Winscombe Care Home Limited

Winscombe Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 7 December 2016. The inspection was unannounced which meant that the staff and registered provider did not know that we would be visiting.

Winscombe Care Home offers accommodation for up to 28 people with a physical or learning disability. The property is set back from the road in large grounds with car parking available. All accommodation is on ground level. At the time of our inspection there were 28 people using the service.

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.

Staff had received training on Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS) and demonstrated an understanding of how to support people who may lack capacity to make their own decisions. Four people were subject to DoLS authorisations at the time of the inspection but we found that one authorisation had expired. Evidence of consent was not always present in records.

There were some systems in place for monitoring and assessing the quality of the service but they had not picked up on all of the issues that we found. Feedback was regularly sought from relatives of people who used the service but action plans were not formulated to ensure this feedback was acted on.

There were systems and processes in place to protect people from the risk of harm. Staff had received safeguarding training and were aware of the action they should take if they suspected abuse was taking place. Staff were aware of whistle blowing (telling someone) procedures and all said they felt confident to report any concerns without fear of recrimination. The registered provider had up to date safeguarding and whistle blowing policies in place.

A new electronic system had been introduced for the management of medicines. Staff had been trained in the use of this system and daily reports were available to the registered manager to check people were receiving their medicines as prescribed. Staff had received medicines training but had not had their competency checked regularly.

There were sufficient numbers of staff on duty to meet the needs of people who used the service.

Safe recruitment and selection procedures were in operation and appropriate checks had been undertaken prior to staff starting work.

We saw that environmental risk assessments had been carried out. Safety checks and certificates were in place for items that had been serviced and checked such as fire equipment, gas and electrical safety. There

was a contingency plan in place in case of an emergency.

Staff had all received mandatory training and demonstrated they had the skills and knowledge to provide support to the people they cared for. Staff received supervision but had not received annual appraisal.

The records we viewed showed us that people had appropriate access to health care professionals such as dentists and opticians and the service was visited regularly by a GP.

We saw that people were provided with a choice of healthy food and drinks to help ensure their nutritional needs were met. People were involved in the menu planning and kitchen staff were happy to accommodate changes to the menu if people requested it.

During our inspection we saw people engaged with staff in a positive way and there was a relaxed feel around the service. Staff knew the people who lived at the service well and we saw that they responded to their care needs appropriately. People told us that staff encouraged independence and respected their privacy and dignity.

We observed that people were encouraged to participate in a variety of activities that were meaningful to them. People were supported to go out into the local community on a regular basis and also went on outings of their choice, for example to the beach, zoo and cinema.

We looked at care plans and found that they covered all aspects of care and were person centred. However care plans for people on respite did not always include sufficient information.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the need for consent and good governance. You can see what action we told the 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?

Good

The service was safe.

People received their medicines as prescribed.

Staff were familiar with safeguarding issues and confident to raise any concerns they had.

Robust recruitment procedures were in place and there were sufficient skilled and experienced staff on duty to meet people's needs.

Is the service effective?

Requires Improvement

The service was not always effective.

DoLS authorisations were not sufficiently monitored. Consent to care was not always evidenced.

People were cared for by staff who had the right skills and knowledge to care for them. Staff had received mandatory training.

People were supported to access healthcare and their nutritional and hydration needs were met.

Is the service caring?

Good

The service was caring.

People's independence, privacy and dignity were respected.

Staff knew the people who lived at the service well and we saw that they responded to their care needs appropriately.

People had access to independent advocates when necessary.

Is the service responsive?

Good

The service was responsive.

People's support plans were clearly written and tailored to meet

each person's individual requirements.

People had opportunities to take part in activities that they enjoyed. They were protected from social isolation and enabled to maintain relationships with relatives and access the local community.

The service had a complaints policy in place and complaints were investigated and acted on.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality assurance processes were not always effective as they did not identify the issues we found during the inspection.

Feedback from residents and relatives was sought but no formal action plan was put in place to act on it.

Staff said they felt supported in their role and regular staff meetings were held to promote staff engagement.

Staff and people we spoke with told us the management team were very approachable.

Winscombe Care Home

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.

This inspection took place on 7 December 2016 and was unannounced.

The inspection was carried out by two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed. The PIR 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. We reviewed the information we held about the service including any notifications they had sent us. A notification is information about important events which the registered provider is required to send us by law.

During our inspection we spoke with the registered provider, registered manager, deputy manager and five members of staff. We spoke with eight people who used the service and observed interactions with staff. We spoke with three relatives by telephone to seek their views and experiences. We also received feedback from an NVQ assessor, a health and social care trainer, a social worker and an independent advocate.

We reviewed the records of five people who used the service and staff recruitment and training files for four staff. We checked records relating to the management of the service and looked at a sample of policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "Yes I'm safe, there are staff here 24 hours." Another person told us, "I have a call bell and wrist support (call bell worn on the wrist as a bracelet) and I don't have to wait long for staff."

We looked at how the service managed people's medicines and found that people received their medicines as prescribed. The registered provider had recently introduced a new electronic system for recording medication administration.

We observed a lunch time medicine administration and found the member of staff understood the new electronic system well and could easily explain how it worked. The member of staff said, "I love the safety aspect of this system, you cannot administer a medicine too early, if there needs to be a four hour gap for example and once you have administered the medicine the system blacks it out so no chance of another dose being administered." We saw the member of staff ask people if they wanted their medicines before administering. If a person refused the member of staff explained that a reason for refusal must be put into the system before you can move onto the next person. One person who used the service became quite upset about their medication administration times, thinking the doctor had not prescribed the same times as their consultant. The member of staff discussed this with the person and provided reassurance to them after which they were happy to take their medicine.

The people we spoke with were happy with the support they received with their medicines. They all told us they received their medicines on time. One person said, "Staff do it because I forget." Another person said, "I get my medicine every day and always on time."

Medicine stocks were recorded when they were received into the service and boxed medicine was checked daily. This meant that accurate records of medicine stock were kept so the service would know when to reorder medicine that was supplied in original packaging.

We looked at the guidance information kept about medication that care staff administered 'when required.' We found the information to be very detailed, for example one person was prescribed Lorazepam when required for anxiety and agitation. Guidance documented what staff were to do before administering the medicine such as distraction techniques. The information provided ensured that staff gave people their medicines in a safe, consistent and appropriate way.

Although medicines were stored securely we found there was no record of daily checks being carried out of the temperature of the room where medicines were stored. Temperatures were taken daily of the refrigerator where medicines were stored, however the recordings showed temperatures above safe levels on two days. We discussed this with the staff member and the registered manager, who said high temperatures were recorded if the door was not closed properly. They agreed to put a sign on the fridge door to make sure staff closed it properly and also to start recording the room temperatures.

Staff knew the required procedures for managing prescribed controlled drugs. Controlled drugs are drugs that are liable to misuse. We saw that controlled drugs were appropriately stored and signed for when they were administered.

We looked at how the manager monitored and checked medication to make sure it was being handled properly and that systems were safe. We found that daily, weekly and monthly audits were in place, however they had not highlighted that temperatures were not recorded correctly. We asked if staff were assessed for their competency to administer medicines and although staff had received the relevant training the registered manager only assessed the competency of new staff after their initial training. The registered manager agreed to take immediate action with this and start putting regular competency assessments in place for all staff who administer medicines.

We looked at the service medication policy. The policy covered basic details of medication administration. We discussed with the registered manager the need to review the policy to bring it more in line with the new electronic system they were now using.

The service had a business continuity plan in place which detailed the actions to be taken in order to continue the service in the event of an emergency. Plans were in place to respond to emergencies such as fire, evacuation of the building and the failure of essential services. Each person using the service had a personal emergency evacuation plan (PEEP) a copy of which was kept in the service's emergency folder and in the person's care plan. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

General risks to people, staff and visitors were assessed and control measures put in place to minimise identified risks. Care records we reviewed showed potential risks to people using the service were identified as part of the initial assessment of a person's needs. Where a risk was identified we found a corresponding care plan had been introduced to manage the risk.

The safety of the building was routinely monitored and records showed appropriate checks and tests of equipment and systems such as fire alarms, emergency lighting and water temperature and quality were undertaken. The service also had contracts in place for the routine maintenance and servicing of equipment to ensure it remained safe to use.

Accidents and incidents were documented, however we could not see any evidence to show that these were analysed for themes or patterns. We discussed this with the registered manager who was able to tell us what they had learnt from analysing incidents such as one person's behaviours increased on the run up to Christmas being due to personal reasons which made it a particularly difficult time of year. They acknowledged that this analysis needed to be better documented in the future.

We looked at the service's recruitment practices to ensure they were safe. Overall we found these to be appropriate. Potential staff members were asked to provide details of their previous experience, qualifications and full employment history. Two references were sought to verify information provided by applicants. Checks were undertaken with the Disclosure and Barring Service (DBS) The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults. Applicants were asked to complete a health questionnaire and their right to work in the UK was also verified.

The service had a safeguarding policy in place and this was reviewed on an annual basis. Staff had all received safeguarding training. The staff we spoke with were able to describe types of abuse and the signs that may indicate someone was being abused. One member of staff told us, "They're not just physical signs I look for different behaviour. We work with them every day so we know if there is something bothering them." Another member of staff told us, "People are confident to come to you if there are any issues because of the rapport we have." Staff were able to explain reporting procedure should they have any concerns about safeguarding issues and were also aware of the registered provider's whistle blowing policy. One staff member said, "If I had any concerns I would whistleblow straight away, I've done it before in my old job. At the end of the day we're here for these residents and we have to keep them safe."

Safeguarding alerts were correctly made to the local authority safeguarding team and Care Quality Commission where appropriate. This meant that the service safely managed the risk of abuse of people.

We received mixed feedback from people regarding the staff levels. One person told us, "Yes there are enough staff I don't have to wait long for assistance." Another person said, "There are more staff than we used to have but we're still short."

One relative we spoke with told us, "There have been a lot less agency staff recently." A social worker told us, "When I am in the home it appears well staffed."

The service was staffed to meet the identified needs of the people living there. The registered manager told us that staff and shift patterns had been changed to better meet the needs of the people using the service. This included increasing staff numbers on a morning to nine and senior staff working a 12 hour shift to ensure continuity of care across the day. Three staff worked a waking night shift. The rotas we looked at corresponded with the staffing numbers the registered manager had told us.

The service was actively recruiting for extra care staff at the time of our visit to ensure that sufficient cover was always available. The use of agency staff was kept to a minimum but where this had been necessary the same agency was always used. A staff profile for all agency workers was seen by the registered manager which contained details of training and pre-employment checks. This meant the registered provider was monitoring and adapting the staffing levels to ensure adequate cover was provided at all times.

Requires Improvement

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We checked whether the service was working within the principles of the MCA and applying the DoLS appropriately.

We saw that four people had DoLS authorisations in place however the authorisation for one person had expired on 8 July 2016. The registered manager had not made an application to renew the authorisation until 2 December 2016. At the time of our inspection this person had been deprived of their liberty for a period of five months without the appropriate legal authorisation being in place.

Staff we spoke with told us how they obtained consent when supporting people on a day to day basis. One member of staff said, "You ask people before you do anything." However, consent to care and treatment was not always recorded. For example one person had bed rails in place and although their records stated they had capacity to make their own decisions there was no evidence that consent had been sought or given for the bed rails to be in place. The bed rail form had been signed by the person's GP but there was no record of the person's consent or involvement in the original decision or subsequent review.

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

Staff had received training on MCA and DoLS and those we spoke to were able to demonstrate an understanding of the basic principles. They explained how they supported people with decision making and when best interest decisions would be needed. One member of staff told us, "[Person's name] has a DoLS because they lack capacity to make big decisions for themselves. They can still decide day to day things, they know that they'd rather have orange juice than blackcurrant. The bigger decisions, for example anything medical we involve Mum and the GP and make a decision in their best interest." Another member of staff said, "It's about understanding what their capacity is and whether they can go out on their own." We

saw evidence of best interest decisions clearly documented within people's records.

All staff underwent a formal induction period. The service had introduced the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life. This covered 15 standards of health and social care topics. New staff spent time reading the service's policies and shadowed existing staff before working alone.

We were provided with a training matrix which showed training was undertaken in areas such as safeguarding, moving and handling, first aid and fire safety. Mandatory training is training that the provider thinks is necessary to support people safely. Additional training was provided in areas including diabetes, epilepsy, stroke awareness and record keeping. We saw evidence of certificates to match the training detailed on the training matrix.

All of the people we spoke with felt staff had received the relevant training. Staff we spoke with felt their training had equipped them with the skills to care for people using the service. One staff member said, "I'm happy with the training I've had, it gets updated when you need it." Another member of staff said, "Everyone has to have mandatory training and it's all up to date. We can ask [registered manager] if we want anything extra. I have asked for epilepsy training. The standard of training is good."

This meant that staff received the training they needed to support people effectively.

We saw that staff were having regular supervision sessions. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. The registered manager had not been conducting annual appraisals with staff but informed us that these were to be introduced.

One member of staff told us, "Supervisions are really good. You can bring anything you want to the table. It is a two way conversation and if there is anything you feel is not going well it is acted on straight away." Another member of staff said, "I have supervision sessions quite often and I find them very useful."

We saw evidence that people attended regular appointments with healthcare professionals such as physiotherapists, dentists, opticians and chiropodists. Appropriate referrals had also been made to service such as the continence team. This meant that the service was taking action to maintain people's health and wellbeing. However people's weights were not always being recorded and there were some discrepancies in the frequency people were being weighed and the accuracy of the records. For example it was not always clear whether people had been weighed with or without their wheelchairs. We discussed this with the registered manager who confirmed that extra care would be taken in this aspect of health monitoring.

Feedback we received from other professionals was good. A social worker told us, "They have done everything to support my client…they have even gone as far as to organise a private second opinion relating to a medical issue with a good outcome."

People's individual dietary requirements and personal preferences were catered for and people using the service were involved in preparing menus. The chef was able to explain the different needs of people, for example those who required fork mashable food, diabetic or coeliac diets." They told us, "I try to avoid the food being like 'care home' food. I go round once a week and sit down with people to discuss what they would like to eat. I always have extra things made up if people want something different. People can have whatever they want at any time of day."

An NVQ assessor who regularly visited the service told us they had seen the chef going around and asking

people what they would like including on the menu.

People spoke positively about the food provided. Comments included, "The food is lovely, I help prepare food choices. There's a cooked breakfast every day.", "I like everything, the staff ask you what you want." and "it's very good we get a menu we choose each day. I take a packed lunch to the day centre and they save me a main meal at night."

One relative told us, "The food looks good and there is plenty of it. Everyone seems happy."

The kitchen at the service had a five star rating from environmental health and staff had received training on safe food handling. This meant that the service was ensuring people's healthy nutrition and hydration.

We observed the mealtime experience at lunch. There were some positive interactions between staff and people. For example we saw that one person did not like what was on offer so the chef came and knelt down beside them to discuss what they would like to eat. Another person began to cough and a member of staff knelt beside them to soothe them and offered a drink a sip at a time. However we also observed that some staff were very task focussed and not taking time to speak with people or respond to questions about the food. When we fed this back to the registered manager and registered provider they were both surprised by this and told us that mealtimes were generally a relaxed and enjoyable occasion at the service. The deputy manager requested to speak with us following this feedback. They had been assisting in the dining room over lunchtime and said they felt lunch that day had not been an accurate reflection of how mealtimes were normally. They commented that the inspection had made staff nervous and this had been reflected in their behaviour. We had received no negative feedback from people about the mealtime experience and in the absence of further evidence found the explanation offered reasonable.

Staff completed daily notes for each person. These were entered onto a double sided sheet that listed a number of outcome areas such as 'staying healthy' and 'staying safe' that were then further broken down into support areas such as 'cooking', 'security' and 'access to appointments.' Staff were expected to initial by every section to say whether support had been needed in this area and if so what. This was an over complicated and time consuming process that was lacking in detail and therefore an accurate record of how people had been during a shift was not being kept. This had been picked up by the registered manager during the audit process but when we looked at the most recent records we could see that no improvements had been made. When we fed this back to the registered manager they confirmed that they would explore ways of improving these documents.

The service was in the process of major renovation work when we inspected. A great deal of changes had already been made to improve the accessibility of the service and building work was still in progress. An NVQ assessor who visited the service regularly said, "The changes they have made to the environment has made a considerable difference over the last 18 months. Getting around the service is so much easier for people."

All rooms had been adapted to incorporate ensuite toilets and sinks. Two of the people who used the service were in a relationship and their rooms had been adapted so that they were linked by a shared kitchenette area. This area could be used for making drinks and snacks and enabled the couple to spend time together but still have space for privacy when they chose. We were shown the work being done to the grounds that would incorporate the area for chickens and goats as requested by people using the service and there was a therapy pool at the service awaiting installation.

A relative and visiting professional both commented on the electric sliding doors that open directly in to the main dining area where people eat meals and also take part in activities throughout the day. A relative told

us, "The electric doors go straight out into the open and this means it can get cold." A social worker had recently visited with a colleague who had commented, "The entrance is straight into the dining area and the reception area. When the doors open they let cold air in which will affect the temperature of the dining room." Although the dining room was bright and spacious it had the feel of a day service rather than having a homely atmosphere. The presence of a reception desk in the area contributed to this impression.

One relative we spoke to said, "We had some concerns about the environment but [name] has a new room now. We find it odd that the radiators are so high up on the wall. They are throwing money at the place though. We see what they want to do and they are achieving it."

It was difficult to assess how the environment will be once all of the work is completed and this will be revisited at the next inspection.

Good

Is the service caring?

Our findings

People were happy with the standard of care they received. One person told us, "It is really great. Staff know us and what we need." Other people said, "The care I receive is good. We have a chat as I get ready and they ask if I have any concerns" and "It takes me time to get used to new carers but they give me time to do things and don't rush me."

Relatives we spoke with were happy with the care their family members received. One relative told us, "People are given a great deal of care and love, I can't knock it." Other relatives said, "The carers are so lovely I'm more than happy with everything" and "[Registered manager], [registered provider] and the team are completely dedicated to giving the best care to everyone there. They have pulled out all the stops."

An external trainer told us, "This home has such a warm community feel that it is a pleasure to visit."

We observed staff supporting people throughout the day and saw them demonstrate a good knowledge of the people they were caring for and how they liked to spend their time.

People using the service were involved in joint meetings with staff. The registered provider told us, "The staff and residents meetings are very lively and everyone is invited to be part of them although some people choose not to attend. We've worked very hard to give people a voice and now they really use it." We saw minutes of these meetings and they showed evidence of people's involvement in the service. One person had expressed a wish to participate in one of the training sessions being offered to staff. We spoke to the person who confirmed that this had been arranged. In response to this request it had been decided that the online training sessions would be made available to those people who expressed an interest.

Other suggestions that had come up at these meetings involved the introduction of goats and chickens once the appropriate facilities were available. People had expressed a desire to open a shop or café in which they could sell their produce and the registered manager told us they were looking at the possibility of a joint venture with another local group within the coming year.

People told us they felt involved in decisions about their care. One person told us, "Yes, I decide how they care for me." Another person told us they were able to discuss how they prefer staff to care for them. They said, "If we have any problems we have a key worker."

Staff were happy in their job and spoke positively about the care provided by the service. One member of staff told us, "Since I started I can't tell you how much it's improved. Everyone's happy. It used to be quite institutionalised but it is so different now." Another member of staff said, "To be honest I wouldn't work somewhere I didn't like. When I come in on a morning I get a really nice welcome from everyone. Everyone we support is very individual and very different but everyone is happy that lives here."

During a tour of the service the registered provider asked everyone's permission before showing us their rooms and always knocked on people's doors. The staff we spoke with were able to explain how they

maintained people's privacy and dignity. We observed people being spoken to and treated in a respectful and dignified way the majority of the time. There were a couple of occasions at mealtime when staff appeared stressed and were less patient in their response to questions however we were told that this was not typical of staff behaviour and the feedback we received from people in this area was positive.

People told us how staff respected their privacy and dignity. One person said, "They knock on the door before they come in." Another person said, "They shut the door and always ask what I want them to do. I wash my top half and they wash the bottom half." Relatives also confirmed this. One relative said, "Staff have always protected [family member's] privacy and dignity."

Staff encouraged people to be as independent as possible. One member of staff told us, "We support independent living as much as possible. [Person's name] likes to be independent, they clean their own room and we encourage them." People we spoke with confirmed this. One person told us, "They come and say 'try', they know I can do a lot for myself."

The registered manager told us, "We aim to make improvements to people's independence and little things can be really important. For example we now have a coffee machine that everyone has access to. The water temperature can be regulated so that people are not at risk from scalding. We've seen that something as simple as being able to make their own drinks can be really empowering." Whilst we were inspecting one of the people using the service offered to make us a drink and relatives we spoke with commented that this had been a positive introduction.

People had access to advocacy services. An advocate is someone who supports a person so that their views are heard and their rights are upheld. We spoke to one of the advocates who had been involved with the service for eight years and they told us, "Winscombe personifies the definition of care, not as a mere duty but out of compassion and engagement with the residents."

We saw that some people had detailed end of life care plans within their records that clearly indicated what their wishes were. Other people had very limited information recorded and some plans were left blank. We discussed this with the registered manager who explained that some people preferred not to talk about this. The registered manager told us that in future it would be noted on the documentation if people had not wished to discuss the topic as this would prevent people being repeatedly asked questions they may find distressing.

Good

Is the service responsive?

Our findings

People told us staff spoke to them about what was important to them. One person said, "I talk about going out and meeting people and about my care, how it's changing and I'm becoming more independent."

An external trainer told us, "The care team at Winscombe are one of the most person centred teams I have met. When spoken to I am confident that nearly every member of the team will demonstrate, in even simple conversation, their passion for supporting individuals in achieving their potential whilst maintaining independence."

We looked at care plans for five people who used the service. People's needs were assessed and care and support was planned and delivered in line with their individual care plan.

The care plans we looked at were person centred. Person centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. People were involved in the production and review of their care plans.

Care plans were legible, up to date and personalised. They contained detailed information about people's care needs, for example, if there were times in the day when a person might have behaviours that can challenge, how the risk of a behaviour was increased and how staff could prevent it happening.

We saw one page profiles within people's care plans that gave brief details of their likes and dislikes, hobbies and interests. When we were invited into people's rooms we could see that this was accurately reflected. For example one person's records described how they liked TV, crosswords and motorsports. They were watching television when we spoke to them and we saw they had a number of crossword puzzle books and various motorsport memorabilia.

Staff told us the care plans contained the information necessary for them to provide appropriate support to people. One member of staff told us, "The care plans are easy to follow and detailed. You could give them to someone who'd never been here before and they'd grasp people's care needs."

We looked at the records for one person who was at the service for a period of respite care. There were very limited records for this person who had complex needs and we discussed with the registered manager the importance of ensuring appropriate documentation was in place even for short stays. The registered manager confirmed that in future more details care plans would be created for people receiving respite care. Before we left the service this person's social worker had been contacted in order to obtain the necessary information to produce a more detailed plan.

We spoke to an NVQ assessor who regularly visited the service. They told us, "The manager has made massive changes to the way care is delivered. It is much more person centred now. I really think this is a ground breaking home."

The service had an up to date complaints policy and procedure which was reviewed on an annual basis. The policy detailed timescales for acknowledgement and investigation. It also provided information of who to escalate complaints to should the person remain unsatisfied following an internal investigation. The procedure was on display in the service. The service had received three complaints this year 2016. Each complaint form documented what the complaint was, the investigation, the action to be taken and feedback to the complainant. However, the outcome for the complainant was not documented therefore we could not evidence that the complainant was happy with the outcome. The registered manager said they would start documenting this.

People we spoke with knew how to complain if they needed to. One person told us they had complained on a few occasions and things had always been resolved to their satisfaction. Another person told us that any issues they had could be discussed at the residents meetings.

Relatives told us they felt confident to make a complaint if necessary and believed these would be handled appropriately. One relative told us, "I couldn't fault them. You can approach them at any time to make a complaint and they are always acted on."

People were supported to maintain relationships with family and friends. Family members were welcome to visit the service at any time and a static caravan within the grounds was available to relatives who lived out of the area and wished to extend their visit with an overnight stay. This was fully wheelchair accessible so the family could spend time together. One relative told us, "I've been able to stay in the caravan three or four times. It's comfortable and provided free of charge. We also had access to the kitchen which meant we could cook and share a family meal. It makes a big difference when you don't live locally."

People had access to a variety of activities both inside and outside of the service. We saw decorations that had been made by people during craft activities. A 'black tie' ball had been held earlier in the year and we saw photographs from this showing people smiling and looking happy. The registered provider told us, "It was so nice that they had the opportunity to dress up, to wear a tuxedo or a ball gown. It went down very well and we hope to do it again."

Outside of the service people attended day centres and also went on visits to the zoo, concerts and theatre shows. The service had four minibuses which were used to take people out should they wish but they were also used for essential medical appointments. The registered manager told us that they tried to accommodate people's requests to go out whenever they wanted but at times this had to be booked in advance to ensure transport and staff were available.

A member of staff told us, "Everyone is an active part of the community. They go to the theatre, pub, beach, cinema. They are involved in all aspects of life."

Requires Improvement

Is the service well-led?

Our findings

The registered manager carried out a number of quality assurance checks to monitor and improve standards at the service. 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.

People and their relatives were asked to complete a survey annually and the findings from this were discussed at staff and service user meetings and in one to one sessions with staff. However, no action plan had been produced and there was no evidence that this method of quality assurance led to improvements.

The registered manager confirmed that no formal analysis of accidents and incidents was taking place. This meant that patterns and trends were less likely to be picked up.

The registered manager carried out daily, weekly, monthly and six monthly checks of areas including medication, health and safety, staffing levels, training and infection control. A comprehensive service quality assessment tool (SQAT) had also been completed in October 2016, with action plans drawn up where issues had been found. However we found these audits did not highlight all of the issues and concerns we had found, for example taking the temperature of the room the medicines were stored. One person's DoLS authorisation had expired five months previously but managerial checks had not highlighted this in a timely manner. The SQAT included the question 'If any DOLS are in place, are they covered by appropriate documentation?' this had been answered 'yes' on 26 November 2016 however, as highlighted earlier in the report, one authorisation had expired in July 2016. Audits of care plans had not highlighted that consent was not always documented. Audits had highlighted that daily notes needed to contain more detail however the action plan stated that target date for improvements to daily notes was 30 January 2017; two months after the problem had been identified. It was not clear why changes were not introduced immediately and the daily notes we looked at on the day of our inspection did not show any improvement.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Notifications were not always sent to CQC as required. We had not been notified when DoLS authorisations had been received and the registered manager had not been aware that they needed to do this. The notifications were sent to us following the inspection and the registered manager assured us they would ensure all future notifications were submitted correctly.

There was a very clear vision communicated to us by both the registered provider and registered manager regarding the future of the service. Positive changes were being made to the environment and they were looking at ways to become more involved in the local community, including possibly opening a shop or café in the local village.

Relatives told us they found the management team approachable and dedicated. One relative told us,

"[Registered provider] is spending a lot of money on the place and it shows. [Registered manager] has their finger on the pulse. We see what they want to do and they are achieving it."

People knew the registered manager and spoke positively about the management team. One person told us, "They are really good, [registered provider] and [registered manager]" Another person said, "[Registered manager] has done a lot, building up the staff."

Throughout our visit we saw that people who used the service and staff were comfortable and relaxed with the registered manager and each other. The registered provider also had a good rapport with people using the service and clearly knew people well. They told us, "The service users are wonderful individuals and still have lives to live."

Staff felt well supported by management and colleagues. One member of staff told us, "They are very approachable and understanding. It's a very good team." Another member of staff said, "It's a lovely staff team. [Registered manager] is very approachable and if I've ever got a problem they will talk to me about it and they'll work around it if they can. I know that they have helped other staff too."

An external trainer told us, "The management team go above and beyond to support their staff wherever they can."

Staff meetings were held approximately every two months. People who used the service were also invited to attend these meetings and the feedback we received on this was positive. We saw minutes from these meetings and topics discussed included health and safety, safeguarding and whistleblowing. There was also general discussion around the menus, for example what was going well and what was not.

Staff felt these meetings were worthwhile and one member of staff told us, "Staff meetings are important. If people are struggling with something it's a good way to share ideas and any issues can be raised."

Staff felt that they were involved in developing the service. One staff member told us, "We take ideas to [registered manager] and we always get the back up that's required."

The registered manager told us they had a positive relationship with external agencies. They told us, "We have a good relationship with a number of outside agencies. We have involved the communication team and the learning disability team in supporting people and we now have a great GP who comes in to the service every Wednesday."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment of service users was not always provided with their consent as DoLS applications were not always made where needed and consent to care was not always obtained or recorded.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems and processes were not in place to monitor and improve the quality of the service.