Caretech Community Services (No.2) Limited

Orchard House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out this inspection on 15 and 16 December 2016. Orchard House is a service for people with learning disabilities and autistic spectrum disorder, some of whom may also have physical disabilities. The service is divided into two units one for six people and one for four people; at the time of inspection both were full. Each person has their own bedroom and the service is fully accessible with a passenger lift to the first floor.

At a previous inspection in November 2015 we found the provider was not meeting the requirements of the legislation by not undertaking robustly the local audits and quality checks carried out by the registered manager and staff within the service. We asked the provider to send us an action plan of how they intended to address this shortfall which they did. At this inspection we checked if these actions had been sustained.

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

People were not consistently safe due to organisational failings that failed to provide assurance that all checks on staff suitability were in place prior to them commencing work at the service. At local level service quality monitoring and audits had improved but organisational systems for monitoring the service quality on behalf of the provider were not sufficiently robust. They had not highlighted the shortfalls we identified in recruitment or the organisational delays in progressing maintenance work some of which was in relation to fire safety improvement.

Staff understood how to keep people safe from abuse and felt any issues they raised in relation to the conduct of other staff would be managed confidentially. In the event of emergency situations staff knew how to evacuate people safely, they practiced this through fire drills on a regular basis and we have discussed with the registered manager the need to keep under review the number of drills each staff member attends to ensure that all staff have participated during the course of any single year.

People lived in a well maintained environment that was decorated and furnished to a high standard, it was visibly clean and tidy and people were enabled with staff and relatives support to personalise their own personal space. Equipment checks and servicing were regularly carried out to ensure the premises and equipment used was safe. Fire detection and alarm systems were maintained. Remedial works to address issues however were delayed and we have addressed this elsewhere in the report.

There were enough staff available on each shift to be able to spend time with people and to enable and support people out into the community for activities they enjoyed. People enjoyed a range of activities that were suited to their individual needs, abilities and wishes. Risks to individuals from their environment or from their own behaviours or health conditions were assessed appropriately. These assessments helped

staff to understand how to protect individuals from harm and these were kept updated or amended whenever changes occurred. Accidents and incidents were monitored by the provider to see where improvements could be made to prevent future occurrence.

Staff were trained to meet people's needs and they discussed their performance during one to one meetings with their supervisor, records of these discussions were kept. Staff said that they felt listened to and supported; they received regular staff meetings and felt able to raise and discuss issues that arose.

People were calm and relaxed; staff were attentive and supportive to ensure everyday needs were met and showed interest in the things people wanted to show and tell them about. Staff showed understanding in managing challenging situations and took action to ensure people's dignity was not compromised as a result of their behaviour; people were given space and time to calm down. Individualised guidance was available to staff to help them understand how to work proactively with those people whose behaviour could be challenging to others. People told us about their experience of living in the service and said they were satisfied with where they lived and were happy with all aspects of the support they received from staff. The complaints procedure was available in a format suited to people's needs.

Staff understood people's individual communication needs to enable them to spend time with them and give them opportunities to meet and talk about their care and support and anything they would like to change or new goals they would like to achieve. Relatives told us that they were kept well informed and were consulted in regard to their relative's care and treatment plan. Staff monitored people's health and wellbeing and supported them to access routine and specialist health when this was needed. People ate a varied diet suited to their preferences and dietary requirements.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Eight people had been referred for or had received DoLS authorisations and the registered manager had a clear understanding of the criteria for making an application and ensured the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Medicines were managed safely by trained staff. People and their relatives were routinely asked to comment about the service and action was taken to address any areas for improvement.

We have made one recommendation for improvement:

We recommend that a competent person checks that all the radiators on the top floor are functioning properly specifically the one we have highlighted. Additionally a check of the ambient temperature of the room in question should be recorded to ensure this is maintained at a suitable level.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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?

Requires Improvement

The service was not consistently safe.

Recruitment processes at organisation level did not protect people from unsuitable staff.

Fire drills were held regularly but not all staff had taken part; this is an area for improvement. The premises were well maintained but remedial works took time. We have recommended checks to ensure radiators are functioning properly.

Staff understood how to protect people and keep them safe from harm or abuse. There were enough staff available. People were supported to take risks safely. Accidents and incidents were monitored and actions taken to minimise the risk of recurrence.

Is the service effective?

Good

The service was effective.

Formal support networks for staff through planned supervisions and staff meetings happened regularly. Staff received an induction to their role and essential mandatory and specialist training to give them the right skills and knowledge.

People were supported in line with the principles of the Mental Capacity Act 2005, people's capacity to make decisions in regard to some decisions was assessed and their consent sought by staff in respect of care and treatment tasks.

Staff understood people's communication needs. People ate a healthy and varied diet, and their health and wellbeing was monitored by staff that supported them to access health appointments when needed.

Is the service caring?

Good

The service was caring.

People got on well with each other. Some people had made friendships within the group and liked to spend time in activities with those people. Staff had time to spend with people and

supported them with their care and support.

People's privacy and dignity was respected and personal care support handled discreetly. Staff showed kindness and patience in their interactions with people.

Staff promoted people's independence and ability to do more for themselves. Staff supported people to maintain links with their relatives who felt they were kept informed and had an understanding of how to use advocacy if needed to ensure people's views were represented.

Is the service responsive?

Good

The service was responsive

People were assessed prior to coming to live in the service to ensure their needs could be met. People and their relatives were involved and consulted about their care and treatment which was kept under review.

People were supported to participate in a range of activities suited to their own preferences and abilities and enabled to widen their social circle at these events.

The complaints procedure was available in a format suited to people's needs. People were given opportunity to raise issues that affected them. Relatives felt confident of approaching staff with their concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Audits systems conducted at organisational level were not robust to highlight shortfalls that could affect safety and impact on the service. At local level audits were completed well to check service quality and highlighted any shortfalls needing to be addressed.

There was a registered manager in post who staff, people and their relatives found approachable and supportive. Staff said they felt listened to, and able to express their views at staff meetings. Staff practice was informed by policies and procedures that were kept updated.

People and their relatives were asked to give their views about the service and their responses were analysed and informed service development.

Orchard House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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 the 15 and 16 December 2016. The inspection was unannounced on 15 December 2016. The inspection team consisted of one inspector (accompanied by a shadowing inspector) because this was a relatively small service and people were given the opportunity to share their views with the inspector over two days.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at all the other information we held about the service, including previous inspection reports, complaints and notifications. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

We met all the people that lived at the service. Some people were able to tell us about their experiences of the service. Others had more complex communication needs so we used other tools to help us understand their experiences for example the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection we received feedback from six relatives. We also received feedback from two health and social care professionals who raised no particular issues of concern.

We looked at three people's care and health plans, risk assessments and medicine records. We also looked at operational records for the service including: staff recruitment, training and supervision records, staff rotas, accident and incident reports, servicing and maintenance records and quality assurance surveys and audits.

We last inspected this service in November 2015 when breaches of regulations were found.

Requires Improvement

Is the service safe?

Our findings

People told us that they were happy with where they lived. Relatives told us that the service was well kept and always clean and tidy. Some relatives visited unannounced and there were always staff available.

A social care professional told us that they had no concerns regarding the support staff provided to the person they represented.

The inspection found that people could be placed at risk however, because the recruitment process for new staff at organisational level was not being conducted robustly; with not all checks required by legislation in place before new staff commenced employment. During the inspection rather than view the staff files held within the service, which contained limited information, we requested to view recruitment files held at head office for three new staff at the service. When this information arrived at the service it highlighted that recruitment information held within the main personnel department was not well ordered, easily accessible or necessarily all in place.

We found shortfalls in all three files requested. For example, two files were without photographs or proof of identity, they also lacked health declaration statements or employment history information, all three shortfalls being key information that the provider is required to have in place in order to make the decision to employ an applicant and demonstrate they have carried out thorough checks. All files had a Disclosure and Barring Service (DBS) check (this checks whether the applicant has any previous criminal record). Two out of three files had two references, one file had only one reference, the provider's own recruitment policy required two references be obtained before employment. There was an absence of application forms, interview records and contracts to demonstrate the recruitment process was thorough at all stages leading to the person commencing employment. Some of this missing information was provided over the course of the day's inspection with one reference, one health declaration and two employment histories and one application form still missing.

We were concerned that where a DBS check had been unsatisfactory and the person had declared this to the provider, there was no clear evidence of the discussions that took place within the organisation, to look at risks associated with the person's convictions. . The provider failed to ensure that a safe recruitment process for new staff was in place and this could place people at risk from staff that might be unsuitable. This is a breach of Regulation 19 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) (RA) Regulations 2014.

The premises were clean tidy and provided a comfortable environment for people to live in. The downstairs area was warm and some of the upstairs bedrooms were also a comfortable temperature, we did find one bedroom which was a corner room and had two external walls, that was quite cold and the radiator in the room, which was obscured by a large settee, was not working. The registered manager said the person had a smaller freestanding radiator to supplement the other radiator, but that the person in the room often turned off their main radiator themselves. We felt the temperature of the room was lower than we would expect if the radiator had been on and we have made a recommendation about this.

We recommend that a competent person checks that all the radiators on the top floor are functioning properly specifically the one we have highlighted. Additionally a check of the ambient temperature of the room in question should be recorded to ensure this is maintained at a suitable level for the person who occupies the room.

Repairs were reported and routine maintenance was undertaken to address most repairs or identified shortfalls albeit in some instances slowly. We had noted some important maintenance and safety issues that had been identified to head office but not yet been addressed and with no completion date indicated, for example, replacement of some toilet seats. We have discussed this elsewhere in the report with regard to quality monitoring shortfalls.

Checks and servicing of electrical and gas installations were carried out at regular intervals, portable electrical appliances were tested and fire alarm and firefighting equipment was tested and visually checked on a weekly and monthly basis. Servicing of fire alarm and fire equipment was conducted. Staff knew how to evacuate people from the premises and each person had their own personal evacuation plan which had been checked by a competent person to ensure they were appropriate and met the requirements of fire legislation. Regular fire drills were held but not all staff had participated in a drill in the last 12 months; we discussed with the registered manager how this might be achieved with a large staff team and this is an area for improvement.

Each person had been assessed in regard to specific areas of risk for them, these took into account each person's specific needs and personal understanding of risk and danger. Measures were implemented to reduce the risk of the person coming to harm either from others, activities, or their environment. We reviewed a risk assessment for one person who liked to go swimming and highlighted some gaps in the detail it contained to the registered manager who agreed to review this as an area for improvement.

Risk from the building or environment were also assessed to ensure that people were protected by the measures implemented to minimise any risk to themselves or others. Guidance was provided to staff in respect of other emergencies that may require evacuation or relocation from the building in the event of emergency situations. All risk assessments were kept updated and reviewed on a regular basis. These were reviewed more often, if there were changes or safety concerns that impacted on the safety measures already in place.

Staff rotas showed there was sufficient staff on shift at all times during the day. Staff told us there were always enough staff available to support people with their personal care and support needs and to enable staff to spend time with people. At night there were two waking night staff in one building and one waking night staff in the smaller building. Although there had been some staff turnover, this was well within the expected range for staff turnover and the service was now fully staffed; any gaps in shift were covered through staff overtime, no agency staff were currently used and this improved continuity for people.

People received one to one support from staff but these levels would be assessed and discussed with relevant funding authorities and adjusted if a person's needs indicated they needed more or less support in some areas of their care. Recording of one to one usage was in place and we discussed with the registered manager how this could be improved to make clearer how time was utilised over and above what would normally be expected to be provided by staff.

People were supported by staff that had the knowledge to recognise and report any abuse. Staff were able to tell us about the signs of abuse, and how they would report their concerns and to whom; including those agencies outside of the organisation, such as the local authority safeguarding team. Staff received regular

training in protecting people from abuse so their knowledge of how to keep people safe was up to date. The registered manager was aware of their own role and responsibilities in safeguarding people from abuse and was familiar with the action to take if they needed to implement this procedure. Staff understood the whistle blowing policy. They were confident their confidentiality would be maintained and protected should they need to use this process.

Medicines were managed appropriately with only trained staff administering medicines, whose competency was routinely assessed to ensure their knowledge and skills around this were maintained. The registered manager and a few designated staff undertook the procedures for ordering, receiving and booking in medicines. People were unable to administer their own medicines and this was made clear in their care records, some people were encouraged to be more involved and popped their own medicines out of its packaging under staff supervision. People's medicines were kept in locked medicine cabinets in their bedrooms for which only staff had the keys.

Medicines were stored appropriately ensuring topical creams were stored away from oral medicines. Temperature checks of bedrooms ensured these did not exceed recommended levels that could impact on how effective the medicine was. Medicine Administration Records (MAR) charts were completed properly and a photograph of each person was provided with them to ensure the right medicine was administered to the right person. Some people were administered 'as required' medicines that they took now and then; a clear protocol was provided for staff about when these should be administered. A returns book was used to return unwanted medicines to the pharmacy.

There was a low level of accidents and incidents; these were recorded clearly and the registered manager monitored these to see if improvements could be made to measures around people's support already in place.

Good

Is the service effective?

Our findings

People said they were satisfied with the variety of meals they received; some people in the smaller unit prepared and cooked meals for themselves with staff support. Relatives told us they were happy with the quality and variety of food served. Comments included: "Whilst my relative is encouraged to eat a healthy diet, his preferences are always taken into account."

Staff were aware of people's individual specialist food requirements in respect of food allergies, types of food to avoid and the requirement for softer foods and thickeners for those with swallowing difficulties. Picture prompts were displayed to aid menu choices. In the four bed unit we noted written guidance for staff regarding food allergies for one person, but not for everyone affected with specific dietary requirements, the registered manager took immediate action to rectify this. Staff practice and knowledge of each person however, showed that they understood people's specific requirements and ensured these needs were met on a day to day basis. The risk of new staff not understanding people's requirements was reduced by the requirement of new staff to shadow shifts before working fully on shift and also their need to read about people's care and support requirements.

Records of meals people received showed that these were varied. Picture menus of favourite meals were posted on the dining room walls in the larger unit; people could select from these when helping with menu development. People's weights were recorded on a regular basis and a referral to the GP made if people's weight had increased or decreased. A relative told us that their relative had weighed significantly more when they first came to live at the service, but had lost weight gradually and was now an average weight, which was better for the health and mobility of that person. Staff helped people to eat healthy where possible but also respected people's choices in what they wanted to eat. Food or fluid charts were implemented for those people who were deemed to be at possible risk from poor nutrition or hydration on a short or longer term basis.

New staff attended a four day induction during which they attended training, this was a precursor to their probationary period during which they would aim to complete the fifteen standards of the Care Certificate which is a nationally recognised care qualification introduced in April 2015. During the probationary period staff completed most of their mandatory training in respect of fire, first aid, infection control, moving and handling, food hygiene, and safeguarding and other courses relevant to the needs of people, for example, epilepsy training. Staff told us that they felt supported and received regular supervision from a supervisor and annual appraisals for those staff who qualified for these.

For established members of the staff team there was a programme of refresher training in the same topics with opportunities to enhance their knowledge through completion of distance learning courses for medicines, end of life care and infection control. Staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Eight people had either approved authorisations in place or had been referred

for authorisations for a range of restrictions that included people not having capacity to leave the building unsupervised or the use of lap straps on a wheelchair. Two people were assessed as having capacity and not appropriate for DoLS; the registered manager understood when and for what reasons an application should be made and how to submit one.

People were supported by staff to make everyday decisions about for example, what they wore, where they ate, what they ate and what they wanted to do. Where people lacked the capacity to make some more important decisions for themselves around for example, the management of finances or their medicines the registered manager was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were supported by capacity assessments and made in the person's best interests.

Restraint was not used within the service but some people could on occasion display behaviour that could be challenging for staff to deal with. Staff were always mindful of protecting people's dignity at these times. We observed where someone had removed some of their clothing whilst experiencing a bout of anxious behaviour. The registered manager was quick to seek a blanket to provide a covering to the person and preserve their dignity until they could be calmed and allowed their clothing to be readjusted.

A health professional advised that they were unclear if staff continued to use behaviour strategies once the person was discharged from professional input from a consultant. We asked the registered manager about this and they confirmed all strategies were followed until they are no longer effective at which point a new referral would be made for input from professionals to review strategies and guidance to help staff. Staff completed specialised training in regard to managing incidents of behaviour and their responses were guided by clear information specific to each person. The registered manager monitored incidents of behaviour and this informed staff about possible patterns and trends so that appropriate advice could be sought from relevant professionals.

A health action plan was in place for each person and a record kept of all health appointments and contacts each person had with health professionals. Relatives confirmed that they were satisfied that their relative's health needs were being met and that they were kept informed of any issues regarding the health and wellbeing of their family member. Routine health checks with doctors, dentist and opticians were arranged, and where necessary referrals were made to other health professionals, for example psychology and the community learning disability team. Recently the registered manager was concerned by a sudden resumption of seizures in one person. As a consequence the registered manager and staff have implemented some very specific and detailed monitoring of the seizure episodes. This analysis will be very helpful in informing the epilepsy nurse and consultant looking after the person in trying to establish possible triggers.

Good

Is the service caring?

Our findings

People told us they got on well with staff. There was an easy relaxed atmosphere and exchanges between staff and people they supported were respectful, kind and appropriate.

A social care professional told us "They have done a lot of work with my client; they have supported and enabled the person to get back in contact with a relative after many years."

A relative told us "My family are very pleased with every aspect of the care that X receives from the manager and staff at Orchard House. When we recently asked X if he was happy there, he said 'I like it here, they look after me'."

Another relative said, "Whenever I visit I witness them engaging with the residents in a friendly and caring way and, most importantly, they seem to enjoy the work they do. There is a lovely family atmosphere at Orchard House which has been maintained ever since the current manager took over some years ago. The residents are always clean, well dressed and happy and my brother has thrived under their care." A third relative said, "We are always made to feel welcome there and our relative is always happy to go back."

People in the smaller unit were less dependent and we were able to talk with some of them about their life in the service. People were supported as required but enabled to be as independent as possible. People told us that there was a rota for undertaking some domestic tasks like keeping their bedrooms clean and tidy, helping out with their laundry and participating in meal planning, preparation and cooking for those who were able to. People thrived in an environment that helped them to explore their potential for learning new skills with no pressure or expectation and an understanding that this was at people's own pace and was something they themselves wanted to do. People got on with each other and chose if they wanted to be in each other's company when they were at home. Staff spent time to provide in house activity and stimulation to occupy people when they were not engaged in activities in the community.

The majority of people had relatives to advocate on their behalf but where this was not the case the registered manager was fully aware of how to access and use independent advocates should they be needed to help with decision making.

Relatives said they felt the staff kept them informed of important changes or events in their relative's lives and they were consulted about their care and support plans.

People's religious beliefs were recorded and people were supported to attend church if they wished to do so. People's end of life wishes were also recorded where these were known.

Staff supported people to make choices and decisions for themselves in their everyday lives and respected their choices. People made decisions about when they went to bed, what they wore, or did, whether they stayed in their rooms, where they ate and what they ate. People were comfortable in the presence of staff and sought their company and interaction with an interest or activity. Staff protected people's dignity and

privacy by discreetly managing personal care tasks. Staff were responsive to their needs, and adjusted support to suit individual requirements.

Bedrooms had been personalised with personal possessions and family photos and a décor that reflected people's personal tastes and preferences.

Good

Is the service responsive?

Our findings

A social care professional told us "I feel that staff actively seek out activities for my client, for which he has his one to one support hours for."

A relative told us "The manager always involves me in any decisions that have to be made for my relative; I feel part of his life as a result. I always attend his annual review and neither I nor his care manager ever have any negative comments to make." Another relative said, "We are very pleased with the way our relative is looked after at Orchard House. He seems to have lots of activities and looks to be well settled." A third relative said, "I have never witnessed anything of concern, I did once make a passing comment to a staff member regarding what training they had to use the emergency evacuation equipment, the staff member sought me out on another occasion and told me about the training they had had to use the equipment."

During the inspection one person said they did not want to go to activities that day. When we asked them later what sort of day they had had they replied "I have had a brilliant day, doing what I like in the peace and quiet, I have also been to the local store to pick up a few bits."

People were happy for us to view their bedrooms and were proud of their possessions and were excited about some of the things they had bought or their hobby of collecting specific things. They liked staff to talk with them about their specific interest, and we observed staff engaging in conversation with them about this and also taking the person out to purchase items. Staff had developed strategies for managing some people's passion for collecting specific items to ensure this remained manageable. People had their own weekly activity planner developed from an understanding of what they liked to do or showed interest in. The range of activities they took part in included walks, shopping trips, visits to the pub or local coffee shops, swimming, bowling, attending day centres for some, or a football related activity for others, attending a disco each week where they could expand their social circle and get to know people from other services. There were also special events, such as pantomimes.

People spent time with their key workers each month (a key workers role is to take a social interest in that person, develop opportunities and activities for them, take part in support plan development with the person and guide and inform other staff about the person). With their key worker they established personal goals they would like to achieve or work towards, these could be learning a new skill or doing something they had always wanted to do for example go to a special place of interest. Some people wanted to become more independent and were supported to develop the skills they would need to plan and shop for food they liked to eat and cook. They learned how to make drinks, snacks or meals for themselves. They were supported to learn how to keep their own room clean and tidy and to undertake responsibility for some or all of their own laundry needs. People were enabled to explore their potential for independence at a pace that suited their ability to absorb and learn new things. Peoples progress towards meeting their individual goals was monitored and once achieved new goals were added.

One person said that they had been away on holiday this year and plans were underway for this opportunity to be extended to everyone who would benefit from being away for a break. For some people this might be

just an extended day out to acclimatise them to different surroundings before trying them with longer stays. Everyone's experience would be tailored to their specific needs and was undertaken at a pace to suit them so as to ensure this was an enjoyable experience for all concerned.

Before admission to the service the registered manager carried out pre-admission assessments to make sure that they could meet the person's needs. We looked at this in detail at the last inspection and were satisfied with the arrangements in place. Since then no one new had moved into the service so we did not inspect this area again. There was evidence that where people's needs were beginning to change the registered manager was liaising with relevant professionals as to how these could continue to be met within the service.

Each person's care and treatment was planned and recorded in an individualised plan of care, this informed staff about what people needed and wanted in the way of support to live their daily lives. These plans guided staff in how they delivered support to the person around maintaining their personal care, social interaction, leisure interests, and night time support including continence management. Each person was also given future goals derived from discussions staff had had with the person and an understanding of what they liked and their potential to undertake new tasks or experiences.

Staff were able to describe the level of support and care provided to each person, they provided support consistent with each person's plan of care. Changes in their care and treatment were discussed with the person where possible and also with their relatives and representatives from their funding authority before these were put into place. People and their relatives were included in the regular reviews of their care and support needs.

There was a complaints procedure, this was available in a format that took into consideration people's varied communication needs and was displayed to remind people. We discussed with the registered manager how this format could be improved further and they agreed to look into this. There was a complaints log and the Provider Information Return sent to us told us that there had been no formal complaints received in the 12 months preceding the inspection. Staff met individually with each person on a monthly basis to ask about their wellbeing, and any concerns they might have. Anything raised during these meetings or at other times was reported to the registered manager for action. Relatives said they were confident of being able to approach the registered manager or other staff to express any concerns they might have, most said they had never had cause to raise a concern.

Requires Improvement

Is the service well-led?

Our findings

Relatives told us they were pleased with the support provided by the registered manager and staff. Comments included "She is a great role model for the staff who all, in turn, go the extra mile where residents are concerned." "I could not praise the current manager enough." And a third relative said, "The manager does spot checks out of hours to check things are OK."

At local level the service was well run and the registered manager had worked hard to address a previous requirement regarding the completion of internal audits by her and staff to ensure service quality was maintained. At organisational level, the provider had implemented a comprehensive system of quality monitoring and service audits through compliance team visits every six months, monthly visits from the locality manager and six monthly financial audits. These organisational audits had continually overlooked some important areas that impacted on people's safety, such as the robustness and safety of staff recruitment. The audits had not followed up on delays, at organisational level, in the completion of maintenance and repair works that had been reported appropriately by the registered manager or as a result of external contractor visit findings. For example, an action plan produced as a result of a fire risk assessment by an external contractor in December 2015 highlighted works that needed to be completed within a one to three month time period. These improvements related to measures that needed to be implemented to prevent fire spread and development. These works remained outstanding, nowhere within the organisation's central compliance monitoring had these delays been questioned or action taken to progress the works.

Similarly a request to tighten up toilet seats had been outstanding for six months with subsequent repeat requests from the registered manager for these works to be done. A specialist bath had been out of action since before February 2016 as it required a new part. Although people had access to another similar bath so were not placed at any inconvenience, these were examples of the type of maintenance issues that had been left to roll over month after month with no set date for completion or follow up within the organisation. People were not protected by organisational quality monitoring audits which had failed to identify shortfalls. This is a breach of regulation 17 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager showed us a new quality monitoring system that was currently being implemented, this should capture some of these issues in future but it was too early to assess how effective it would be.

At service level there were systems in place to review the quality of all aspects of the service. The registered manager checked on a monthly basis that records relating to people's wellbeing and some operational auditing were being completed. Weekly medicine audits, vehicle and wheelchair checks, catering, health and safety and cleaning audits were conducted by staff. For example, whether house meetings had taken place; or that people's care records had been updated and reviewed by relevant staff and that people had received regular face to face meetings with their key worker staff member. A key workers role is to take a social interest in that person, develop opportunities and activities for them, take part in support plan development with the person and guide and inform other staff about the person. The registered manager

listed any actions that needed to be taken as a result of audits, all of which were completed well.

Staff and relatives found the registered manager approachable and supportive. Staff were aware that the registered manager had an open door policy and was available for them to talk to at any time.

The registered manager promoted an open culture by making themselves accessible to people, visitors, and staff, and listening to their views. Staff told us that they felt communication was good; they said that they were kept informed of important changes to operational policy or the support of individuals. The registered manager attended manager meetings and gained much support from their peers and also from monthly meetings with the locality manager who they found easy to talk with and to approach with issues.

Staff attended regular staff meetings and felt able to add items to the agenda for discussion. A comprehensive record of the meetings was made and staff who could not always attend told us they had access to the minutes so knew what had been discussed and any changes they needed to be aware of. Staff said they had a detailed handover from shift to shift and read the communication book if they had been away for any length of time to catch up on any changes to people's individual support needs.

On a monthly basis the registered manager and staff were made aware of training that was available to them to undertake. Staff were able to access hard copies of policies and procedures if they needed to and these were kept updated by head office staff. Any changes to policy or procedure were brought to staff attention and they were required to read and sign that they had read about the relevant changes.

The registered manager understood her responsibilities to notify the Care Quality Commission of specific events but had not needed to do so in the last 12 months.

A system was in place whereby people and their relatives were routinely surveyed for their views about the service. On the whole the majority of relatives spoken with said they found communication from the service to be good and they felt informed of important issues at all times. People were given a personal one to one meeting each month with a staff member who knew them well and asked them about their support and care, whether they had any issues and whether they wanted to do anything different. Feedback from surveys and from one to one meetings, and accidents and incidents was analysed by the registered manager and action taken where necessary to address individual concerns or identify where trends or patterns were occurring.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who use services were not protected by organisational quality monitoring audits which failed to adequately monitor and improve services to ensure they met the requirements of legislation. Regulation 17 (1) (2) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People who use services and others were not protected against the risks associated with unsafe recruitment practices. Regulation 19 (3) (a).