

# Kent County Council Southfields

## 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 5 and 16 January 2018 and was unannounced.

Southfields is registered to provide accommodation and personal care for up to 15 people. It is a respite service, offering overnight stays for people with learning disabilities, who usually live with family members or carers. Some people stayed at the service for longer periods of time, until a more appropriate placement could be found. People in respite services receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. People using the service had a range of physical and learning disabilities. Some people were living with autism and some required support with behaviours that challenged.

Downstairs there was a kitchen, dining room, activities area, lounge, several bedrooms, sensory room and bathrooms. Upstairs there were more bedrooms and bathrooms. Two training flats were available to support people to become more independent. There was a large garden to the rear of the service with seating which people could access freely.

The service had a registered manager in post. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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.

We last inspected Southfields in October 2016 when three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. We issued requirement notices relating to safe care and treatment, person centred care and good governance.

At our inspection in October 2016, the service was rated 'Requires Improvement'. We asked the provider to take action and they sent us an action plan. The provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. Some improvements had been made, and the previous breaches found at our last inspection had been met. However, we found one new breach of the regulations. This is therefore the second consecutive time the service has been rated Requires Improvement.

At our previous inspection we found that the service was 'dated' and required modernisation. At this inspection we found that essential maintenance works, such as fixing the front door and replacing the flooring in the dining room had been delayed. Although the registered manager had continuously chased the provider's maintenance department there had still been a delay, and this had impacted on people. We were told people were confused and their regular routines were disrupted by not being able to use the front door. The service was clean and people were protected from the spread of infection. Improvements had

been made regarding fire safety within the building.

Previously, we had found that people's care plans did not contain the necessary level of detail to give staff the guidance they needed to assist people safely and in line with their preferences. Since our last inspection staff had re-written each person's care plan, involving people and those important to them. There was now clear guidance in place regarding how to assist people with potentially unstable healthcare conditions, such as diabetes and epilepsy. Before people started using the service they were given the opportunity to visit, and attend tea visits and a full care plan was written to ensure staff had the necessary guidance they needed.

Although people's care plans had been re-written they did not contain formalised goals which people were working towards. Throughout the inspection we observed staff doing things for people, such as getting them drinks and providing food. People received the care they needed but were not given the opportunity to complete these tasks themselves. A representative of the provider told us they were in the process of changing people's care plans to ensure there was a greater focus on encouraging their independence. They agreed this was an area for improvement, and is something we will follow up at our next inspection.

At our last inspection staff and the registered manager had not always acted on feedback from people. People now completed monthly questionnaires regarding their stay at the service and the results were published on a notice board. Staff told us this prompted them to follow up on any issues that were raised. Although this situation had improved, we found in team meeting minutes senior staff had dismissed concerns regarding activities raised by an external professional and no action had been taken to address them. We discussed this with both the registered manager and a representative of the provider and they had been unaware of the concerns raised. We made a recommendation about ensuring feedback is fully responded and listened to. Complaints were documented and responded to in line with the provider's policy.

Staff, people and their relatives all told us that the registered manager was approachable and they felt the service was well-led. A representative of the provider and the registered manager both told us their vision for the service was an integrated approach between children's and adult respite services, and to ensure an easy transition between the two. They told us they wanted to increase people's opportunities to do more for themselves. This would ensure the service was working in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Staff were kind and caring and treated people with respect and dignity.

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. Staff had an understanding of The Mental Capacity Act (2005) and when people lacked the capacity to consent to staying at the service, the registered manager had applied for Deprivation of Liberty Safeguards (DoLS.) People were involved in making decisions about their care and staff knew how to communicate with them.

The registered manager and senior staff completed a range of checks and audits on the service. A representative of the provider told us they were planning to introduce formal checks, including spot checking files and observations on staff. This had been documented on an action plan, but had not yet been put into place. As such, this was an area for improvement. The registered manager was fully aware of their regulatory responsibilities and had notified us of any important events that had happened in the service. The rating was displayed clearly and legibly on a notice board in the hallway. Staff were recruited safely.

Health and social care professionals fed back that they had good working relationships with the registered manager and staff, and they had worked well together to support people with complex needs. The registered manager had reported any potential safeguarding concerns to the local authority safeguarding team and staff told us they knew how to recognise and respond to abuse. People were protected from the risk of discrimination. Any incidents that occurred were clearly documented and the registered manager looked for ways to prevent them from happening again.

People were supported to eat and drink safely. When people had specific dietary needs, such as for cultural or religious reasons these were catered for. People were supported to lead healthy lives and see health care professionals when necessary. Medicines were managed safely.

There were enough staff to keep people safe. Staffing levels changed depending on the needs of the people using the service. Staff received the necessary training and met regularly to reflect on their practice. On the second day of our inspection the service was not providing support to people for a week, as staff were receiving training.

The service was not currently supporting anyone at the end of their life.

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.

Since our last inspection people's care plans had been re-written and contained the guidance needed to keep people safe.

There were enough staff to keep people safe. Staff were recruited safely.

The registered manager had reported any potential safeguarding concerns to the local authority. Accidents and incidents were fully documented and were analysed to look at ways of reducing the chance of them happening again.

People received their medicines as and when they needed them.

The service was clean and people were protected from the spread of infection.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

The provider had failed to complete essential maintenance work in a timely manner.

Before people starting using the service they had an opportunity to visit and a full care plan was written so staff knew how to support them.

People received the support they needed to manage their healthcare needs.

People were supported to eat and drink safely. When people had specific dietary needs due to their religious or cultural preferences, these were catered for.

Staff received necessary training and support to carry out their roles effectively.

Staff had an understanding of the Mental Capacity Act (2005) and the registered manager had applied for Deprivation of Liberty

Safeguards if people were unable to consent to staying at the service.

Health and social care professionals told us they worked closely with the registered manager and staff to ensure people received the correct support.

### Is the service caring?

Good 

The service was caring.

Staff were kind and caring.

People were involved in planning their care, and staff knew how to communicate with them.

Staff treated people with respect and dignity.

### Is the service responsive?

Requires Improvement 

The service was responsive.

People's care plans had been re-written and contained information about how they liked to be supported. However, there was further scope to increase people's independence and formally plan how they wanted this to be achieved.

Complaints were documented and responded to in line with the provider's policy.

The service had never supported anyone at the end of their life.

### Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

Feedback on ways to enhance the service was not consistently acted upon.

The registered manager completed a range of checks on the service. The provider had identified that they wanted to start to complete formal audits, but these had not yet been implemented.

The registered manager understood the regulatory requirements and was working to improve the service.

There was a shared vision for the service and the registered manager and provider wanted to work towards increasing

people's independence.

The service worked in partnership with a range of other agencies such as the local authority safeguarding and commissioning team.

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# Southfields

## 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 5 and 16 January 2018 and was unannounced. Two inspectors and an expert by experience carried out the inspection on the first day and one inspector visited the service on the second day to speak with the registered manager. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. We contacted two professionals who worked with the service before the inspection, and asked for their feedback.

We spoke with the registered manager, a representative of the provider and four members of staff and the cook. We looked at eight people's support plans and the associated risk assessments and guidance. We looked at a range of other records including two staff recruitment files, the staff induction records, training and supervision schedules, staff rotas and quality assurance surveys and audits.

During our inspection we spent time with the people using the service. We observed how people were supported and the activities they were engaged in. We spoke with three people and one relative.



# Is the service safe?

## Our findings

People told us and indicated they felt safe at the service. One person told us they could be anxious at times, and then said, "I speak with the staff and they reassure me, which helps." A relative told us, "I think [my loved one] feels safe here. We don't visit them as they are here so that we can have a break, so I can't tell you what goes on...However, they seem happy to come here, and we have not had any issues when they come home again."

At our previous inspection there were no door guards on the doors which led into the lounge area and fire doors had been propped open, this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This meant multiple doors would not automatically close in the event of a fire, leaving people at risk. People's personal emergency evacuation plans (PEEPs) did not contain the necessary level of detail to ensure staff were able to assist people to leave the service safely in the event of a fire. At this inspection the doors leading into the lounge were now fitted with door guards and no doors were seen to be propped open. Each person's PEEP had been re-written and now contained clear guidance on how staff should support people to leave in an emergency.

One person had recently moved into the service at short notice. Information from one of the provider's other services was being used to guide staff on how to assist the person. Although this information was accurate and represented the person's needs their PEEP did not detail how to assist the person to leave the service they were currently living at. We discussed this with staff and the registered manager and they agreed that the PEEP should be specific to the service. They confirmed on the second day of our inspection that this had been updated.

At our previous inspection risks relating to people's care and support had not always been assessed or mitigated. There was not sufficient guidance for staff regarding how to support people who were living with potentially unstable healthcare conditions such as diabetes or epilepsy. Some people could display behaviours, which were physically and verbally challenging. People's behavioural guidelines lacked detailed information to guide staff to manage incidents safely.

At this inspection we found that improvements had been made. Staff told us people's care plans had been re-written to ensure they contained the necessary level of detail. There was individual guidance for staff if people were living with epilepsy, regarding their seizures and what may trigger them. Similarly, when people were living with diabetes there was information for staff regarding signs if people's blood sugar levels were too high or too low and what action should be taken to return these to a safe range.

Some people displayed behaviours that could be challenging. Staff had identified potential triggers for people's behaviours, such as staff responding in an inconsistent manner or boredom and agreed responses to people's behaviours had been clearly documented. People's behavioural risk assessments were reviewed regularly and after any incident which occurred, to ensure they always contained the correct information. A health care professional told us, "The service at Southfields has been very supportive in managing risk issues and providing person centred care for the client."

The registered manager told us they learnt from any incidents which occurred. A member of the public had gained access to the service. Following this incident all staff had completed a de-brief interview with the registered manager and they looked at their response. The registered manager told us they were proud of how staff had dealt with the situation and felt confident that due to the lessons learnt each member of staff would be prepared if a similar incident happened again. Window restrictors had been placed on all downstairs windows to prevent anyone from gaining access again.

Staff knew how to recognise and respond to abuse and the registered manager had reported any potential safeguarding concerns to the local safeguarding team. A healthcare professional told us via email, "They [the registered manager and staff] have reacted to...any risks, reporting concerns, safeguarding issues and seeking additional support/ staff if required to ensure people's needs are met well." People accessed the service for short periods of time, so staff liaised with people's families regarding any potential injuries or bruising to ensure people were protected from harm.

People told us that they received their medicines as and when they needed them. One person said, "The staff look after my medicines. I am happy for the staff to look after my medicines. I would mess them up if I looked after them myself. I always have my medicines when I am meant to." A relative told us, "They seem to be on the ball with medication. The medication...is recorded in and out. We haven't had any problems with this."

Different people arrived at the service and left most days. The provider had recently introduced a new medicines policy, asking families or carers to come with people's medicines to check them in, and ensure all the information was accurate and up to date. One relative dropped off their loved ones medicines during the inspection. Medicines were stored securely and at a safe temperature. During a handover each day senior staff counted the medicines stored on site to ensure there was the correct amount, and they had been given as prescribed. Medicines administration records (MARs) were fully completed, indicating people had been given their medicines as and when they needed them.

People told us there was enough staff available at all times. One person said, "There are enough staff. I can do things for myself." There were three care staff working at the service on the day of the inspection which consisted of a team leader, a permanent member of staff and an agency member of staff. One of the people living at the service also received one to one support from staff who came to the service, but were not employed by the provider. Staff were not rushed and throughout the inspection staff spent time with people chatting and assisting them when needed.

As the number of people who used the service changed frequently, staffing numbers fluctuated to be able to accommodate the additional people. On the first day of the inspection, there were more staff in the afternoon as there were more admissions later on in the day.

The service had carried out appropriate pre-employment checks for new staff which included disclosure and barring checks, references from people's most recent employers and ensuring that people had the right to work in the UK. Staff were asked to complete an application form when applying for positions detailing their full past employment history and the manager kept records of interviews to assess whether staff were suitable for the post.

The service was clean and free of unpleasant odours. Domestic staff carried out cleaning of all areas Monday to Friday and care staff carried out the cleaning at weekends. Staff completed cleaning schedules to demonstrate which areas had been cleaned each day. There was handwashing guidance available for staff around the home and included in the infection control policy. Staff had received training in infection control.

There were cleaning schedules completed daily and weekly in the kitchen to ensure that the kitchen was kept clean and suitable for preparing food. There had been a recent food safety visit which had scored the service a five, which is the highest score. Monthly infection control audits were carried out. The most recent was carried out in December 2017 and no concerns had been highlighted.

## Is the service effective?

### Our findings

At our previous inspection, areas of the service appeared 'dated' and the registered manager had told us the provider planned to update all areas of the service but a confirmed date had not been arranged. We identified this as an area for improvement. At this inspection some modernisation had been started. However, the provider's maintenance team had been slow to act when issues had been identified, and this had an impact on people.

The flooring in the dining room had been removed and was due to be replaced. However, when the flooring was removed, it was discovered that there was damp underneath, which needed to be rectified before the new flooring could be laid. There was asbestos in the floor and this had become exposed due to the decay caused by the damp. This had been identified at the beginning of December and had still not been resolved by the time of our inspection. The registered manager had completed a risk assessment regarding the asbestos and in the short term, the dining room tables had been moved into the lounge. The dining room had been closed to people and relatives. Staff had rearranged the furniture in the lounge to accommodate the tables, meaning that there was one communal area for everyone to use. Staff told us this had affected people's independence, as they were no longer able to collect their meals from a hatch in the dining room, and easily see their food before they chose what they wanted to eat.

The front door of the service was broken when we arrived at the service. This had been broken since November and was fixed on the first day of the inspection. This meant that people and visitors had to use the back door of the service to enter and exit the building. This had caused some inconvenience for staff having to let people into and out of the building. The registered manager told us, "It is not only the disruption, it is the distress it caused service users as using a different door was outside of their usual routine. I have no doubt it caused a bit of impact."

People who used the service and staff told us that it often took a long time for environmental issues to be resolved. We asked one person if things were fixed quickly when they were broken, and they responded, "No." We saw that the registered manager and staff had raised issues as they arose with the facilities management service, however they did not always respond in a timely manner.

The provider had failed to ensure that action was taken in a timely manner to rectify environmental issues and ensure the premises was properly maintained. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The needs of people had been considered and the premises were suitably adapted and included having overhead hoists in some rooms, baths with hoists, shower chairs and hand rails. Bedrooms all had profiling beds which could be adjusted for each person. There was one shower room upstairs which people were able to use independently if they were able. There was a large garden which people were able to use. There were raised flower beds and garden furniture for people to use. There was a sensory room available which had an overhead hoist for people who required a hoist for transferring. There was soft lighting, bubble tubes and things for people to touch. There was also music which could be played through a sound system. Staff told

us that people with profound needs enjoyed using the sensory room and found it relaxing.

At our previous inspection there was a lack of guidance for staff regarding people's medical needs. Staff relied on verbal information received from people's relatives or permanent carers and as people accessed the service for short periods of time there was a risk that this essential information could be missed. At this inspection, the registered manager and staff had re-written people's care plans to ensure there was increased guidance regarding how people should be supported with their healthcare needs. Relatives also visited to drop off people's medicines and any important information that staff should be aware of was documented then.

Relatives told us they felt confident staff would seek appropriate assistance if their loved ones became unwell. One relative said, "It helps that the staff know [my loved one] now. They haven't had any medical issues when staying here, but I feel confident that the staff would respond if needed." When people stayed at the service for longer periods of time they were supported to see healthcare professionals as and when needed. One person told us, "The staff have taken me to see my GP. I have had one eye test. I wear glasses, and my eyes are fine. If I felt I needed an eye test I would tell the staff and they would sort it out."

Staff and the registered manager worked with a range of health care professionals such as speech and language therapists and mental health nurses to ensure people received the support they needed. All recommendations were clearly recorded so staff knew how to support people on each stay. One professional told us, "The service have supported me on visits to meet with the client and assisted in a positive manner to follow up the input."

Staff received an induction when they joined the service. This included completing the care certificate as well as being orientated to their new role. One of the team leaders had responsibility for monitoring staff training and had a training matrix in place which showed the training that people had completed and what staff needed to refresh their knowledge with. Staff were asked to complete mandatory training requirements such as moving and handling, first aid and infection control however staff were also able to undertake additional courses such as epilepsy awareness.

Most training was accessible by e-learning but staff also had the opportunity for face to face training and distance learning. There was a training week booked during the second day of our inspection, where the service was not accepting people for the week and staff were asked to attend training sessions which were important to their role, including an autism awareness course. All staff were invited to attend this course including kitchen and domestic staff. Staff met regularly on a one to one basis with a senior member of staff to reflect on their practice and discuss their professional development.

Before people started using the service they were invited to attend tea visits to meet staff and get to know them before staying for the first time. A full care plan was written, with input from the person and people that knew them well such as their relatives. One person had come to the service at short notice and staff were using the care plan from one of the provider's other services. This accurately reflected the person's needs. One social care professional praised the work that had been completed by the registered manager when young people started using the service for the first time. They told us, "For young people that are new to the service they have supported a good transition plan to help to settle them in."

There was a rolling four week menu which people were able to choose their meals from. Those that were able were given the week's menu at the beginning of the week and confirmed whether they wanted the main option or an alternative. There was an alternative menu which included vegetarian nuggets, pizzas and burgers. People discussed the menu at regular 'service user meetings' and their suggestions were

incorporated into the menu planning.

Staff in the kitchen had a good awareness of people's needs and kept a record of people's dietary requirements in the kitchen which was easily accessible by all staff. This included information such as, 'Can't eat pork due to religious reasons' and 'diabetic.' The cook was given a list of all the people who were staying at the service each day so they could adapt the menu accordingly. On the first day of the inspection they explained they were changing the dessert that had been advertised as they knew that people would not like the main option and would prefer an alternative.

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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS for people and these had been authorised by the local authority.

Most people only stayed at the service for short periods of time. However, the registered manager had assessed each person's capacity and applied for DoLS if they were unable to consent to their stay. None of these had yet been authorised by the local authority. Some people were staying at the service for longer periods of time, and they had consented to doing so. Staff had been involved in best interest decisions relating to people's care and support when they needed assistance to do so.

Staff encouraged people to make choices and had an understanding of the MCA. When they offered people drinks they always asked if people would like tea or coffee, or a cold drink such as squash. People were able to choose where they spent time and what time they would like to get up or go to sleep.

## Is the service caring?

### Our findings

People told us and indicated that they felt staff were thoughtful and acted in a caring manner. One person told us, "The staff listen to me and are nice." People were relaxed in the company of staff and approached them throughout the inspection.

Staff treated people with kindness and compassion. One person told us that when they were upset staff were, "Sensitive with me about it" and offered them reassurance and support. During the inspection, one person became anxious and started to ask about their family. Staff listened to the person and calmly explained that they would be seeing their family tomorrow. They signed home, to further emphasise the person would be going home the next day. The person responded to staff by taking their hand and staff walked with the person around the lounge. The person was visibly more relaxed after this conversation with staff.

When people required support, staff provided it in a gentle and caring manner. One person was enjoying eating their lunch. When they had finished staff leaned over and quietly said to the person, "Let me just wipe your face." Staff acted in a discreet way and unobtrusively ensured that the person was left in a dignified manner. People told us, and we observed that staff were respectful and knocked on bathroom and people's doors before entering.

Staff spent time with people and gave them the support they needed. One person was supported to pack some of their belongings. Staff clearly outlined to the person the task that needed to be completed, and gave them encouragement and praise throughout. There was a relaxed atmosphere and staff chatted with the person about their different belongings throughout.

People showed us their rooms at the service. When people stayed at the service for short periods of time they were able to choose their favourite bedroom to stay in and bring things from home if they wished. One person who had been at the service for a longer placement told us, "When I moved here I brought my own things. I have my own duvet cover. I live in a flat. I have a bedroom, living room and bathroom. I am happy with it."

Some people required additional support to communicate. Staff used signs and symbols to assist people's understanding wherever possible. The registered manager told us they were in process of introducing a 'sign of the week' to further increase staff's knowledge of different signs. There were pictures displayed of the staff at the service and activities on offer to reinforce people's understanding. Staff told us they usually displayed the menu so people knew what was on offer at meal times, but due to works being undertaken in the dining room they were having to speak with people individually instead.

People were involved in planning their care. When people came to stay at the service they were asked their views and how things could be improved. When people required additional support with planning their care their relatives and other people who knew them well, such as their care managers were involved to ensure their needs were fully known.

Staff knew people well and planned different activities depending on who was staying at the service at a particular time. For example, some people liked trains and a trip to a local narrow gauge railway had been arranged. Staff told us people had a, "Great day" and had really enjoyed themselves.

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially.



## Is the service responsive?

### Our findings

At our previous inspection people's care plans had been generic and lacked enough person specific detail which meant people were risk of receiving inappropriate care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Support plans were not individual and were written in a generic format. Care plans had focused on people's basic needs and little information was provided about people's histories or personal preferences. Information focused on what people could not do, rather than what they were able to do to encourage them to remain independent.

At this inspection, some improvements had been made. People's care plans had been re-written and now contained information about people's likes and dislikes and things that were important to them. They also contained detailed information regarding how to support people with specific tasks, such as washing or showering and how they liked to be supported to go to bed. When people needed support with moving and handling there was detailed information regarding the type of sling they needed and how staff should support them effectively. People and those who were important to them, such as their care managers and loved ones had been involved in ensuring the information was accurate and up to date.

Although people's care plans had been re-written there was still further work that could be done to increase people's independence and support them to retain and learn new skills. Some people lived at the service and others accessed it for short periods of time. No consideration had been made regarding how to support people to learn new skills or increase their independence. Throughout the inspection we observed staff making drinks and providing food for people, but people were not given the opportunity to carry out these tasks for themselves.

The representative of the provider told us they planned to introduce new care plans which they felt would be more person centred. They showed us the draft plans, and the information people and staff would need to complete. They agreed that there were areas where people's independence could be promoted and felt the new care plans would encourage staff to focus on this area. These care plans had not yet been implemented, so this was still an area for improvement and something we will follow up at our next inspection.

People were supported to take part in a range of activities both inside and outside of the service. On the day of the inspection people were supported to take part in arts and crafts activities and played with cars and other hand held toys. People regularly went to places of interest in the local area and to local cafes and restaurants.

Staff told us about big events that they had arranged for people such as a Christmas party, Summer garden party and an Easter egg hunt. As the people staying at the service changed regularly, they told these required careful planning to ensure they were accessible to each person who used the service.

The service kept a file of compliments received which were for the service as a whole as well as for individual staff members. Thank you emails had been received from family members and care managers for the

support that they had given people. Comments included "Thank you for teaching me how to knit and craft."

All complaints had been investigated and responded to and actions to ensure that they did not happen again had been put into place. For example, reminding staff about the importance of responding to emails in a timely manner. There was an easy read version of a document which explained how to make a complaint in pictorial format on a notice board in the main corridor.

The service was not currently supporting anyone at the end of their life and had never done so in the past. As a respite service, it was unlikely they would do so in the future.

## Is the service well-led?

### Our findings

People, their relatives and staff all told us they felt the service was well-led. One person said, "I think the place is well run. The manager is chatty and helpful, and gets things done." A relative told us, "The service seems well run." A member of staff told us, "I think they, [the registered manager] is very fair and they will listen to you."

Although feedback on the management of the service was positive, the provider had failed to ensure that essential maintenance on the building had been completed in a timely manner. The registered manager understood their responsibilities regarding ensuring the premises were fit for purpose and had raised concerns with the provider's maintenance department regularly, however, action had still not been forthcoming.

At our previous inspection the service lacked oversight and improvement was not driven. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although people met with staff and surveys had been sent to ask people their views on the service, actions and areas for improvement were not always identified or implemented. At this inspection, improvements had been made.

At this inspection, we found that on the whole, improvements had been made. People were now asked to complete monthly questionnaires on the service. The questionnaire was produced in an easy read document, with pictures so that people were able to understand what they were being asked. The results for the previous month were displayed on a notice board in the main corridor. In November, 21 people had responded, 18 of those were able to tell the staff their views and the others were responded to by staff on their behalf, using observations from the time they were at the service. The survey covered areas such as food, activities, if people had enjoyed their stay and if they knew how to tell staff that they were unhappy. Responses to the survey were mostly positive with people responding either good or very good in all areas. Staff told us having the visual reminder of the results on the board ensured any actions were followed up. Residents meetings were also held monthly. Any actions identified such as suggestions for menus were ticked when completed and signed off at the next meeting.

The staff team met each fortnight and discussed people's care and support, any changes that needed to be made, following their recent stays. Staff also discussed ongoing environmental issues and the progress that was being made. Senior members of staff met separately each fortnight to discuss higher level issues. At a meeting between senior staff they had discussed feedback from a professional which stated, 'I have received feedback from younger client groups and families...they would like to see more activities happening.' Senior staff had discussed this and minutes showed they, 'Agreed the activities which could be offered were sometimes limited due to staffing levels, the number of wheelchair users staying and the amount of personal allowance service users bought in. Team leaders considered that they were doing their best given the constraints of staff.' There had been no actions identified as a result of this feedback and no action had been taken to follow up the concerns raised.

We discussed these concerns regarding activities with the registered manager and the representative of the provider. Neither of whom had been present at the meeting. They stated that the service always had enough staff, and they were disappointed with the response to this feedback. They said they would speak with the senior staff involved.

We recommend that the provider and registered manager ensures that there are robust systems in place to review all feedback received.

The registered manager and senior staff completed a range of checks and audits on the service. Regular health and safety and infection control audits were completed and any actions that were identified were completed and signed off at the next audit. Regular checks on medicines were completed and the registered manager sampled and checked people's care plans to ensure they contained the necessary level of detail. The representative of the provider told us they planned to introduce formal checks such as sampling care plans and completing observations on staff. This was documented on an action plan, and identified as an area of improvement, but had not yet been implemented. As such, we will follow this up at our next inspection.

At our previous inspection some documentation was out of date and lacked enough information to guide staff on how to provide consistent support. At this inspection each care had been written and now contained the necessary level of detail to guide staff clearly. People now had detailed care plans, risk assessments and communication passports in place. Staff regularly updated these when people's needs changed and they were reviewed each time the person stayed at the service. Documents and records were up to date and readily available and were stored securely.

Both the registered manager and a representative of the provider told us about their vision for the service. The representative of the provider told us they were working much closer with children's services run by the provider to achieve a, "Seamless transition from children to adult services." Both the registered manager and the provider's representative told us they felt there was work to do to increase people's independence and were working to change the culture accordingly.

The registered manager and staff worked in partnership with a range of professionals and other organisations. Each person using the service had been referred by a care manager (a social care professional responsible for co-ordinating their care) and staff liaised with these professionals regularly when people's needs changed. One professional told us, "I have worked very closely with [registered manager] and [staff]. They have been person centred in how they have supported [person] and have also had to manage risks that their behaviour poses to others. They have worked collaboratively with a multi-disciplinary team of professionals to risk assess, and support this person's needs and work towards a good plan for them...Joint working has been excellent."

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the registered manager had conspicuously displayed their rating on a notice board in the service and the provider had displayed the service's rating on their website.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider had failed to ensure that action was taken in a timely manner to rectify environmental issues and ensure the premises was properly maintained.</p>