

HMT Care Limited

# H M T Care - 48 Albany Drive

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 13 January 2016, was unannounced and was carried out by two inspectors.

H M T Care - 48 Albany Drive provides a specialist service for people diagnosed with neuro-disabilities, specifically Huntington's Disease. There were seven people living at the service at the time of inspection. They had complex communication and mobility needs.

The service is a large Victorian detached house in a residential area of Herne Bay. Some people had lived at the service for a long time and were becoming increasingly frail. Due to the deterioration in their condition the amount of personal care and support they needed had increased.

The service was set out over three floors. On the first two floors there were communal areas and people's bedrooms. Each person had their own bedroom which contained their own personal belongings and possessions that were important to them. On the third floor was the company office. There was a passenger lift for people who could not use the stairs.

There was a registered manager working at the service and they were supported by a deputy manager. They were also the registered manager of another service close by. 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. On the day of the visit the registered manager was not available. The deputy manager, staff and the provider supported us throughout the inspection.

The registered manager had been in charge at the service for a long time. They knew people and staff well. The deputy manager spent more time at this service managing it on a day to day basis and the registered manager supported her two days a week but spent more of their managerial time at the provider's other service.

The deputy manager and staff did not fully understand how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. They did consider people's abilities to give consent to complex decisions but there were some areas of people's treatment when their ability to consent had not been fully considered. This was an area for improvement. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLS applications had been made to the relevant supervisory body in line with guidance.

The care and support needs of each person were different and each person's care plan was personal to

them. Parts of the care plans recorded the information needed to make sure staff had guidance and information to care and support people in the safest way. People indicated they were satisfied with the care and support they received. However, some parts of the care plans did not record all the information needed to make sure staff had guidance and information to care and support people in the way that suited them best and kept them safe. Potential risks to people were identified but full guidance on how to safely manage the risks was not always available. This left people at risk of not receiving the interventions they needed to keep them as safe as possible.

Staff were caring and respected people's privacy and dignity. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff. Staff were kind and caring when they were supporting people. Some people were unable to communicate using speech so staff anticipated or interpreted what they wanted and responded quickly. The way that people communicated was not recorded in their care plans to guide and inform staff, for example one person raised their arm to say 'yes' this detail was not recorded in their care plan. Information was not presented in ways people found meaningful and accessible.

People were supported to have a nutritious diet. People, because of the condition they were living with, required a lot of extra calories throughout the day. Staff made sure people received all the food and drink and that they needed. Care and consideration was taken by staff to make sure that people had enough time to enjoy their meals. Meal times were managed effectively to make sure that people received the support and attention they needed.

People were supported to go out and about but activities, when at home, were limited. People were not fully involved in everyday tasks when at home so there was opportunity to increase people's levels of involvement and engagement. Staff did things for people rather than with them, so missed opportunities to empower people to do things for themselves so they maintained as many independent skills as possible.

The staff were effective in monitoring people's health needs and seeking professional advice when it was required. People received their medicines safely and when they needed them and they were monitored for any side effects. When people needed medicines on a 'when required' basis there was no guidance so that they were given consistently. People's medicines were reviewed regularly by their doctor to make sure they were still suitable. The provider was going to consider reviewing where medicines were stored.

People felt safe in the service. Staff understood how to protect people from the risk of abuse and the action they needed to take to report any concerns in order to keep people safe. Staff were confident to whistle-blow to the registered manager if they had any concerns and were confident appropriate action would be taken. The registered manager responded appropriately when concerns were raised. They had undertaken investigations and taken action. The registered manager followed clear staff disciplinary procedures when they identified unsafe practice. Accidents and incidents were recorded and appropriate action had been taken. The events had been analysed to look for patterns or trends to prevent further occurrences.

A system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit to do so. There were sufficient numbers of staff on duty throughout the day and night to make sure people were safe and received the care and support that they needed. There was enough staff to take people out to do the things they wanted to. New staff had induction training which included shadowing experienced staff, until they were competent to work on their own. Staff had core training and more specialist training, so they had the skills and knowledge to meet people's specific needs. Staff fully understood their roles and responsibilities as well as the values of the service.

Staff were receiving support from the registered manager or deputy manager through one to one meetings but the frequency of the meetings were not in line with the provider's supervision policy. Staff did not have the opportunity to regularly privately discuss any issues, their performance and identify any further training or development they required. Yearly appraisals were being held to make sure staff had the opportunity to review the first year and set work based goals for the next year.

There was a complaints procedure available. The complaints procedure was not produced in an accessible or easy read format that may be more suitable for people's needs.

There were quality assurance systems in place. Audits and health and safety checks were carried out but some shortfalls had not been identified and action had not been taken. The registered manager had formally sought feedback from people, their representatives and staff about the service. Their opinions had been captured and analysed but there was no action plan to show how the provider intended to address issues and suggestions to drive improvements within the service.

On the whole staff told us that the service was well led and that the management team were supportive and approachable and that there was a culture of openness within the service.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this 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?

The service was not consistently safe.

Risks to people were assessed but guidance was not always available to make sure all staff knew what action to take to keep people as safe as possible.

People's medicines were not always managed as safely as they could be.

Staff knew how to recognise and report abuse.

There was enough skilled and experienced staff on duty to make sure people received the care and support they needed. Recruitment procedures ensured new members of staff received appropriate checks before they started work.

The registered manager monitored incidents and accidents to make sure the care provided was safe.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effectively.

Staff received induction training and on-going training in relation to their role. Staff felt well supported by the managers but had not received regular one to one supervision. Staff were receiving annual appraisals.

Although best interest meetings had been held and Deprivation of Liberty Safeguards authorisations had been applied for and granted, not all mental capacity assessments had been completed in line with the Mental Capacity Act 2005.

When people had specific physical or mental health needs and conditions, the staff had contacted healthcare professionals and made sure that appropriate support and treatment was made available.

People were provided with a suitable range of nutritious food and drink.

**Requires Improvement** ●

## Is the service caring?

The service was caring.

Staff took the time needed to communicate with people and included people in conversations. However, guidance on how people did communicate was not available. Staff spoke with people in a caring, dignified and compassionate way.

People and their relatives were able discuss any concerns regarding their care and support. Staff knew people well and knew how they preferred to be supported. People's privacy and dignity was maintained and respected.

People and their families were involved in reviewing their care and the support that they needed. People had some choices about how they wanted to live but information was not provided in an accessible meaningful format.

Good 

## Is the service responsive?

The service was not consistently responsive.

People's care and support was not always planned in line with their individual care and support needs.

People were involved in aspects of their care and support. People's choices and preferences were considered in all aspects of their care. The staff were flexible and responded quickly to people's changing needs or wishes.

Staff were aware of people who stayed in their own rooms due to health needs or personal choice, and were attentive to prevent them from feeling isolated.

People indicated they would be able to raise any concerns or complaints with the staff and registered manager, who would listen and take action if required.

Requires Improvement 

## Is the service well-led?

The service was not consistently well-led.

There were systems in place to monitor the service's progress using audits and questionnaires. When issues had been identified action had not been taken.

Staff were aware of the provider's vision and this was followed through into their practice. The staff were aware of the service's

Requires Improvement 

ethos for caring for people as individuals and putting people first.

The registered manager and deputy manager supported the staff in providing compassionate and sensitive care for people, and provided a culture of openness and transparency.

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# H M T Care - 48 Albany Drive

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 13 January 2016 and was unannounced. It was carried out by two inspectors.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This was because we inspected this service sooner than we had planned to and we were responding to some concerns that had been raised. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we communicated with four people at the service. Some people could not talk to us so we spent time observing them and communicated using body language and signs. We spoke with, the provider, the deputy manager and five members of staff. We also spoke with the finance director, administrator and estate manager. We observed staff carrying out their duties, such as supporting people to go out and helping people with their lunch and drinks. We asked for visiting professionals opinions about the service and received replies from three of them

We reviewed a variety of documents which included four people's care plans, training information, staff files, medicines records and some policies and procedures in relation to the running of the service.

We last inspected H M T – 48 Albany Drive on 15 November 2013 when no concerns were identified.

# Is the service safe?

## Our findings

People indicated that the staff looked after them well and they felt safe. People were relaxed and happy in the company of the staff team and approached staff or indicated when they wanted something and staff responded quickly to them.

Risks to people had been identified and assessed but guidelines to reduce risks were not always available or were not clear. Some people were at risk of their skin becoming sore and breaking down because their mobility had reduced, people were sitting on special cushions and had special mattresses to protect their skin, but there was no information to tell staff the early signs they should be looking for that would indicate a person's skin was becoming sore and what action they would need to take. People's special mattresses were not checked to make sure they were set at the correct level that suited the person's weight and build. There was no information on how often people's position should be changed to reduce the risks of their skin breaking down. Most people, due to their medical condition, were at risk of choking. There was no instruction to say what to do for each individual if they did start to choke. People's needs were diverse. Some people were unable to stand so staff would have to respond very differently to a choking incident with each individual. Some of the experienced staff were able to say what they would do to make sure these risks were kept to a minimum but some staff were not so confident. There was a risk that staff may not take the correct action as they did not have the necessary information in the risk assessments to give them direction.

There was a fire risk assessment and an evacuation plan. Each person had a personal emergency evacuation plan (PEEP). The evacuation plan related to daytime circumstances, when there were more staff on duty and people were up and spending time in communal areas rather than all being in bed. Staffing levels dropped at night. The facilities manager agreed to write a separate evacuation plan giving instructions for a night time evacuation.

Care and treatment was not provided in a safe way for people because the provider did not have sufficient guidance for staff to follow about how risks to people were mitigated. This is a breach of Regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other risks had been assessed in relation to the impact that the risks had on each person. There were risk assessments for when people were supported to move using special equipment like hoists. These were detailed and explained how to move people safely and comfortably.

The staff carried out regular health and safety checks of the environment and equipment. This made sure that people lived in a safe environment and that equipment was safe to use. Regular maintenance checks were made on systems like the electrics and gas supply. The hoists which were used to support people to mobilise had been serviced to make sure they were in good working order. The building was fitted with fire detection and alarm systems. Regular checks were carried out on the fire alarms and other fire equipment to make sure it was working.

All medicines, apart from some creams, were stored safely in a lockable cabinet on the top floor of the

service in a small room. The worktop area in the room was limited and did not accommodate the medicine racks easily; the medicines cupboard door could not be opened easily when a second person was in the cupboard. Senior staff transported medicines to people in small pots, navigating up to three stair cases, a door and three locked gates. The site of the storage was discussed with the provider as an area for improvement. The provider agreed to review the site of the medicines storage and to consider how to give people some control of their medicines, for example, by providing storage in each person's bedroom.

Medicines were ordered and checked when they were delivered. Clear records were kept of all medicine that had been received into the service and administered. The records were up to date and had no gaps showing all medicine had been administered and signed for. Any unwanted medicines were disposed of safely.

Staff were trained in how to manage medicines safely and were observed administering medicines before being signed off as competent. Staff made arrangements for people to take their medicines with them when they went out for the day or went to stay with friends. Some people were prescribed medicines to use on a 'when needed' basis, which may be for pain or anxiety. There were no individual guidelines for staff to follow about how and when to give this 'when needed' medicine. This was important because some people were not able to tell staff that they were in pain or feeling anxious. We asked staff if people had individual 'when required' guidelines, they said no, they said we look for 'signs' that indicate that people might be in pain or discomfort. There was no information recorded as to what these 'signs' were. This was an area for improvement. After the inspection the registered manager told us that people did have 'when required' guidelines for medicines in place and did not know why they were not shown to us on the day.

Staff had received training in safeguarding adults; they knew the procedures in place to report any suspicions of abuse or allegations. They understood the whistleblowing policy, whereby staff should be able to feel supported to report concerns about other staff members in a way that did not cause them discrimination. Staff were confident to whistle-blow to the registered manager or the local authority safeguarding team. Staff told us they were confident that the registered manager would deal with any concerns they raised. A visiting professional told us, "The recent safeguarding concern was acted upon swiftly on advice of the District Nurse and other professionals working with the staff."

There were enough staff on duty to meet people's needs and to ensure their safety. Staff worked either early or late shifts and extra staff were deployed to support peoples' appointments and activities. The staffing levels had been reviewed recently, as a new person had moved in. Staff levels had been increased during the day and at night to make sure everyone had the support that they needed.

Staff were available and present in communal areas and ready to give people the support they needed. Staff did not appear to be rushed and followed a shift plan so they knew who they were supporting and what their responsibilities were on that day.

Care staff were supported by senior staff, a deputy manager, the provider and a registered manager. There was a cook, cleaning staff and an administrator who all supported the service so care staff could concentrate on supporting people.

There was an on call system for staff to use if they needed advice out of hours. There were no current staff vacancies and the staff team covered each other's leave and any sickness. Staff were checked before they started work at the service. They completed an application form and provided two written references as well as declaring they were fit and healthy to do the job. Criminal background checks had been carried out and the person's identity and qualifications had been checked.

## Is the service effective?

### Our findings

Staff had not all had regular supervision, (one to one meeting with a line manager). Supervision gives staff the opportunity to talk to a line manager about career development, training needs and any issues about the service, the people and their own performance. One staff's file contained a supervision agreement that they had signed stating they would have supervision every two months or six times a year. There were only three recorded supervision meetings for 2015. Another staff member had only two recorded supervision meetings for 2015. Staff did not have the opportunity to regularly privately discuss any issues, their performance and identify any further training or development they required. The provider was in the process of meeting with all staff for a yearly appraisal.

The staff had not received the supervision they needed to fully support them to carry out the duties they were employed to perform. This was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff attended some face to face and practical training but most of the training was by way of working through work books, answering questions and sitting a written test to check the staff member's learning and understanding. Staff covered basic training subjects as well as some subjects related to people's needs including Huntington's disease. The administrator tracked which staff needed to complete certain subjects and then arranged the courses.

New staff completed an induction using the work books which included fire safety, health and safety, moving and handling, infection control, food safety and safeguarding adults. New staff also had a tour of the building and looked at care records and policies and procedures. The provider had not introduced the Care Certificate for new staff, as recommended by Skills for Care, the training agency set up by the government to promote best practice. The provider agreed to look at the topics covered in the Care Certificate to enhance the current induction as this was an area for improvement.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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. The provider followed any requirements in the DoLS. The MCA DoLS require providers to submit applications to a 'Supervisory Body' to do so.

Staff had been trained about the requirements and principles of the Mental Capacity Act 2005 (MCA). Staff asked people for their consent before they offered support. People's capacity to consent to care and support had been assessed. If people lacked capacity staff followed the principles of the MCA and made sure that any decision was only made in the person's best interests. Some people had to make important decisions, for example, about medical treatment. When this happened information about the choices was not always presented in ways that people could understand. People's representatives had got together to decide if some treatment was necessary and in the person's best interest but there were occasions when this had not happened. A doctor had requested a person have a medical procedure. Staff followed this advice from the doctor without checking with the person (or their representatives if they lacked capacity) if they consented to this procedure. We discussed this with the provider who said they would review their MCA procedures.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Some people were constantly supervised by staff to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations. The applications had been considered, checked and granted for some people ensuring that the constant supervision was lawful.

Staff used different ways of communicating with people. They talked slowly, used gestures and hand signs. Staff put their hands out to touch people in a kind and gentle manner. Staff were able to understand people through body language, facial expressions, eye movements and certain sounds and supported people in a discreet, friendly and reassuring manner. There were positive and caring interactions between the staff and people. People were comfortable and at ease with the staff. When people could not communicate verbally, staff anticipated or interpreted what they wanted and responded quickly. Staff asked people if they were happy to do something before they took any action. They explained to people what they were going to do and waited for them to respond.

People were supported in maintaining a balanced and nutritious diet. People were given choices about the food they ate. Special diets were catered for by a chef who produced fortified foods with additional calories and meals for people who needed them. Staff worked together to ensure that everyone had sufficient high calorie intake as this was important for people's conditions. The amount of food and drinks some people had was monitored closely to make sure they were having sufficient calories and fluids to keep them as healthy as possible. Staff knew about people's likes, dislikes, allergies and how people's food should be prepared if they were not able to eat because of swallowing difficulties. People who had difficulty swallowing were seen by the speech and language therapists to make sure they were given the correct type of food to reduce the risk of choking. Staff understood people's eating and drinking needs. Some people needed staff support to help them with their meals. The staff members kept checking that they liked the food and that they were enjoying it. Staff took their time and did not rush the people when supporting them to eat. People's weight was checked at intervals to make sure that it remained stable.

People were supported to maintain good physical and mental health because the service worked closely with health and social care professionals. Staff followed plans devised by physiotherapists and speech and language therapists, which ensured that people remained fit and well as they could be. People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. When people had problems eating and drinking they were referred to dieticians. If a person was unwell their doctor was contacted. People were supported to attend appointments with doctors, nurses and other specialists as they needed to see them. Visiting professionals

went to the service on regular basis and were available for staff if they had any concerns. The staff responded promptly when people needed to see a doctor or to attend any other health related appointments. The registered manager, deputy manager, provider and staff understood about people's health needs. There was contact with the National Huntington's Disease Association so that staff could be kept up to date on any new developments. There was also contact with Guys Hospital genetic clinic and HMT Care ran the south east local support group for family members of people with Huntington's disease.

## Is the service caring?

### Our findings

People indicated they thought the staff were caring. People approached the staff in a relaxed and comfortable manner. People smiled and indicated that they liked the staff. They were able to let staff know if they were unhappy about something and staff immediately responded and took action to sort resolve the issue. Visiting professionals told us, "The staff have gained excellent knowledge of people's needs by from having regular communication with peoples family and health professionals. They said, "The staff expertise of Huntington's Disease makes a huge difference to the care provision in which dignity and choice is high priority". One member of staff said, "Everyone is very friendly and caring. People get everything they need. It's a home here".

Staff had built up relationships with people and were familiar with their life stories, wishes and preferences. People had a key worker. A key worker is a member of staff allocated to take a lead in coordinating someone's care. They were a member of staff who the person got on well with and were able to build up a good relationship. Whenever possible people were supported and cared for by their key worker.

Staff stopped to chat with people as they carried out their duties and they attended to people's needs promptly. Every time they walked by people they spoke to them to see if they needed anything. Staff spoke with people quietly and sensitively. When staff spoke with people they bent down so they would be on the same level as them. There was a calm atmosphere in the service throughout the inspection. When people did become distressed or agitated, staff spent time with them to find out what was the matter. When one person was upset a member of staff spoke to them patiently and clearly which resulted in the person becoming calm and engaging in a conversation. Staff listened to what people had to say and responded to them. Staff had the skills and experience to manage situations as they arose.

The interaction between people and staff was positive, caring and inclusive. Staff consistently took care to ask permission before intervening or assisting. They explained to people what they were going to do. There was a lot of engagement between people and staff. People, where possible, were able to express their needs and received the care and support that they wanted in the way they preferred.

Staff explained how they gave people choices each day, such as what they wanted to wear or eat, where they wanted to spend their time and what they wanted to do. Some people got tired very quickly and staff made sure that they had a rest when they needed one. People were supported to understand what was being said and were involved in conversations between staff. Staff gave people the time to relay what they wanted. The staff had a very good knowledge of the people they were caring for.

Staff told us how they supported people to maintain their dignity, privacy and confidentiality. Staff knocked on people's bedroom doors and waited for signs that they were welcome before entering people's rooms. They announced themselves when they walked in, and explained why they were there. People were clean and appropriately dressed. Their personal hygiene and oral care needs were being met. People's nails were trimmed and gentlemen were neatly shaved. This helped to promote people's personal dignity.

People's ability to express their views and make decisions about their care varied. To make sure that all staff were aware of people's views, likes and dislikes and past history, this information was recorded in people's care plans. Some people communicated in different ways, other than using speech. Some staff commented that 'people here cannot communicate', this was not the case as everyone was able to communicate their needs in a variety of ways. Staff knew how people communicated and usually responded to people's requests, signs and gestures. For example, staff told us that when a person raised their arm, this meant 'yes'. There was opportunity to research and develop more inclusive ways to support communication.

The way that people communicated was not recorded in their care plans to guide and inform staff, especially new staff. Staff had not explored ways of supporting communication, for example, using pictures or photographs. Staff said they had used a similar system in the past but not recently. The provider agreed that this was an area for improvement.

Information was displayed on a notice board near to the office. The information was written in text and relied on people getting to the notice board and being able to read the text at eye level. The provider agreed that there was room to improve how the environment supported communication, giving people more control. For example, people were not aware of who would be on duty that day, what the menu choices were or what activities were on offer because this information was not displayed in an accessible format in a place where everyone could see it.

## Is the service responsive?

### Our findings

Visiting professionals told us that the staff provided a very tailored, person centred approach to people's needs. They said that when concerns had been identified the registered manager and the staff team responded quickly.

People had assessments before they came to stay at the service. People and their representatives were involved in planning their own care. Assessments reflected their previous lifestyles, backgrounds and family life. It also included their hobbies, and interests, as well as their health concerns and medical needs. These helped staff to understand about people and the lives that they had before they came to live at Albany Drive. The assessments also included some information about how people wanted to remain independent with specific tasks and the areas where they needed support. Staff asked people and their family members for details of their life so they could build up a 'picture' of the person.

Each person had a care plan. These were written to give staff the guidance and information they needed to look after the person in the way that suited them best. The information and guidance in the plans varied. Some parts of the plans contained clear directions and guidance for staff on how to care and support people safely and effectively. The care plans gave the information on how move people safely using special equipment like hoists. Some care plans gave detail on how people liked to receive their personal care. For example, one care plan had guidelines in place about supporting a person to have a bath. If kept waiting the person became agitated. The care plan stated what bath the person preferred and that they preferred a male member of staff to support them. Staff were to make sure everything was ready in the bathroom before the person went in. The person liked to have a cigarette before their bath. When this routine was followed the person consented and enjoyed their bath.

Other care plans did not contain the information needed to look after people's specific needs. In some care plans there was no specific guidance in place about how staff should care for people. Details of people's preferred daily routines, such as a step by step guides to supporting the person with their personal care was not in place. One person's one care plan stated, 'Requires full assistance. Requires one member of staff'. Another said 'Requires partial assistance'. The plans did not detail what 'assistance' meant and explain the level of support people needed with their daily activities. The plans did not explain what people could do for themselves and when staff needed to assist.

When people required care and support to keep their skin healthy there was no individual guidance in place to instruct staff on what to do. Some care plans had been reviewed, but it was not always clear what information had been updated. Staff told us that they were kept up to date at the handovers and with daily notes. However, this information was not reflected in the care plan. Some plans were confusing and had not been adequately reviewed and updated to reflect people's changing needs. One plan initially stated that a person should be offered dietary supplements to prevent hunger and ensure dietary requirements were met. There was then a small handwritten note next to this stating that person was overweight and was on a diet and to give drinks instead of supplements. It then stated that the person was losing weight and 'fortification' products are used to combat this. This was not dated.

Another plan had been reviewed and said 'No longer mobile, uses a wheelchair. Has physio. Now fully assisted with food'. The plan was not personalised and did not contain any information about the impact this would have had on the person and how best to support and care for them. Other people required support and care to help keep their skin healthy there was no individual guidance in place to instruct staff on what to do to make sure this happened.

Staff said that they did not really use the care plans as information was difficult to find and some care plans were out of date. There was a risk that people may receive inconsistent care and support as care plans did not give detailed guidance for staff, information was out of date and staff did use them as a working document and tool.

The provider was not ensuring that person centred care and treatment was meeting the needs of people and plans had not all been regularly reviewed or updated. This is in breach of Regulation 9(1) (a) (b) (c) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People were given some choices about how they spent their time. There were some activities organised within the service. Staff spent one to one time with people doing exercises and massages. People's condition required staff to spend a lot of one to one time with them, to support them to eat the amount of calories they needed in a day. We observed staff chatting and making contact with people during this time. People also went out to do activities that they enjoyed. Some people liked to go out for meals. Some people had been on break to Blackpool which they had enjoyed and arrangements had been made to meet relatives during their stay.

Staff told us how they knew when people were unhappy or not themselves. There were some guidelines in the care plans to show how people would react by displaying certain behaviours when they needed reassurance or if something was wrong. Staff found out what the issues were and addressed them. Staff were responsive to people's changing needs throughout the inspection. When people asked for anything from staff they responded quickly. People did not have to wait. When a person appeared to be getting upset, the staff members reacted quickly and resolved the situation.

There was a written complaints procedure and a file with records of complaints, investigations and resolutions. All complaints were logged and investigated and responded to by the registered manager or the provider. The complaints procedure was not produced in an accessible or easy read format that may be more suitable for people's needs. This was an area for improvement.

## Is the service well-led?

### Our findings

Staff meetings were not held regularly. The last three staff meeting minutes were dated, July 2015, December 2014 and March 2013. Staff told us that they did not have regular staff meetings but would welcome the chance to get together and talk about any issues and suggest ideas to improve the service. An entry in the staff communication book stated that 'communication needs to be improved'. The results of the last staff survey from May 2015 showed that a total of 66.5% of staff were dissatisfied or very dissatisfied with communication at the service. Despite this no regular staff meetings and supervisions had been arranged. The deputy manager said she thought there had been two staff meetings in the last year but could not find the minutes that were now recorded in a book. Senior meetings had been held more regularly between the deputy manager, registered manager, the finance director, the facilities manager, the administrator and the provider.

People were asked on a day to day basis if they were happy with their care and support. People attended review meetings with their representatives to talk about the service and about how things were going. The deputy manager said "We use to have residents meetings but they are much less frequent now, we speak to people individually, this suits their needs."

A survey was sent out to people, their representatives and staff on a yearly basis to ask about their views of the service. The results were collated and a report produced. This report had not been publicised to people so they were unaware of the results. The results of the staff survey included 66.5% of staff were either dissatisfied or very dissatisfied with communication, 16.5% were dissatisfied with management of the service and 50% were satisfied with the training provided. Although this survey had been carried out between April and May 2015, there was no action plan to show how the provider intended to address these issues.

The deputy manager said that staff supported people to complete the written survey forms. There was a caveat with the results stating that staff had completed the surveys so the results may not be totally reliable. The results were all positive. The deputy manager said that in the past one person had used laminated pictures to point at to make choices but they did not use any communication systems currently. There was opportunity to develop some sort of similar system to gain people's views in a more meaningful way rather than using written surveys.

The facilities manager and maintenance man carried out checks of the environment including the water temperatures, the shaft lift and fire safety equipment. These checks were recorded with any action that was needed. The extraction fitted to the ground floor smoking room was regularly checked. The last check of the extraction and 'the impact on others' of passive smoking dated November 2015, recorded 'no change'. However, there was a smell of cigarette smoke throughout the house, on all three levels suggesting the extraction system may not be effective. The facilities manager said he had noticed this and had arranged for an engineer to review the extraction system. We will follow this up at the next inspection.

Records were not always completed properly or accurately. Some audits and checks of various records were carried out the managers. These checks had not identified that some of the care plans were not up to date.

We asked about checks made of the medicines records. Staff said that they looked at the records each day but did not record any regular checks. The checks should be recorded so that any required action can be followed up so improvements are made.

The quality assurance audits were not effective to ensure that all shortfalls in the service were recorded and appropriate action was taken. The systems to identify and assess risks to the health and safety of welfare of people were not detailed to show what measures needed to be taken to mitigate risks. The provider had failed to ensure that records were accurate or fully completed. This is a breach of Regulation 17(2) (a) (b) (c) (d) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Our observations of people and discussions with staff at the service showed that there was an open and positive culture between people, staff and the managers. The service's visions and values were to give people the care and support that they while keeping them safe. The managers and staff were clear about the aims and visions of the service. People were at the heart of the service and everything revolved around their needs and what they wanted. When staff spoke about people, they were very clear about putting people first. The provider and managers knew people well, communicated with people in a way that they could understand and gave individual and compassionate care. The staff team followed their lead and interacted with people in the same caring manner.

The registered manager, deputy and provider told us how they had learnt lessons from previous events and investigations and how they had changed and improved their practises to make sure people were safe and received the care and support that they needed. This was confirmed by visiting professionals. They told us that the registered manager and staff had been open and transparent and had accepted advice and made positive changes. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This is so we could 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. We had not received some notifications from the service. The registered manager was able to show us evidence that the notifications had been completed but had been sent to an out of date CQC email address. They took action to address this error and the notifications have now been received.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider was not ensuring that person centred care and treatment was meeting the needs of people and plans had not all been regularly reviewed or updated.</p> <p>This is in breach of Regulation 9(1) (a) (b) (c), 9(3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way for people because the provider did not have sufficient guidance for staff to follow to show how risks to people were mitigated.</p> <p>This is a breach of Regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The quality assurance audits were not effective to ensure that all shortfalls in the service were recorded and appropriate action was taken. The systems to identify and assess risks to the health and safety of welfare of people were not detailed to show what measures needed to be</p>

taken to mitigate risks. The provider had failed to ensure that records were accurate or fully completed.

This is a breach of Regulation 17(2) (a) (b) (c) (d) (e) of the Health and Social Care Act 2008 (Regulated Act)

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The staff had not received the supervision they needed to fully support them to carry out the duties there were employed to perform.

This is a breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.