

Leonard Cheshire Disability

Champion House - Care Home with Nursing Physical Disabilities

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

A comprehensive inspection took place on 22 and 25 May 2018 and was unannounced.

Champion House - Care Home with Nursing Physical Disabilities, known to people, their relatives and staff as Champion House, is situated in Calverley, a rural area mid-way between Leeds and Bradford. It is part of the Leonard Cheshire Disability company. The care home accommodates 27 people in one adapted building and provides residential and respite care, over two floors. Rooms are singly occupied and provide necessary aids and adaptations to suit people's individual requirements. There are well appointed communal areas and communal bath and shower rooms located on each floor. On both days of our inspection there were 25 people living at Champion House, providing care and support for people with a physical disability.

When we completed our previous inspection on 3 February 2017 we found the registered provider was not meeting the regulation relating to the management of medicines. We issued a requirement notice as systems in place did not ensure people received their medicines as prescribed. Following the last inspection, we asked the registered provider to complete an action plan to show what they would do and by when to improve the service.

The purpose of this inspection was to see if improvements had been made with management of medicine and to review the quality of the service currently being provided for people. We also wanted to look at recent concerns raised by a whistle-blower and information shared with CQC about the two incidents which indicated potential risks. 'Whistleblowing' is when a worker reports suspected wrong doing at work. At this inspection we found the service had met the requirement notice in regards to the management of medicines.

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

People who used the service told us they felt safe with the care they received and there were systems and processes in place to protect people from the risk of harm. Staff and the registered manager had a good understanding of safeguarding adults and knew what to do to keep people safe. A new medication management system had recently been introduced and staff were getting used to the recording of the administration medicines. We found the registered provider had appropriate arrangements currently in place to manage people's medicines safely. We found people had access to healthcare services to make sure their health care needs were met.

We found people were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment procedures were in place and staff completed an induction when they started working for the registered provider. Staff received the training which ensured people received appropriate

care and support to meet their individual needs.

People told us they enjoyed the meals provided and their suggestions were incorporated into menus. We observed the dining experience was a pleasant occasion and people received appropriate support with their meal when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We found the home was well maintained, bedrooms had been personalised and communal areas were comfortably furnished. We saw throughout our inspection people were treated with sensitivity and kindness. Staff had a good rapport with people. People's dignity and privacy was respected. Staff had a good knowledge and understanding of people's needs and worked together as a team.

Support plans were detailed and provided information about people's individual needs and preferences. There was opportunity for people to be involved in a range of activities within the home or the local community. We saw people enjoying the different activities available during our inspection.

The registered manager promoted a person-centred approach to end of life care.

Staff told us they felt supported by the registered manager and people who used the service had opportunity to comment on the quality of service and influence service delivery. People and staff told us they found the registered manager approachable and they listened to them. People told us if they needed to complain they would speak with the registered manager.

The service had good management and leadership. Effective systems were in place which ensured people received safe quality care. Complaints were welcomed and were investigated and responded to appropriately.

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 told us they felt safe and the staff and the registered manager knew what to do if abuse or harm happened or if they witnessed it. Risks to people's safety were assessed and acted on.

People's medicines were handled and managed safely by staff.

Staff were recruited safely and there were enough staff to meet people's needs and to keep them safe.

Is the service effective?

Good 

The service was effective.

Training equipped staff with the knowledge and skills to support people safely. Staff had the opportunity to attend supervisions.

Staff we spoke with could tell us how they supported people to make day to day decisions a The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

People's nutritional needs were met and records showed people had access to healthcare professionals and attended regular healthcare appointments.

Is the service caring?

Good 

The service was caring.

People told us staff were kind and caring and we observed this throughout our inspection visit.

Staff respected people's privacy and dignity and people were supported to be independent.

Staff involved people and/or family members in the care planning process.

Is the service responsive?

Good 

The service was responsive.

People's support plans contained sufficient and relevant information to provide consistent, person centred care and support. The registered manager promoted a person-centred approach to end of life care.

There was opportunity for people to be involved in a range of activities within the home and the local community and these were planned to match people's interests and preferences.

Complaints were responded to appropriately.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff spoke positively about the management team and felt they had made improvements.

Regular meetings took place to gather views from people and staff about the quality of the service provision.

There was a quality assurance system in place so the registered manager could monitor the service and plan improvements.

Champion House - Care Home with Nursing Physical Disabilities

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.

A comprehensive inspection took place on 22 and 25 May 2018 and was unannounced. On day one, the inspection team consisted of two adult social care inspectors. On day two, the inspection team consisted of one adult social care inspector.

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

We reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority commissioning and contracts department, safeguarding and Healthwatch to assist us in planning the inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The inspection was prompted in part by notifications of two incidents following which a one person using the service sustained a serious injury and both people had a visit to hospital following the incidents. The information shared with CQC about the incidents indicated potential concerns about the management of risk of choking and falls from moving and handling equipment. This inspection examined those risks. We

also received whistleblowing information prior to our inspection, which raised concerns regarding people's safety at the home and the response to safety risks from the registered manager. This information formed part of our inspection planning and the areas of concerns were reviewed during our comprehensive inspection.

We spoke with eight people, one person's relatives, four nurses, six support staff, five domestic, kitchen and maintenance staff, the activity co-ordinator, the administrator, the registered manager and the regional manager. We observed care interactions in the communal lounge and observed the lunchtime meal on day one of the inspection. We reviewed documents and records that related to people's care and support and the management of the service. We looked at three people's care plans in detail and a further three care plans for specific information. We also sampled people's medication administration records.

Is the service safe?

Our findings

We have inspected this key question to follow up on concerns found during our previous inspection on 3 February 2017 and to look at the areas of concerns following recent notifications and whistleblowing concerns received by the CQC.

At the last inspection we rated this key question as requires improvement. We concluded, at the inspection in February 2017, the provider had not taken appropriate steps to ensure the management of medicines was safe. We issued a requirement notice as systems in place did not ensure people received their medicines as prescribed. At this inspection we found the registered provider had made the required improvements and was now meeting the regulation.

People told us they got their medication in a timely manner. Comments included, "I never miss my medication; staff always bring it to me" and "I always get my medication on time."

Following our last inspection the registered provider had completed an action plan to ensure they were managing medicines safely and meeting the regulation. The registered manager told us a new electronic administration of medicines system had recently been implemented and staff were still getting used to using it. A nurse told us, "It's complicated. We are still getting used to it." Another nurse said, "The manager knows the new medication system inside out and she has been an excellent support for the nurses."

We observed medicines being administered and saw this was done in a kind and caring manner. We saw the electronic system had a picture of each person and once the nurse had clicked on the person's picture; this showed the person's medicines that were required.

We saw specific detail of each medicine was recorded on the system, which also gave details of any side effects the person may experience. Some people had medicines to be taken 'as required', also known as PRN medicines. We saw guidance on the use of PRN medicines, which provided support for the nurse of when to offer and what was the maximum dose.

Medicines were stored securely, with a separate medicine trolley for each floor. The temperatures of medication rooms and fridges were recorded on a regular basis and were within the recommended guidelines.

We saw the electronic system stated where creams were to be applied. A nurse told us the support staff were currently been trained in cream administration. The electronic system gave directions for where to place pain relief patches and the frequency of their use. The site of the pain patch was changed each time and this was recorded, we saw the location of the patches varied to reduce the risk of skin irritation. We looked at the administration of controlled drugs which are liable to misuse and found this to be safe. The medicines were administered in line with the prescriber's instructions and we saw two staff routinely checked the medicines and signed the controlled drugs register accordingly.

The electronic system alerted the nurse when each person had received their medicines and if anyone had missed their medicine, although, there had been teething problems with this which the registered manager was aware and work was ongoing to address this.

We saw staff had completed relevant medication administration training. Relevant staff competency in administration of medicines had been checked and there was evidence nursing staff had a valid Personal Identification Number (PIN) registration.

People we spoke with told us they felt safe living at Champion House. Comments included, "I feel safe 100%", "Yes, I feel safe", "I am happy with my care and I feel safe", "I feel safe here and with the staff" and "It is my home and I feel safe at home and with all the staff." A relative we spoke with told us, "I feel [name of person] is safe and well looked after."

Staff we spoke with told us people were safe at Champion House. Comments included, "People are really safe, I would be happy for one of my relatives to live here", "People are safe, needs are met and staffing levels are efficient", "People are safe and I have never seen or felt unhappy about anything" and "I have never seen any untoward behaviour, the manager is more likely to over safeguard than under."

We saw displayed in the entrance to the home information on how to report incidents of abuse, details of who to contact and a booklet on whistleblowing.

Staff we spoke with demonstrated a good understanding of safeguarding concerns and gave examples of how they would identify abuse. They told us they had never had to report any incidents but would report anything to the registered manager and were confident appropriate action would be taken. Comments included, "I have never seen any incident or staff shouting at people. It is a friendly place"; "I would be happy to report things to safeguarding myself, if needed. [Name of registered manager] has reported things promptly and if anything she over reports", "People are safe. I have never had to report anything. I would go to the manager" and "I have had safeguarding training and would report abuse to the manager. If nothing was done I would either go above or report it myself. I have never had to report anything."

Support plans we looked at showed people had risks assessed appropriately and these were updated regularly and where necessary revised. We saw risk assessments had been carried out to cover activities and health and safety issues and these included dysphagia and choking. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

Accidents and incidents were recorded on a form by the staff member and this information was transferred to the registered providers electronic management system by the registered manager, who told us they system would send an email alert if action had not been taken.

People had personal emergency evacuation plans (PEEP) in place so staff were aware of the level of support people living at the home required should the building need to be evacuated in an emergency. Fire safety was satisfactorily managed. We saw records of a fire risk assessment dated February 2018, an inspection and servicing of the fire detection and alarm system had taken place. Records showed regular inspection of fire alarm call points, fire alarm tests, emergency lighting and fire extinguishers were carried out. Fire drills had been carried out in January, April and May 2018 and exits were kept clear. Staff told us they had received fire safety training and the records we looked at confirmed this.

We looked at safety certificates for the home and found the gas and electrical safety certificate were in date. We saw hoists had been LOLER (Lifting Operations and Lifting Equipment Regulations 1998) checked in

March 2018. The Lifting Operations and Lifting Equipment Regulations 1998 states checks on equipment used as part of hoisting people should be tested every six months to ensure if it is safe to use. This meant people were kept safe during moving and handling procedures. The registered manager and maintenance person told us they were going to produce a full list of equipment prior to the next LOLER check to make sure all equipment in the building was looked at.

The registered manager told us and we saw an external company checked the temperatures of the water outlets monthly and the shower heads were descaled and cleaned quarterly. A legionella and asbestos risk assessments were in place and up to date. We also saw a range of general risk assessments associated with activities and the environment.

It was not always easy to see what people's pressure mattresses should be set at from the support plans we looked. Following the first day of our inspection the registered manager had implemented a pressure mattress audit to make sure all the mattress were checked monthly and the pressures was set correctly. A staff member told us, "Nurses check to make sure they are at the correct pressure."

People we spoke with in general thought there were enough staff to meet their needs. Comments included, "Staff work really hard, I give them 100% but could do with another staff member", "There is enough staff within reason, there is always someone to help me" and "There are enough staff."

Staff we spoke with told us there were enough staff to support people's needs. Comments included, "Always enough staff around", "We get agency staff if someone rings in sick most of the time. 99% of the time people's needs are met", "At the moment there is enough staff for both floors. We get agency or bank it low on staff" and "There are generally enough staff."

We found staffing levels were sufficient to meet the needs of people who used the service. The registered manager told us the staffing levels agreed within the home were being complied with, and this included the skill mix of staff.

We saw call bell times were monitored monthly and actions were taken if these were outside the registered providers identified timescale for response.

We spoke with one staff member who had recently started work at Champion House and they told us, "They asked for references, I brought my qualifications and I had a DBS before I started working." We found recruitment practices were safe and the service had clear policies and procedures to follow. Relevant checks had been completed, which included references and a disclosure and barring service check (DBS). The DBS is a national agency that holds information about criminal records. This helped to ensure people were protected from individuals who had been identified as unsuitable to work with vulnerable people.

One person we spoke with said, "My room is clean enough." Another person told us, "Everything is always clean."

We looked around the home and found the premises to be clean, tidy, clutter free, well-lit and warm. Although, we noted in one bathroom there was used bar of soap and some towels on top of a set of drawers. We spoke the registered manager about these and they said they would address this immediately. We saw hand sanitising liquid pumps were available throughout the service including bathrooms and along corridors. Cleaning schedules were in place; staff had a good supply of protective equipment and had completed infection.

The registered manager and staff member responsible for the infection control audit told us this was a new and they were working on how best to review the 15 sections and will be strengthening the recording, order of reviewing the section and the actions for the 2018 audit.

We were told by the registered manager and a nurse, as a result of two recent incidents lessons had been learnt and new procedures had been put in place, these procedures had been embedded in how staff worked. Extra staff training had also been identified and was being implemented. The management team learned lessons when things went wrong. We saw action had been taken in response to accidents and incidents and a monthly analysis was carried out.

Is the service effective?

Our findings

We have inspected this key question to look at the areas of concerns following recent notifications and whistleblowing concerns.

Following a recent incident the registered manager told us changes had been made to the way people were supported during mealtimes. For example, where needed a staff member had been allocated to support people eating their meals, records in the kitchen has been reviewed and revised and extra staff members would be present during any event taking place at Champion House.

People we spoke with were very complimentary about the food. Comments included, "I have choice and if there is nothing I fancy on the menu, [name of chef] will do something different", "Food is very good and the chef goes to the residents meeting, by invite", "Food is excellent and I get a choice" and "The meals are brilliant, excellent. Better than restaurants. They will make what you ask for if they can. The place is as good as you get." A relative we spoke with told us, "Absolutely great food." We looked at the 'food' communication book and saw positive comments recorded about the quality of the food. For example, 'I regularly go out for meals with staff but none of them even compare to meals I have at home' and 'I thoroughly enjoyed the Italian meat, pickle and crackers'.

Staff we spoke with said, "If someone required a specific cultural diet, then the chef would be involved at the pre-assessment stage", "Food is lovely and people have lots of choice. I am aware of people diets and so are the kitchen staff. People are supported at mealtimes if needed" and "Food is absolutely excellent and people have choice. Food types are adhered to."

We noted the chef maintained a record of speech and language team assessments/guidance for each person, people's preferences and dietary needs were recorded. For example, soft diet, diabetic and allergies. The chef told us nursing staff explained if there were any changes or updates to people's dietary requirements. One staff member told us, "The chef highlights to staff if food is returned to the kitchen so they can look to see if there any reasons why the person is not eating."

People were supported to eat a balanced diet of their choosing. The chef told us 99% of the food was freshly cooked and we saw there was a four week menu was in place. The chef explained people were asked at residents meetings what they would like to see on the menu.

We observed the lunchtime meal and noted the dining area was very relaxed and we heard lots of banter and humour between people and staff. We noted some dining tables raised up and down to accommodate the height of people in their chair. There was support for those people that needed it and assistance was given in an engaged way and staff were not distracted.

We saw examples whereby people's care and support was delivered in line with legislation and evidence based guidance. The registered manager told us they worked within the Nursing and Midwifery Council's code of conduct, the National Institute for Health and Care Excellence for the management of medicine,

NHS infection control standards and the data protection act. We also saw the service used Health and Safety Executive guidance and LOLER (Lifting Operations and Lifting Equipment Regulations 1998) regulations to review safety checks. This evidenced the registered manager used national guidelines to improve the care delivery.

We saw people who used the service had access to specific assistive technology to support their communication and independence. For example, tailor made motorised chairs. One staff member we spoke with said, "One person has a board we can write on to support their communication. We also have people that use foot or head buttons or 'eye gaze' to change the TV or call for help. This helps to maintain people's independence."

One person we spoke with told us, "I have assistive technology, but the TV remote part doesn't work. It has been broken about week. Staff managed to get the assistance button working, but I have to call for assistance to change the channel or turn the TV on. I need a voice recognition system. I have to use this with my head." We saw the person's one page profile in their support plan stated 'Make sure I am connected to my assistive tech in my room when in my chair and in bed, so I can call for assistance'.

The registered manager told us staff completed an induction programme. We saw one staff member's induction booklet included, 'someone new, what do I do', competency checklist, personal and intimate care information pack and a range of training sessions. A staff member said, "I learnt everything about Leonard Cheshire and the values of the organisation. I have completed moving and handling training and I am shadowing now. I have other training still to complete."

One person we spoke with told us, "Staff are well trained; they are always training on something." Staff we spoke with told us they had received a range of training and this supported their role. Comments included, "I have done a range of training included acquired brain injury, medicines and epilepsy. This helps me understand the needs of people who live at Champion House", "We have lots of training and I find it useful, but think we need for training in Mental Health" and "MCA/DoLS and safeguarding training is due tomorrow and on 31st. Mandatory training is completed online."

Training records showed staff had received essential training including; behaviour support awareness, choking, communication, dementia awareness, health and safety and food hygiene awareness. Specialist training had also been provided including; catheter care, Huntington's disease, syringe driver and peg feed. The management team told us they had a mechanism for monitoring training and what still needed to be completed by members of staff. This meant systems were in place to support and develop individual staff member's skills.

The registered manager told us staff attended 'consolidations days' which was the 'practical of the theory' following the completion of training, enabling the registered provider to make sure staff knowledge was up to date.

Staff confirmed they received supervision where they could discuss any issues on a one to one basis. When we looked in staff files we were able to see evidence each member of staff had received individual supervision along with an observational supervisions and an annual appraisal. Staff we spoke with told us, "I had supervision with [name of registered manager] and they are every three months" and "I find supervision helpful, they are every three months."

Staff we spoke with told us they worked well as a team and they attended handover meetings at the beginning of each shift where they discussed changes, appointments and were updated on people's care

and support needs. Our observations showed staff worked well as a team to meet people's needs.

People we spoke with said they had access to other healthcare professionals when needed. One person said, "If I am not well they [staff] will call the doctor. I do have the opportunity to go to the dentist and optician." Another person told us, "I have recently completed a dental course and I am going for another eye test soon." A relative we spoke with told us, "I am confident if a GP was needed they would ring for one."

Staff we spoke with told us they would not hesitate to contact a GP or call for an ambulance if needed. They said people routinely attend, GP, dental and hospital appointments. Comments included, "The home is supported by external professionals and we work closely with people's families. We work closely with the speech and language team, dieticians, GPs, continence nurse and the tissue viability nurse" and "I would have no hesitation in calling the GP. People have regular dental, hospital and GP appointments."

People had hospital passports which included 'must know' information about the person for other healthcare professionals to be aware in the event they needed to go to hospital. We also saw displayed in the entrance to the home easy read information about visiting the emergency department.

We looked at one person's hospital passport, which had been updated in March 2018, included information about risks of choking and dietary needs. We also saw evidence in the person's support plan a record of health appointments, involvement of the speech and language team, dentist and physiotherapist. Another person's support plan referred to the tissue viability nurse been involved with a pressure care concern.

We saw each room was personalised with pictures, soft toys, football memorabilia and photographs. This helped make their rooms comfortable and homely. One person said, "I was able to make my room my own." The building had ramp access to the front door and to the garden areas enabling people to use these areas as they so wished. We saw some dining room tables were height adjustable, internal doors were push button, for example, the library door and the arts and crafts area was spacious with easy to reach items.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw displayed in the entrance to the home information regarding DoLS and an easy read Mental Capacity Act 2005 summary.

The registered manager and staff we spoke with had a good understanding of the MCA and the DoLS application process. One staff member said, "I assume full capacity and I always offer choice." Another staff member told us, "I think some MCAs are in place but not sure if everyone has one. DoLS are in place where needed."

We saw a list of DoLS authorisations and requests were kept by the registered manager and where there had

been a delay, the registered manager had chased these up with the local authority. The registered manager obtained DoLS renewals in a timely way.

We observed staff supported people to make choices throughout the day. People told us how staff explained things and got their permission before care or supported needs were carried out. One person told us, "I can choose when I go to bed and when I get up."

The support plans we looked at contained mostly appropriate and person specific mental capacity assessments. For example, one person's support plan recorded they had given verbal consent to their care and treatment and to the use of their photograph. Although, not all the support plans recorded information accurately. For example, one person's support plan had been signed by their family member but there was no reason why they had not signed their own support plan. The registered manager told us they would review the MCA section of each person's support plan.

Is the service caring?

Our findings

People we spoke with told us they were happy living at Champion House and the staff were very kind and caring. Comments included, "I love it here, as soon as I walked in I knew it was for me. Everything is fantastic about the place. I have a good room. I am well looked after. Staff know me well", "[Name of staff member] is nice and looks after me", "It is absolutely marvellous, great. All the staff are very good, nice and kind. They [staff] know me well. It is a happy little home"; "I think it is nice living here. Staff are lovely and they know me well. I am happy enough", "It is marvellous here", "It is excellent here. The people and staff are lovely" and "It's alright here. Staff are all alright. If they can help they will. I get on with most residents. I can do what I want in the daytime." A relative we spoke with told us, "Staff are kind and know [name of person] very well."

Staff we spoke with told us they were confident people received good care. Comments included, "People are really well looked after" and "Care is good, we have a good staff team here, I would be happy to have a family member live here."

Throughout our inspection we saw staff were attentive to people they were supporting and demonstrated they knew people very well, including people's visitors and relatives. We noted staff provided quiet verbal reassurance when needed and encouraged people in a calm way. We saw friendly and warm banter and laughter between people and staff members.

People looked well cared for. They were tidy, well dressed and clean in their appearance which was achieved through good standards of care. We saw people had their hair brushed, some people were wearing jewellery and people had appropriate foot wear on.

People we spoke with told us they were able to express their views and were actively involved in making decisions about their care. One person said, "I feel involved in my own care." Another person told us, "They speak with me about any variation to my support plan." A third person said, "Staff ask me if I want to change anything in my support plan."

People who used the service, were supported by a regular team of staff and were each allocated a key worker, which helped ensure there was continuity in people's care. The registered providers PIR stated 'Keyworker roles and systems will continue to improve, highlighting outcomes and liaising with activities so that outcomes are achieved'.

People who used the service, without family, were supported to access external advocates. We saw displayed in the entrance to the home information on advocacy services. An advocate is an independent person who can support people to speak up about the care service they receive.

People we spoke with told us their dignity and privacy were respected by staff members. One person told us, "My dignity is always respected; they [staff] always knock on my door." Another person said, "Staff respect my privacy."

During our inspection we saw people's privacy and dignity was respected and saw example of staff knocking on people's bedrooms doors. Staff we spoke with told us they always respected people's dignity. One staff member said, "I would not send any clothes back to people that I would not wear myself." Another staff member told us dignity and privacy were discussed in supervisions. A third staff member said, "I knock on people's doors and ask people what they would like to wear."

We saw the registered provider's service user guide had a section on 'dignity champion' which showed what people could expect living at Champion House.

We saw people's information was stored confidentially in the nurse's or registered manager's office.

From speaking with staff we could see people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there which included age, disability, gender, marital status, race, religion and sexual orientation. This information was appropriately documented in people's care plans. The training records we saw confirmed staff had completed training in equality and diversity. A relative we spoke with told us, "I am happy with how relationships are supported."

We saw there were good links with the local church, ensuring people could attend a variety of events as and when they chose. Staff supported people with whatever spirituality meant to them as an individual. One staff member told us, "Volunteers come in to take people to church." Two people we spoke with told us they attended church on a Sunday. We saw the registered provider's service user guide had a section on 'religious and cultural preference' which stated 'every effort is made to help people who use our service follow the religious practice of their choice'. This helped to support people's spiritual, religious and cultural needs.

Is the service responsive?

Our findings

Each person had a comprehensive assessment of their needs which included any areas of potential risk. Support plans were well structured; person centred and reflected the wishes and needs of the people who used the service. They detailed the level of support that people needed and gave in depth information such as preferred routines, what was important to the person and how staff were to ensure this was met. A staff member we spoke with told us, "During pre-assessment the person's needs are assessed by a nurse, the physiotherapist and the communications officer to enable us to obtain as much information as possible to be able to provide a safe admission."

Staff we spoke with told us people's support plans were person centred and contained appropriate information. They said people and/or their relatives were involved in the creation of the support plan. One staff member told us, "People and families are involved in the support plan. We have a keyworker system in place and if changes are needed these are reflected in the support plan. It is nice to read the support plan as people had a different life before they came here." Another staff member said, "These are helpful to read, especially for new people."

We saw support plans were person centred. These included health, medication, skin care, continence care food and drink, friendships and social and moving and handling. One person's food and drink support plan included information about the support they required at mealtimes, their likes and dislikes, pictorial guide to a soft diet and an up to day assessment from the speech and language team. We saw another person's support plan for epilepsy included signs, symptoms and a seizure protocol for staff to follow if need be.

We noted the daily notes were task centred and did not provide much detail of the person's involvement that day. We spoke with the registered manager who said they would look into this.

We asked people if there were activities on offer for them. Comments included "I have plenty to do. I can join in or not join in whatever I want. I do arts and crafts and I am making a picture to put on my wall", "I call bingo at bingo nights. A big group of us are going to Tiger Tiger in Leeds soon. It is the best home in the area for doing things"; "There is plenty to keep me occupied. I am trying to get a dance group together. I am hoping to go to Blackpool this year"; "I go out for meals sometimes. I try and get involved in the activities, I run a book stall" and "I get involved in activities sometimes, it depends on what is going on." One person told us, "I get to go on holiday, parties and fetes. I run the tombola stall with my mum. The only problem is there are more and more people with complex needs who are over 50. They don't want to join in with things as much."

We saw 'Champion House garden gathering' was due to take place in mid-June 2018. A staff member told us this was an annual event and everyone looked forward to it. We saw there were further plans to develop the garden area to include a nature space, gnome area and a picnic bench. Trips and outings had been arranged which included a charity event and the supermarket. Some people we spoke with told us they were looking forward to their holiday in Blackpool later in the year.

Staff we spoke with told us there were plenty for people to do, explaining people were able to take part in activities and go on outings. Comments included "People have freedom of choice and there are lots of activities", "Each person has individual programme of activity, which includes what they like to do and what they are good at" and "People like gardening, shopping, meals out, they do baking and play games."

One person we spoke with told us, "I have never made a complaint but I know staff would deal with it if I had to." We saw in one person's support plan an easy read guide to complaints and useful contacts which included the local MP and CQC.

Staff we spoke with told us people's complaints were taken seriously and they would report any complaints to the registered manager. One staff member said, "I would take complaints to the manager or nurse and assume action would be taken." Another staff member told us, "I would try to resolve it if I could or go to the manager. I have never had to deal with any complaints."

We saw displayed in the entrance to the home a leaflet on how to make a complaint and also recorded in the service user guide how people were able to make a complaint. The registered manager told us people were given support to make a comment or complaint where they needed assistance. They said people's complaints were fully investigated and resolved where possible to their satisfaction. We reviewed how the service recorded; investigated and responded to complaints. Investigation outcomes and timely responses had been sent to each complainant which addressed in full the concerns raised.

We saw compliments had been received by the home which included 'thank you for making [name of person]'s stay with you as good as it could be and making me and my family welcome', 'I would just like to say a big thank you to everyone for all your support' and thank you for looking after [name of person] and making her last year's so comfortable'.

The registered manager told us there was no one living at Champion House at the time of this inspection who was approaching the end of their life, although, this had been considered by the registered provider and their wishes, where possible, recorded.

We saw displayed in the entrance to the home an information leaflet called 'let's talk about death' which provided support and understanding about end of life care. A staff member said, "We work closely with Bradford and Leeds palliative care team. I have just had updated training on syringe driver." Another staff member told us, "I am just going to do some training in this but staff understand needs of people when this time comes."

The registered providers PIR stated 'We will provide the necessary support in partnership with the specialist Macmillan nurses to develop their own personalised advanced care plans. Ensuring that their wishes and choices will be carried out impeccably when the time comes'.

The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they can understand, plus any communication support they need when receiving healthcare services.

At the time of the inspection the registered manager and regional manager were not aware of the Accessible Information Standard. Although, we saw people had communication support plans and passports in place. These included 'all about me', 'how I communicate' and 'how you can help me to communicate'. We saw some people's communication support plans included a 'guide to using assistive technology'.

The registered providers PIR stated 'One of the activities staff have supported a service user to attend a signing group, she has learnt some of the basis sign language which has enhanced communication within the service'.

Is the service well-led?

Our findings

We have inspected this key question to follow up on concerns found during our previous inspection on 3 February 2017 and to look at the areas of concerns following recent notifications and whistleblowing concerns.

At the last inspection we rated this key question as requires improvement. We concluded at the inspection in February 2017, the registered provider had not ensured the auditing processes for the management of medicines was robust and effective as this had not picked up issues identified. At this inspection we found improvements had been made.

People who used the service and family members we spoke with were very positive about the staff and management of the home. Comments included. "The management is good; they have brought a lot of things that have made the home better. They have made sure one to one is in place and there are more social opportunities", "I see the manager if I need to, she is approachable and listens", "Manager is nice and very good", "I do actually think it is well managed. The manager is very much approachable", "The home is run very good and the manager comes to talk to me" and "[Name of manager] is good."

Staff we spoke with told us the home was well managed and the registered manager was very approachable and always happy to listen. Comments included "Best manager I have ever worked for, she is consistent, fair and her door is always open", "Manager is brilliant, really good boss and really fair. We are a really good team", "Very good manager, proactive and moves the service forward. I am relieved she is back in the service, she is a really good asset", "Manager is approachable and listens. Generally I feel supported", "Manager has an 'open door' policy but could interact a little more", "Manager and regional manager are both supportive; they trust me to say what people's needs are" and "I get on perfectly well with [name of registered manager], since she has started she has changed it for the better."

Staff were also very positive about working at Champion House. Comments included "Everything is brilliant about the service, I am happy coming to work", "I am committed and passionate about working at Champion House, I work closely with the manager to do audits and support plans. We work together well as a nursing team and everyone has stepped up to the mark, we have all worked really well and everyone has pulled together. It is a positive team", "I like working here, it is people's home and I feel privileged to work here. I go home feeling I have done a good job" and "I feel like I am part of the team and have good relationships."

The registered manager told us the people who used the service held a 'residents' meeting regularly and they only attended by invite. One person we spoke with told us, "We have a meeting every few weeks and I say something and it gets sorted. The manager gets invited." Another person said, "We have a residents meeting and things get changed as a result within reason." A third person told us, "I attend the residents meeting and I can get things changed."

We saw 'residents' meeting minutes from February 2018 which was specifically to discuss the menus for

spring and summer. We also saw a food and dining experience questionnaire had been sent out to people who used the service to ask for their opinions. The results of this were very positive regarding the food provision. We looked at the 'resident's meeting minutes from April 2018 and noted this had been chaired by a person who used the service. Discussions included health and safety, information governance and later life care plans.

We saw regular staff meetings took place, which included all staff, nurses and heads of department. We looked at a selection of meeting minutes for April 2018 and noted discussions included the new medication system, roles and responsibilities, lessons learnt following recent incident and action taken, call bells and activities. One staff member told us, "We have staff meetings and can raise concerns." Another staff member said, "Yes we do have regular staff meetings."

The registered manager had a range of knowledge and experience to manage the home and took their role seriously. We asked what had been their key achievements and they said building skills within the staff team, getting people more involved in their care and choice and more diverse with activities. We asked about their key challenges and they said anonymous alerts which in turn put pressure on the service. The registered provider's PIR stated 'We will continue to operate an open and transparent ethos, with open access to the service manager in order to deal with any potential areas of concern'.

The registered manager told us they monitored the service by quality audits and talking with people, relatives and staff. We saw they completed monthly checks which included people's weights, pressure care and wheelchairs and a range of audits, for example, health and safety. The registered manager completed a monthly 'walk around' audit which included safety of areas, infection control and medications. The audit was in line with the CQC's five key areas of safe, effective, caring, responsive and well-led. The regional manager had carried out a service audit in May 2018 which included staff and customer feedback, support plans, medications, environment and quality assurance. We saw evidence which showed any actions resulting from the audits were acted upon in a timely manner. This meant the service identified and managed risks relating to the health, welfare and safety of people who used the service.

We saw an 'out of hours' visit completed in November 2017 by the registered manager in which they completed a night shift and they held an 'open door' session in December 2017. These gave people and staff the opportunity to speak with the registered manager if they wished to do so.

Records showed the registered manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence. Staff we spoke with said they knew what to do in the event of an accident or an incident and the procedure for reporting and recording any occurrences.

The registered provider's PIR stated 'As service manager, I will respond positively to areas that require improvement as identified by internal audits, and external audits, continue to be open transparent regarding incidents, complaints and ensuring safeguards alerts are reported and ensure that actions from the service improvements plan are actioned and keep the plan up to date'.

The registered manager and the whole staff team worked in partnership with health and social care professionals to ensure people had the benefit of specialist advice and support. These included GPs, social workers, an assistive technology company, the NHS end of life facilitation team, allotment society and the local library, who had a singing group.

Notifications had been sent to the Care Quality Commission by the home as required by legislation. For example, homes have to notify CQC about any injuries people received, any allegation of abuse, any incident

reported to the police or any incident which stopped the service from running.

There is a requirement for the registered provider to display the rating of their most recent inspection. We saw this was both displayed in the entrance to the home and on the registered provider's website.