus home afterwards. They were able to indicate their choice by giving a one word answer and through positive body gestures. Staff had developed weekly activities planners with people. Their preferences were clearly documented in their keyworker reports and support plans. People were supported by staff who responded to their needs for social activities. Staff reviewed people's care and support plans monthly or as soon as people's needs changed and these were updated to reflect the changes.

People were encouraged to develop and maintain relationships with people that mattered to them. One person liked to see their family every couple of weeks and a family member visited them at their home regularly. This was written into their care plan to document what was important to them and staff supported them to do this. People were supported to telephone their families and people of importance. People met regularly with friends at day centres and activities of their choice. People could invite people of importance to them back to their home when they wanted to.

Good

Is the service responsive?

People said they would speak to the manager, or staff if they had a complaint. One relative told us they had not needed to make any complaints. All comments that we read were positive about the care and support people had received. People had a complaints form in their individual rooms in accessible language to explain how to make a complaint. This information was available in the service user guide given to people and their relatives. The policy was written in accessible language with pictorial aids to support people to understand how to make a complaint. No complaints had been recorded since our last inspection.

People and relatives gave feedback by completing questionnaires to drive improvements in service quality. This was written using accessible language and pictures to support people's understanding of the questions staff asked. In response to feedback from a survey the provider had set up a sensory room. This was found to have a positive effect and responded to people's need to be relaxed and have sensory stimulation.

Requires improvement

Is the service well-led?

Our findings

We observed people approaching the registered manager to seek support and assistance. People were confident in engaging with the registered manager and staff to ensure their individual needs were met. Staff told us, "There is a positive culture here. The manager is approachable and any issues are addressed." One relative told us they had no concerns about how the service was run. They said, "The manager and staff are always open with me."

There were audits in place intended to improve service quality. The home décor was worn in parts and needed refurbishment, notably, some bedrooms, the dining room and lounge which required painting and in some areas the furniture was worn. Carpets were found to be frayed in some parts of the home and required repairing or replacing. Sealant needed to be replaced around the bath. Communal areas, to include skirting boards and doors needed to be repainted. The fastening on the cupboard door which stored the electric board had come loose. The garden was overgrown and needed improvements. We looked at questionnaires where people had fed back that, 'The garden would look nice if the grass was short.'

Staff said that maintenance work was slow to take place. Staff advised that the registered manager completed maintenance tasks where safety issues were identified 'quite quickly'. Staff recorded maintenance issues and these were discussed at team meetings. Team meeting minutes recorded where maintenance was needed for example 'replacement windows needed' and 'new blinds needed.' However it was not clear when these requirements would be met. Staff said the décor could be improved and that no refurbishment work had taken place for a number of years. The registered manager did not have a refurbishment plan in place to demonstrate when the property would be refurbished.

The service had received a quality monitoring visit from the local authority. The Quality Monitoring officer reported that, "The registered manager and staff team worked hard to address the actions identified in the initial audit. The service worked in partnership throughout the process. If the service wished to further embed improvements and ensure the quality is sustained they could further develop their quality assurance systems." This view is consistent with our findings that quality assurance systems were not always being used to make improvements to the home.

Staff were informed of any changes occurring at the service and policy changes. Staff attended monthly team meetings to discuss people's support needs, policy and training issues and up to date information relevant to people's care and legislation. However, the registered manager did not have adequate evidence of how people and staff's feedback from meetings and other methods had led to continuous improvements to the quality of the service. They could not provide evidence of consulting suitable websites to research best practice or demonstrate how this was implemented in practice.

The delayed completion of maintenance work, the lack of a refurbishment plan and quality assurances systems to drive service improvements are examples of a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: good governance.

The registered manager completed monthly audits of care plans and records to ensure that they were up-to-date and that actions had been addressed. Records and care plans were up-to-date and detailed people's current care and support needs.

The registered manager completed an environmental audit to include cleaning schedules to ensure that the service met essential infection control and health and safety standards.

A recent external medicines audit had been completed by a pharmacy. From this, one recommendation was made to ensure daily room temperature checks were made where the medicines were stored. This was to ensure that medicines remained fit for purpose. The registered manager set up a system to record temperatures in response to this.

The registered manager and staff shared a clear set of values. Staff understood the need to promote people's preferences and ensure people remained as independent as possible. Staff described their philosophy of care as, "Promoting people's independence in a positive way." The provider's statement of purpose promoted people's independence, autonomy, choice, safety, development of life skills, education and community inclusion.

The registered manager understood their responsibilities and consistently notified the Care Quality Commission of significant events as per the legal requirements of the Health and Social Care Act 2008.

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	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them.** **(1) Care and treatment of service users must only be provided with the consent of the relevant person.** **(2) Paragraph (1) is subject to paragraphs (3) and (4).** **(3) If the service user is 16 or over and is unable to give consent because they lack capacity to do so, the registered person must act in accordance with the 2005 Act*** **(4) But if Part 4 or 4A of the 1983 Act** applies to a service user, the registered person must act in accordance with the provisions of that Act.** **(5) Nothing in this regulation affects the operation of section 5 of the 2005 Act*, as read with section 6 of the Act (acts in connection with care or treatment).** *** Mental Capacity Act 2005** ****Mental Health Act 1983**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance 1. Systems or processes had not been consistently established and operated effectively by the registered person to ensure compliance with the requirements in this Part. 2. Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—

This section is primarily information for the provider

Action we have told the provider to take

a. assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);

b. assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;

e. seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services;

f. evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing 1. Sufficient numbers of suitably qualified, competent, skilled and experienced persons had not been deployed in order to meet the requirements of this Part.