Milewood Health Care Limited

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

Overall summary

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, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection. During the visit we spoke with six people living at the home, two care staff, the manager and the Commercial Director.

Hawthorn House provides accommodation for persons who require nursing or personal care. The service can support up to nine people who may have a learning disability. The service does not provide nursing care to those accommodated. There were seven people living at the home on the day of our visit.

The home has recently employed a new manager but they have not yet applied to be registered with the Care Quality Commission. 'A registered manager is a person

Summary of findings

who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law; as does the provider.'

People told us that generally they felt safe living at Hawthorn House. On occasions incidents had occurred which had resulted in people feeling unsafe or unhappy. We were told that these incidents rarely occurred and in the main were well managed.

Staff were trained in safeguarding vulnerable adults and discussions with staff confirmed that they were clear of what to do should an allegation be made. Recruitment records viewed contained the required information. This helped to protect people living at the home.

Training had not yet been provided in The Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) although any limitations on what people could do were recorded and were signed by people living at the home. This training will help to ensure that staff are clear of the processes to follow and can continue working within formal legal safeguards.

People said they knew how to complain and we saw information displayed to support them in doing so. Information about advocacy was also available.

The service had policies, procedures and systems in place which supported staff to deliver care effectively. People told us they were able to make choices and decisions although some people did tell us they had been unable to read their care records.

People were positive about their rooms and we saw that these were individually furnished and decorated. People also expressed positive comments about the food but felt that more choice could be offered. Menus were devised on a weekly basis with people living at the home.

We received mixed views about people's social and leisure opportunities and the manager confirmed that this was an area that she hoped to develop further. Relatives also felt that this was an area which could be further improved.

Staff received training and supervision to support them in their roles. Although not all of the training was up to date we did see evidence that training courses had been booked and staff confirmed that the training they received supported them in caring for people appropriately.

All of the people living at Hawthorn House told us they were well cared for. They were positive about the staff who supported them. They confirmed that they were treated with privacy and dignity and we observed this throughout our visit.

Some people expressed concerns regarding their spiritual needs being met and some people said that they would like a key to their door. This was rectified during our visit.

We found that people's health needs were responded to. Appropriate guidance and support was accessed where required. People were involved in daily living tasks at the home to promote their independence and they told us they could have family and friends to visit anytime.

Although people told us that they could express their views and opinions they did say that resident meetings were not held. Most people told us they would like to have these meetings and the manager commenced these during our visit.

People expressed concerns regarding the number of staff who had left and the management arrangements in place prior to our visit. We were told that the previous manager of the home had been absent and although senior managers had spent time in the service relatives felt that this had impacted as issues raised had not been responded to quickly.

The home has employed a new manager and additional care staff and said that they hoped this would provide stability for the home. As the manager was new to the post some of the quality management systems had not been fully implemented. Some of the records seen were in need of update and were poorly organised.

Systems to seek the views and opinions of relatives, people living at the home and key stakeholders also required development. This will help to ensure that people's views and wishes can be taken into account in regards to the way the service is delivered and run.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Most people told us they felt safe and we found that incidents of aggression were generally well managed by staff. The home kept clear records of any incidents and staff received training in de-escalation.

Training had not yet been provided in The Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) although any limitations on what people could do were recorded and were signed by people living at the home.

Staffing numbers had been reviewed and a manager and additional staff had been recruited as previously some concerns had been raised about staffing numbers at this home.

Requires Improvement

Is the service effective?

Some aspects of the service were not effective. Not everyone felt they had sufficient opportunity to participate in a range of social and leisure opportunities.

People told us that they liked the food. Menus were planned by people living at the home so that they all got to choose something on the menu, although some people said they would like more choice to be available. Mealtimes were relaxed and informal.

Staff received a range of training to help keep their skills and knowledge up to date.

Requires Improvement

Is the service caring?

People told us that the service was caring. They spoke positively about staff. We observed some warm and caring interactions between staff and those living at the home but we also observed some which may have a negative impact.

People told us they were involved in decisions regarding their care but did not always feel they were given sufficient opportunity to read their care records. Although advocacy information was displayed on noticeboards people were not always aware of how to access this.

Some people told us that they did not have a key to their room or access to church services. The manager took action to address this prior to us carrying out our second visit.

Good

Is the service responsive?

We saw some examples where the service was responsive. In the main people were supported to make decisions and choices. There were some areas where the home could develop their systems and practices further to gain feedback from people.

Good

Summary of findings

People's health needs were appropriately responded to. Advice and guidance from relevant professionals was sought where concerns had been identified. A health professional confirmed that the home was pro-active in raising issues.

People told us that their relatives could visit and that they could go on holiday to places of their choice.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well led. Although the home has a manager they have not yet applied to be registered with the Care Quality Commission.

Some of the records seen during our visit would benefit from review and updating and management systems could be further developed.

Although most people said they knew how to complain one person said that when they had raised a complaint previously that it had not been taken seriously. All relatives we spoke with confirmed that any concerns raised had been addressed to their satisfaction.

Hawthorn House

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 20905 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

We visited the home on 08 July 2014 from 9am until 5.40pm and on the 15/07/2014 from 9am until 11.30am. The inspection was part of the second test phase of the new inspection process that we are introducing for adult social care services.

The inspection team consisted of a lead inspector and an Expert by Experience, who had experience of learning disability care services and was accompanied by a supporter. 'An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.'

Before our inspection, we reviewed the information we held about the home which included the provider information return, a document sent to us by the provider with information about the performance of the service. We looked at notifications we had received and we contacted the contracts and commissioners of the service to seek their views.

We spent time observing care in the lounge area to help us understand people's experiences. We spoke with six people living at Hawthorn House, three care staff, the manager and the Commercial Director. We carried out a tour of the home looking at some people's bedrooms (with their permission), the kitchen, laundry and communal areas.

During our visit we looked at a range of records which included two care plans, three recruitment files, two people's medication records and a range of policies and procedures. We also looked at incident reports and staff training records.

Requires Improvement

Is the service safe?

Our findings

Five of the six people we spoke with told us they felt safe living at Hawthorn House. Some of their comments included; "I feel safe here. I can talk to staff here when I need to and they listen to me."

"Yeh I feel safe. I can talk to staff." However, some people living at the home raised concerns about an incident of aggression which had taken place the evening prior to our first visit.

One person said "I don't know if I feel safe, I can't give a straight answer." Later in the interview they said "I'm sure I'm being bullied by X, being threatened with violence. Staff don't listen to me about him."

Another person said "I got scratched last night. X did it. I don't like X. He's scratched me before. He shouted at me. A member of staff intervened. They were going to phone the police. They didn't. I would have liked them to."

The staff had logged this incident in detail and this was seen by the inspector. We saw that staff had recorded that the opportunity had been given for the police to be called and this had been declined. A further opportunity was offered following our feedback, however the individual chose not to proceed further. The manager had referred this matter to the local safeguarding team to be considered under their safeguarding vulnerable adults procedures.

Some of the people living at the home also referred to incidents involving one person. The incidents they told us about happened in the front room. They told us that when these incidents occurred they were asked to leave the front room by staff and to go to their bedrooms in order that staff could manage the incident. Comments included; "If someone is out of control, staff ask everyone to go up to their bedrooms so staff can deal with it" and "I feel I'm being punished when staff ask me to go to my room."

We spoke with the management team regarding this incident. They told us that there were very few incidents of aggression taking place. This was corroborated by records viewed during our visit and from the notifications received. The manager said that they would introduce a debrief session so that in future if an incident occurred people had the opportunity to express their views and feelings.

All staff had received training in non violent crisis intervention and they told us that in the majority of situations de-escalation and diversion was used. De-escalation and diversion is a method used to reduce the intensity of conflict or a potentially violent situation. Staff gave examples of diversion techniques which included taking someone for a walk outside and encouraging them to express their feelings so that they were given time and space to calm down. They told us that restraint was rarely used. We saw from incident records that where restraint had been used detailed records were held. These records ensured that incidents could be reflected on.

We looked at risk assessment records for two people. We saw these were comprehensive, personalised and were regularly reviewed and updated. Our discussions with staff showed that they were aware of people's risks and were able to describe how risks were managed. They understood the importance of keeping people safe.

The home had appropriate policies and procedures in place to help safeguard vulnerable adults. Any allegations of abuse or potential abuse were reported appropriately to the local safeguarding adults team and to the Care Quality Commission. Staff told us they had completed safeguarding vulnerable adults training. The staff we spoke with said that they would have no hesitation in reporting safeguarding incidents to management. Additional training in safeguarding vulnerable adults had been booked in September for four staff. We saw confirmation of this training during our visit. This helped to keep their knowledge and skills up to date.

Staff had not received training in the Mental Capacity Act (2005) or Deprivation of Liberty Safeguards (DoLS). There were no mental capacity assessments in the care records we reviewed. There was a section titled 'Infringements' which included decisions made for people's safety; for example, the front door being kept locked or knives being locked away. These infringements had been agreed and signed by people using the service and were in place so that risks to people could be minimised.

The manager told us that all of the people living at Hawthorn House had capacity and there were no formal restrictions currently in place. However, when we asked staff about this they were not clear of the process to follow when making decisions in people's best interests which meant that there was a risk of decisions being made without staff using proper legal safeguards. The manager agreed to arrange training for staff in this area.

Requires Improvement

Is the service safe?

We looked at the medicines records for two people. People told us that they received their medicines when they should. Medicines were stored, administered and disposed of safely in line with current and relevant regulations and guidance. None of the people living at Hawthorn House administered their own medications but we saw that each person had a risk assessment to check if they were able to do so. People confirmed that they were happy for staff to give them their medicines. Medication administration records were signed correctly with any refusal recorded. There were good systems in place to manage medicines.

We received mixed comments about the number of staff on duty. Three people we spoke with said that there were not always enough staff. However, others felt that staffing numbers were sufficient. The staff we spoke with told us that there were enough people on duty to keep people safe. They said that staffing levels had improved as a new manager and care staff had recently been employed at the home. The manager confirmed that two staff had been employed. One staff had started work and another was due to start once their police check had been received. They also said that additional interviews were due to take place later in the week for two additional support workers to cover both day and night shifts.

All of the relatives we spoke with expressed their concern about staffing at the home. Although they were complimentary about the staff employed they told us that the turnover of staff was high. Comments included; "They (Hawthorn House) don't manage to keep staff. They cannot staff it. Lots of staff leave and lots of new staff come and go. I just want continuity of staff."

"There seems to be sufficient staff when I visit but it is the continuity of staff. My relative was very upset as they thought they were the cause of staff leaving."

We were told that three members of staff were on duty throughout the day. We looked at rotas and found that on some days only two staff were working throughout the day. The managers told us that senior management were regularly based at the home and that they supported staff where gaps in rotas had been identified. Although this was evidenced on some shifts this was not always the case. This meant that there may not always be sufficient staff on duty to meet people's needs.

We looked at three staff recruitment records. On the first day of our visit we were unable to find two references for one of the staff members employed. We were told that one of the managers had this. However we were shown a copy of this when we carried out our second visit. All three recruitment records seen included an application form, two references and a police check. This helped to ensure that staff employed were safe to work with vulnerable adults.

Requires Improvement

Is the service effective?

Our findings

Although we saw some examples of people being offered choice and opportunity in relation to their social, leisure and occupational opportunities, we also found examples where people's social, leisure and occupational opportunities did not meet their needs.

The problems we found breached Regulation 17, 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 the report.

We spent time discussing people's social, leisure and occupational opportunities. People's day to day experiences seemed to differ. Some people went out less than others. Some people were able to go out independently, so could access social opportunities of their choice. However, others were reliant on staff to support them which meant that their social activities had to be more structured and planned. People said; "I don't do a lot now because I am retired. I watch TV and I play my CDs" and "I normally go to my bedroom and listen to music. Staff will decide if you can go out or not. I like swimming but I haven't been. We do get to choose where we go out." Another person said "No I don't go to college or a day centre. Sometimes I go out for lunch and tea."

We asked people if they accessed activities within their local community. People said; "In the village, there are two pubs to go to. Shop. Can go into York. Sometimes go to the coast, to Scarborough and that, enjoy it. Go to the pub for a meal. I go to the drop in centre just out of town. I go 1-2 days a week I do a music course there." And "I go on day trips. We've got a grey minibus here. I go to see bridges." Another person said "I have a season ticket for the football. I go into town and attend trips from here."

We observed people sitting in the front room with the TV on, and at the tables playing dominoes with a new member of staff. Some people seemed bored. One person said "Sometimes I get fed up, same old house, same old thing." Three people went out with a member of staff shopping for 1-2 hours in the afternoon. Two people were doing things independently outside the house. We also observed one person who was sat in his room listening to music. The staff member at home did not know that this person was still in the house. They seemed separated and we did not observe staff interacting with him other than to try to support us to interview him (which didn't happen as he had lost his hearing aid battery). He seemed to be left to his own devices. There was little evidence to show that people had been given sufficient opportunity to participate in occupational skills or to demonstrate how they were involved in activities within their local community. One person told us they loved swimming. When asked if they went swimming they said "Not while living at Hawthorn House." This meant that people did not always have access to education and activities that were important and relevant to them.

We spoke with relatives who told us; "My relative loves shopping. He gets loads of opportunity to do what he likes" and "I have some concerns about my relative getting out more. They have certain likes and dislikes. Sometimes they spend too much time cooped up. They could do a lot more socially based on their interests." Another person said "My relative is independent and can go out alone. They have a computer. They were going to start lessons but it never happened. They have a bus pass. They were going to come and visit. I don't feel the social issues are down to the staff more that my relative is complacent. It would be nice to see them access some voluntary work."

Management told us that they were hoping to improve people's social and leisure opportunities. They said that in addition to in house activities, company activities were also held which included "Milewood Has Talent" (a company talent show), a summer fete to mark the company's ten year anniversary was planned and sponsored walks for charity had taken place which people using the services organised.

During our observations we saw that people were able to make choices and decisions. Examples included how they spent their time and what they wanted to eat at mealtimes.

We saw people's needs had been assessed and individual preferences and choices were recorded in their care plan. We saw that people had signed their agreement to some areas of their care plans (parts of which were easy read), which included risk assessments and their monthly reviews. However, monthly reviews were not up to date and in some cases had not been updated since February and when we spoke with people living at the home two people told us that they had not been involved in discussions about their care records and were not able to view these. One person said "I haven't looked at my care plan. I wouldn't mind looking at it as they (the staff) write

Requires Improvement

Is the service effective?

everything down about you." And "I can't read. I can ask staff to read it to me." Another person said "Only the staff look at care plans. We don't look at them." A relative told us "I haven't been asked to read the care plan but I trust them (the staff)."

All of the people we spoke with said that they could tell staff if they felt ill and that they would ring for the doctor. We saw from care records that people had access to a range of health professionals. They attended regular check ups with their dentist, chiropodist, optician and doctor when required. People also had support from the community psychiatric nurse who supported the home in managing more complex behaviours. A relative told us "Health wise everything is ok. I am perfectly happy. They arrange appointments when they are needed."

People told us there was no information about advocacy services available. However, we saw that information regarding advocacy support was displayed on the notice board in the entrance foyer of the home. One person said that they had used an advocate previously and would like the opportunity to have this support again. The manager told us that they had applied for an advocate to support one individual but had not yet heard back from the support organisation. We were shown a copy of a service user meeting which took place on the 11 July 2014 where advocacy was discussed and offered. All of the people living at the home had declined the need for an advocate during that meeting.

People told us they liked their rooms. Two people showed us their bedrooms and said how much they liked them. They were individually furnished and decorated and personalised to their own individual tastes and interests. Some people had meaningful signs on their doors to help identify their rooms. For example, one person was a Leeds United fan and we saw that they had personalised their door with memorabilia. They confirmed that they had chosen the colours in their room and were happy with it. Other rooms we looked at were similar in that they had been decorated and personalised with items of their choice. However, we found that signage around the home was poor with little to identify where bathrooms and WC facilities were. One person expressed their dissatisfaction that the dining room and lounge had been decorated without the consultation of those living at the home and said the décor was staff's choice not their own.

We spoke with a relative who told us that the door to their relative's room meant that accessibility in an emergency could be very difficult. For example if their relative required a stretcher or wheelchair. They said that the provider had discussed changing the door so it opened the opposite way. This work was completed during our visit.

People reported different experiences of mealtimes. People told us; "We have dinner at 12 and tea at 5pm. We get a cooked dinner and tea. We just get what we are given. It is a surprise what you get." However they also said "I made a chocolate cake and I made a curry and put peppers in it." And "The food is alright. We choose. We go out and get it. I can't use the cooker because it's gas. Staff do it. We get a takeaway once a week on a Saturday – cheeseburger and chips. They (the staff) do meals and we wash up. Can help yourself to drinks whenever you want to. We're allowed to make our own drinks." Another person said "Don't get a choice of what to eat. Early on we had two choices but we don't no more. Only have one choice. I think we should have two choices. Sometimes they encourage you to eat healthy. We can have dinner at any point. You get a decent size plate of food. You can help yourself to food, you just got to tell the staff."

We observed the dining experience during our first visit. Some people were offered a choice at lunchtime but others were offered one option. People chose who they wanted to sit with and meal times were relaxed and informal. None of the people living at Hawthorn House required support during the meal time. We asked if specialist diets were catered for. We were told that one person was a tablet controlled diabetic. They had attended a healthy eating course with support from staff and we were told that their diabetes was well managed.

We looked at the menus. Each week staff discussed what people wanted to see on the menu. Everyone got to choose something they would like. We observed people helping themselves to drinks and snacks throughout our visit.

We looked at records of staff training to check that staff had the appropriate skills and knowledge to care for people effectively. All new staff received an induction when they commenced work. We looked at one of the induction packs for a new starter and we saw that their induction was in progress. The staff we spoke with confirmed that they had received an induction and they told us that when they

Requires Improvement

Is the service effective?

started work the first shifts worked were observation as they were not counted as staff members. This allowed them time to read up on policies and procedures and to spend time looking at care records.

We asked for a copy of the staff training matrix. We saw that training was provided in a range of topics which included safeguarding vulnerable adults, first aid, food hygiene, health and safety, fire, moving and handling and non violent crisis intervention. However, the home's policy on training stated that training in these core subjects was updated annually and we did see that some of this training was not up to date. We were shown training plans which detailed how these gaps were going to be addressed and many courses had already been booked.

In addition to the core training provided, service specific training was also provided. This included topics such as epilepsy, autism, Asperger's, abnormal psychology and care of the dying. Staff made positive comments about the quality of the training and said that the training supported them to carry out their roles effectively.

We asked staff if they received regular supervision. Supervision is time spent on a one to one basis with their manager where they can discuss their work, any training required and any aspirations. All staff confirmed that supervision was provided and we saw records to support this.

Good

Is the service caring?

Our findings

All of the people we spoke with told us that they were well cared for. Comments included "Staff knock on my door. They are polite. They ask me what I want to do. I choose how I want to spend my time. They are here to support you" and "You can sit down with staff and talk to them at anytime." Other comments included; "Staff are kind they listen to me" and "I get on well with all of the staff."

All of the relatives we spoke with expressed positive comments about the care provided. They said; "My relative receives good care. They are very happy. There are no issues, as my relative does the things that they want to do." And "My relative is well cared for, no problems at all. The staff do the best they can."

People chose when they got up. We saw that some people had chosen to have a lie in on the day of our visit. We observed people wandering freely around the home. During our visit we observed a number of positive interactions between the staff and people who lived at the home. There was a staff member present in the lounge. They spent time sitting with people at the table providing activities such as dominos and art work. However, once these activities were completed although staff were present in the lounge there was little interaction between themselves and those living at the home.

We observed a member of staff ask someone if they wanted to watch a dvd. The individual went to their room and chose a dvd. However, the staff member was unable to work the dvd machine and said 'sorry, you will have to watch it later' they did not make further efforts to offer alternative activities to this individual or to try and get the machine to work. This meant that a social opportunity was missed.

The staff we spoke with understood people's needs well. They were able to tell us about the individual needs of people and how they were supported. We observed warm and friendly interactions between those living and working at the home.

People told us they were given privacy. Comments included; "I get private time every night in my bedroom and I can go into the TV lounge to be on my own." "Yeh – go in my own bedroom."

Five people told us that they didn't have a key to their bedroom door. Comments included "Some of the other service users go in my bedroom. They're not allowed in but they come in anyway. We're not allowed a key in case we lose it." And "Staff won't let us have a key to the front door or room – they won't listen." Following the first day of our inspection the new manager met with people and asked them if they would like a key to their bedroom. Three people said they already had a key but three other people said that they would like one. The manager said that any person wanting a key would be given one. We saw minutes of this meeting which confirmed this.

Three of the six people talked about their spiritual needs. One person told us that staff took him to church. Another person said "I'm Church of England. I used to go to church but I don't go anymore. I've not been going since I've been here." One person said "I'm not allowed to go to church anymore – staff said I wasn't a true believer." From discussions with the manager and staff and from review of care records we saw that people's spiritual needs had been discussed and recorded. However we found that people had not always been given sufficient opportunity to change their mind or to review decisions which they had made previously. We looked at one person's care file who said that they would like to attend church. It said 'X is catholic. Please offer them the opportunity to attend church'. Although this had initially been offered (and declined), it was not something which had been reviewed by staff so they did not attend. We saw that the manager had taken action to address this issue when we carried out our second visit.

Good

Is the service responsive?

Our findings

We carried out our visit over two days. During our first visit we discussed a number of improvements which were required. It was positive to note that the manager had taken immediate action to respond to these issues for example, holding resident meetings, reviewing activities and giving people opportunity to hold keys to their rooms. We found that the majority of areas where we had suggested improvement on our first day had been addressed by the manager and responded to when we carried out our second visit to the home.

We saw that staff responded to people's health needs. Where concerns with people's health were identified the home sought appropriate guidance and advice from the relevant professionals. This was confirmed by a professional who we spoke with as part of this inspection.

We looked in detail at two people's care records. Care records reflected people's individual needs and choices. There was very little recorded about people's aspirations and goals and this may be something for the provider to consider.

People were given some opportunities which supported them in making decisions and choices regarding their everyday lives. Staff met with people weekly to discuss menus and to plan their activities for the following week. We saw that people had a planned programme of activities in their care files. We found that although people were offered choices and asked what they liked doing on admission to the home, the staff had not always given people sufficient opportunity to try new things or suggest previous areas of interests where these had previously been declined.

We saw that people were supported to be involved in daily living tasks such as washing up, food preparation and cleaning their rooms. We observed people washing up in the kitchen and saw one person planning to bake later in the day.

People were able to go on holiday and had visited countries abroad as well as attending a variety of holidays in the UK.

People told us they were able to have their friends and relatives visit them at the home. The relatives we spoke with confirmed this. One relative said "I visit weekly. If they (the staff) have any problems at all they ring me. They are very good and they keep me informed." People told us that their relatives visited and that they were able to keep in touch by phone. Comments included; "My parents come to see me and my sister. There is no payphone but I can use the staff phone if I want to. I have to ask them. I can phone my sister." and "I see my Mum every fortnight."

All of the people we spoke with during our visit said that resident meetings were not taking place. Comments included; "There has not been a service user meeting here – not had one since I've been here. Would like one so could bring up issues." And "We used to have a get together meeting but that's been called off. It was good only used to take 10 minutes." Another person said; "We have a residents group it hasn't met for a long time."

People talked to us about the holidays they had been on. Comments included; "Been on holiday to Filey for 10 days. Just me and staff." "I'm going on holiday to France in July. One of the staff is going with me. I've been before." Another person said "Got to save up for holiday. I went to Norway on a 4 day cruise some time ago." Another person told us they had been to Rome in the Spring.

People were asked if they liked their rooms. Comments included "I like my bedroom – it has a CD player and lot. Video and dvd player. I chose my own paint its blue and yellow. Carpet is blue – I chose that too." "I like my bedroom. I've got the downstairs room. I can't manage the stairs. I'm bad on my feet." This person showed us their room which was big and had lots of his pictures up. It was personalised to reflect their likes and interests. "Big enough bedroom it has an en-suite. Got everything I need. Bedroom is blue and yellow. It is lovely, my choice. Don't choose colours in lounge and kitchen, that's the manager and staff choice." Another person said his room had "Blue walls. Decorated before I moved in. Not been decorated since. Would like to decorate it." We did go into the room of the person we weren't able to speak to. His room clearly reflected him, and the things in it appeared to be chosen by him.

It wasn't clear whether people had to go to bed at a certain time. We observed people getting up when they wanted to during the day. One person said; "At one point we had to get up at a specific time to get washed and get meds but that was a while ago." However another person said "Have to go up to your room at 9.30/10.30pm because of sleep in staff."

Good

Is the service responsive?

All of the people we spoke with said that they knew how to complain. They said that they would go and speak to staff. A pictorial complaints procedure was available and we saw this was displayed on the noticeboard. When we asked people if complaints were responded to we received mixed opinions. One person said “Sometimes staff listen and sometimes they don’t. Sometimes they only want to listen to themselves.” Others told us that complaints were responded to. Relatives told us that when concerns had been raised previously they had been addressed to their satisfaction.

Requires Improvement

Is the service well-led?

Our findings

We saw that records were poorly organised and needed to be reviewed and updated. This included staff recruitment files where information was missing or difficult to find, staff training records and care records which had not always been reviewed and updated in line with the home's policies and procedures. This showed us that quality assurance systems at the home were not robust and required improvement to ensure risks were identified and quickly rectified.

The problems we found breached Regulation 10, 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 the report.

The home had gone through significant changes over the last 6 months. Some of the existing staff had left and a new manager had been employed at the home. The new manager had not yet applied to be registered with the Care Quality Commission. They did tell us that they hoped to start this process soon as they had only been in post for three weeks.

Relatives raised concerns about the management arrangements at the home. Comments included "The previous manager was absent for a considerable amount of time. I was concerned that no-one was in charge while they were off. When I visited the home there wasn't anyone I could speak to. I had an issue which I raised with the Operations manager but I didn't get the opportunity to speak with them until the following week. If I phoned the home previously the manager would always ring me back. The links just haven't been good enough, a lack of communication due to the management arrangements."

Due to current staff vacancies at the service the manager was working all of their hours on the floor and therefore had not had time to implement management systems at the home. A relative said "I have since been told that there is a new manager, it would have been nice to receive a phone call or a letter telling us this." Another relative said "I like the new manager, she is very approachable."

There were limited opportunities for people to be involved in a meaningful way in decisions about the home. For example when asked if people were able to attend residents meetings they said that they used to happen but had not taken place for a long time. People also told us that they did not feel able to contribute to discussions regarding their care records. We were told that a service users forum was held and that people from all of the services were able to attend these meetings.

We asked people if they knew how to complain. The majority of people said that they would tell staff but one person said "I complained previously. It was a long time ago but nothing happened."

We asked to look at the record of complaints and were told that only one had been received. We were shown a copy of the response to this complaint. Relatives told us that when complaints had been made they were dealt with to their satisfaction. One relative said "When I had concerns previously I met with the provider. It was dealt with promptly. The provider is brilliant."

The manager told us that satisfaction surveys had been sent out in January 2014. We spoke with relatives who told us that they had not received any satisfaction surveys since 2013. One relative said "We are not asked for our views and opinions." Relatives also told us that when questionnaires were completed they did not receive a summary of the findings or see what the service was doing in response. This meant that they were not kept informed of the outcome of the survey.

We saw that there were emergency plans in place for events such as fire. The manager told us that there was an on call arrangement at night so that additional staff could be summoned in the event of an emergency. The home had individual referral forms which contained basic information about the individual should they need to be admitted to hospital in an emergency. They did not have hospital passports. Hospital passports are specifically for people with a learning disability and they provide hospital staff with important information about them and their health when they are admitted to hospital.

We spoke with partner agencies prior to our visit. They confirmed that the home sought advice where necessary and worked well with other key stakeholders.

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	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **The registered person did not have effective systems in place to monitor the quality of service delivery.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services **The registered person did not provide appropriate opportunity, encouragement and support to service users in relation to promoting their autonomy, independence and community involvement.**

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.