

Lifetime Care Development Limited

The Grange

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



Overall summary

This inspection took place on 05 January 2016, was unannounced and carried out by two inspectors.

The Grange is a small care home for five people with learning disabilities and some complex and challenging behavioural needs. The service is in the village of Beltinge, a short distance from Herne Bay. There is a communal lounge and kitchen downstairs and bedrooms are situated throughout the premises. There is an office upstairs. At the time of this inspection there were four

people living at the service. Some people were more independent than others and able to make their own decisions, whilst others needed support and assistance from staff to remain as independent as possible.

There was registered manager working at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and like registered providers; they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Summary of findings

Safeguarding procedures were in place to keep people safe from harm. However, there had been a recent incident which had not been reported to the local authority safeguarding team. We discussed this with the registered manager who told us that this would be processed without delay. People told us they felt safe at the service and were able to tell staff if they had any concerns or something was wrong. All staff had been trained in safeguarding adults, and discussions with them confirmed that they knew what action to take in the event of any suspicion of abuse. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the registered manager, or outside agencies if necessary.

Risks to people were identified and measures to reduce the risks were in place. However, some risk assessments for behaviours that challenge did not always have full guidance recorded to ensure that staff had the information they needed to make sure people were being supported consistently and safely. This left people at risk of not receiving the support they needed to keep them as safe as possible. Accidents and incidents were recorded but had not been summarised to identify if there were any patterns or if lessons could be learned to support people more effectively to ensure their safety.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Authorisations to restrict some people's liberty were in place and guidelines were being followed to ensure this was being carried out in the least restrictive way.

The registered manager worked alongside the staff on a daily basis but there was a lack of regular one to one meetings with staff and there was no evidence to show that staff had received an appraisal to give them the opportunity to discuss their training and development needs. The registered manager told us that there had been a recent staff meeting but there were no minutes of the meeting available to confirm this had taken place.

Staff had received a range of training and were in the process of updating the required courses. Most of the staff had worked in the service for some considerable time and there had only been one recent staff addition,

who was in the process of completing induction training. Staff said they felt supported by the registered and deputy manager. There said they worked more like a family and were able to discuss any issues with the manager, who was approachable and listened to their views.

A system of recruitment checks were in place to ensure that the staff employed to support people had the skills and experience to carry out their role. Further details of how decisions were made to employ staff who may need to be monitored were not in place to ensure they did not pose a risk to people living at the service.

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 at all times. People said there was enough staff to take them out to do the things they wanted to.

Staff were caring and respected people's privacy and dignity. They treated people with kindness, encouraged their independence and responded to their needs.

Before people decided to move into the service their support needs were assessed by the registered manager to make sure they would the service would be able to offer them the care that they needed. People were invited to spend time at the service before they actually moved in so that people would get to know each other and the staff who supported them.

Each person had a care plan in place and the service was in the process of introducing a new format of personalised care planning. The current care plans contained detailed information needed to make sure staff had guidance and information to care and support people in the way that suited them best. People's likes and dislikes were recorded and how the plans had been regularly reviewed. People were supported to maintain good health and received medical attention when they needed to. Appropriate referrals to health care professionals were made when required.

Medicines were stored securely and administered safely.

People were offered and received a balanced and healthy diet. They could choose what they wanted to eat and when they wanted to eat it. People said that they enjoyed the food and told us what their favourite things were. People looked healthy and if guidance was needed about

Summary of findings

their dietary needs they were seen by dieticians or their doctor as required. People were supported to maintain a healthy weight and encouraged to exercise to remain as healthy as possible.

People's activities were listed and what they preferred to do but there were no clear goals as to what future aspirations they would like to work towards achieving. People's rooms were personalised and furnished with their own things. The rooms reflected people's personalities and individual tastes.

There was a new complaints procedure in place but this was not available in a format that was accessible to people who used the service. People did not have any complaints and staff told us that any concerns and issues were always dealt with by the registered manager, who was always available to address any issues. There had been no complaints during the last year.

The registered provider had not informed CQC of two notifiable incidents that occurred within the service. However, the service had contacted each person's care manager at social services and, where required, appropriate support had been provided by other health care professionals to make sure the people were safe.

Some checks, such as the testing of the fire alarm system, had been carried out on the premises; however further checks, such as auditing the care plans, health and safety, and in house medicine audits, had not been recorded. The registered manager told us that the premises were checked on a daily basis and if any shortfalls were identified these were addressed. However, the checks in place had not identified the shortfalls found during the inspection, and there were there were no reports following any audits to detail any issues found and the actions that may need to be taken. Minor repairs had been completed in the service and re-decoration of some areas had also been carried out, but there was no maintenance plan in place to show ongoing plans to refurbish the service.

People and relatives had been sent surveys to comment on the quality of the service, and positive feedback about the service had been received. However, there was no system in place to gather comments from health care professionals and staff to enable them to be involved in the continuous improvement of the service.

There was a file containing personal information about each person using the service, which included guidelines on how to move people out of the home in the event of an emergency of if they should they need to go to hospital. The registered manager told us that they were in the process of writing a business continuity plan to include all such information. The registered and deputy manager covered an on call system so that staff had a manager available for guidance and support at all times.

Staff told us that the service was well led, and they felt supported and by the registered manager who took action to address any concerns or issues straightaway, to help ensure the service ran smoothly. They said they worked well as a team and there was a culture of openness as the registered manger worked with them on a daily basis.

Although records were stored securely and confidentially, not all records were available at the time of the inspection such as staff appraisals and the minutes of staff meetings.

The provider had recently had all of the policies and procedures updated in line with the Health and Social Care Act 2008 regulations and were in the process of implementing all of the changes required. They recognised there were some shortfalls in the service and were working towards addressing these issues.

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.

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?

The service was not always safe

People had not been fully protected from harm as safeguarding procedures were not consistently followed.

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

Accidents and incidents were recorded and action taken, but these were not summarised to look for patterns or trends to reduce the risk of re-occurrence.

Recruitment procedures ensured new members of staff received appropriate checks before they started work but ongoing monitoring of staff was not in place to ensure that staff were suitable to work in the service.

Staffing numbers were maintained to a level which ensured that people's needs and preferences were met.

People's medicines were stored securely and managed safely.

Requires improvement



Is the service effective?

The service was not always effective.

Staff were supported by the registered manager on a daily basis but there was a lack of regular one to one meetings and annual appraisals to discuss any training and development needs.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and people's mental capacity to consent to care or treatment had been assessed and recorded.

New staff completed an induction programme when they first started to work at the service. There was on-going training programmes for staff and the majority of staff received the training they needed to provide the care people needed.

Staff were knowledgeable about people's health needs and supported them to maintain good health.

People were provided with a suitable range of food and drink to ensure they remained as healthy as possible.

Requires improvement



Is the service caring?

The service was caring.

Good



Summary of findings

People were treated with dignity and respect and staff adopted an inclusive, kind and caring approach. Staff took the time needed to communicate with people and always included people in conversations.

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 supported and respected.

The staff involved people in making decisions about their care and support.

Is the service responsive?

The service was not always responsive.

People knew about their care plans and were encouraged to be involved in planning their care.

Although care plan reviews took place, reviews of people's goals and aspirations were not well developed or actively pursued.

People told us they would speak to staff if something was wrong and staff would listen to them. The complaints procedure was not in an easy read format to make it more meaningful for people to use if they needed to.

People had a varied programme of activities, and staff supported and encouraged them to access the community.

Requires improvement



Is the service well-led?

The service was not always well led.

The registered manager worked alongside staff in the service and told us they made sure the service was running smoothly, however there were no formal checks in place to identify, record and action any shortfalls in the service. Therefore, there were no plans in place to evidence continuous improvement of the service.

The registered manager had not informed the Care Quality Commission of two notifiable incidents, in line with current regulations.

People and relatives had completed a quality survey about the service; however, health care professionals and staff had not been included in this process. The results received were very positive, but these had not been summarised and shared with people so that they were aware of the outcomes.

All of the policies and procedures had been updated in line with regulations and the registered manager told us they were working through these to implement the changes to improve the service. Although records were stored securely, some records were not available at the time of the inspection.

Staff felt supported and there was an open and inclusive culture at the service.

Requires improvement



The Grange

Detailed findings

Background to this inspection

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

This inspection took place on 5 January 2016, and was unannounced. The inspection was carried out by two inspectors.

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 reviewed the information included in the PIR, along with other information we held about the service.

We looked at previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with 3 staff members and the registered manager. We spoke with three people and looked at how people were supported throughout the day with their daily routines and activities. We looked around the communal areas of the service and some people gave us permission to look at their individual bedrooms.

We assessed if people's care needs were being met by reviewing their care records and speaking to the people concerned. These included three people's care plans and risk assessments. We looked at a range of other records, which included four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

We last inspected this service on 17 October 2013. At this inspection no concerns were identified.

Is the service safe?

Our findings

People told us that they felt safe at living at the service. People were relaxed and comfortable with other people and staff. People said “Yes I feel safe here”.

There were policies and procedures for ensuring that any concerns about people’s safety were reported. However, on one occasion, prior to the inspection, we found that safeguarding procedures had not been followed. There had been an incident between two people which should have been referred to the safeguarding team. They had not followed procedures by failing to report the incident to the Care Quality Commission and the local authority safeguarding team, who would decide whether an alert would be raised.

After discussion with the registered manager the required documentation was sent to the local authority safeguarding team, and the relevant notification was received by the Commission the following day.

Risks to people were identified and some measures to reduce the risks were in place. However, some risk assessments for behaviours that challenge did not always have full guidance recorded to ensure that staff had the information they needed to make sure people were being supported, consistently and safely. Some risk assessments had better detail of how to manage risks than others, for example in one person’s care plan there was clear information to show staff

what may trigger behaviour, and staff were aware of the strategies to minimise any future occurrence. However, in other plans it was not so detailed. One plan noted that one person could become aggressive towards staff members, and one of the actions required was they may need support from two members of staff, but it did not say how or what staff should do to make sure the risks were reduced so that this person was positively supported to remain as safe as possible. A risk of one person choking had been identified and strategies were in place to reduce the risk, such as cutting food up and having a member of staff observing each meal, but there was no further information to show staff what to do in the event of the person choking or when medical attention should be sought. There was also a lack of detail to show staff how to manage and reduce the risk of people being aggressive to other people when they were out in the community, such as how to

distract them should they become aggressive with each other or members of the public. This left people at risk of not receiving the support they needed to keep them as safe as possible.

There was no evidence to show that audits were being carried out to check on the premises and quality of care being provided. The registered manager told us that they walked around the service on a regular basis and any concerns were dealt with. They said they carried out regular health and safety checks of the environment but no formal records were in place. The registered manager said there were plans in place to address areas that needed attention, for example the bathrooms and one person’s flooring, but there was no written maintenance plan in place to confirm this.

Risk assessments had been completed with regard to the covering of the radiators but there were no other risk assessments in place to show that the premises and environment had been assessed, to ensure it was safe, and there was no evidence of regular health and safety checks being completed to identify any shortfalls or improvements that should be made to the service.

Accidents and incidents were recorded by staff and reported to the registered manager. Appropriate action had been taken to reduce the risks and make people as safe as possible but these had not been analysed to identify any patterns and trends to reduce the risk of them happening again.

The provider did not have sufficient guidance for staff to follow to show how risks were mitigated when supporting people with their behaviour, to ensure their health, safety and welfare. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The registered manager was responsible for carrying out regular checks on the fire alarms and other fire equipment to make sure it was fit for purpose, however, there had been a couple of gaps in the records during the manager’s absence. We have identified this as an area that required improvement. There was information and guidance for staff to ‘grab’ in the event of an emergency, such as fire or emergency admission to hospital and on call arrangements were in place to make sure staff had access to a manager at all times.

Is the service safe?

Staff had received training on keeping people safe. They told us they were confident that any concerns they raised would be listened to and fully investigated to ensure people were protected. Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly.

People were protected from financial abuse. There were procedures in place to help people manage their money as independently as possible. Each person had their own wallet which was easily accessible for staff at all times. Receipts and transactions were recorded and accounts were maintained of monies received and spent.

Staff recruitment showed that the relevant safety checks had been completed before they started work. However, there were no systems in place to show how decisions had been made to employ staff who needed further monitoring to make sure they were safe to work with people in the service. Whilst there was no evidence to suggest people in the service had been placed at risk, improvements were required to make sure the system was more robust to protect people. Staff had job descriptions and contracts so they were aware of their role and responsibilities, as well as their terms and conditions of work.

Staffing levels were sufficient to meet people's needs and keep them safe. Staff told us there was enough staff available to make sure people received the care and support that they needed. The duty rota showed that there were consistent numbers of staff working at the service. Some people required one to one support at all times, whilst others were supported in smaller groups. Staff told us they worked 'like a family' and they were able to cover

each other at short notice to make sure the shifts were always covered. On the day of the inspection the registered manager was on duty with a minimum of two staff, and sufficient waking night staff. The day and night staff together with the people, were responsible for cleaning and the laundry.

Medicines were stored securely. People said they received medicines when they needed them. Each person had an individual medicine record chart showing their personal details and the medicines they were prescribed, and when they should take them. These records were in good order and showed that people had received their medicines when they should. Records also showed that any unused medicines were disposed of appropriately. Checks were in place to make sure the medicines were stored at the correct temperature and there were no medicines at the time of the inspection that needed cool storage. Regular medication reviews ensured that people continued to have the medicine they needed.

We were unable to observe the medicines being given as they were not required during the inspection however; staff were able to describe the safe administration of the medicines. Only one person had been prescribed "as and when required" (PRN) medicine. Staff told us that this was going to be returned to the pharmacy as they no longer required this medicine. We discussed the implementation of protocols for people who needed 'as and when required' medicines and staff told us this would be implemented if needed in line with the new medicine policy. Staff had received updated medicine training last year to ensure they had the competencies and skills to administer medicines safely.

Is the service effective?

Our findings

People told us that the staff looked after them well. They were cheerful and spoke positively about their home and the staff who supported them.

The registered manager told us that staff received one to one supervision twice a year and an annual appraisal. Records showed that staff had received one supervision session last year but there were no appraisals on file. This meant that staff were not receiving regular formal appraisal of their performance in their role or an opportunity to discuss their individual learning and development needs.

Staff were not receiving ongoing supervision or appraisal to discuss their training and development to enable them to fulfil the requirements of their role. This was a breach Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the new supervision policy that was being implemented, which recommended that supervision be given to staff 6 times a year. The registered manager told us that as they were working with the staff regularly he may review this proposal.

Staff told us that they did feel supported by the registered manager and the deputy manager. They said that they were listened to and were given the support and help that they needed on a daily basis, and their requests were acted on. The registered manager told us that staff meetings had been held but at the time of the inspection no formal records were available to confirm this situation. Staff told us they were a small service and daily communication was effective to make sure people received the care they needed.

Staff understood their roles and responsibilities. Induction training was in place for new staff and the registered manager told us how they were exploring the new Care Certificate training which they were considering for all staff to update their practice. The Care Certificate has been introduced nationally, to help new carer workers develop key skills, knowledge, values and behaviours, which should enable them to provide people with safe, effective, compassionate and high quality care.

The registered manager had recognised that there were shortfalls in staff training and during last year had started to update training for all staff in medication, infection control

fire, first aid, mental capacity, health and hygiene. Further sessions in moving and handling and health and safety were also being arranged. Some specialist training was also being provided and updated, such as 'behaviours that could challenge'. All of the staff had completed, or were currently undertaking vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification candidate must prove that they have the competence to carry out their job to the required standard.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions, and are helped to do so when needed. When they lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and be 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. There were two people who had a DoLS authorisation in place. The conditions on the authorisations to deprive a person of their liberty were being met.

Authorisation had been sought from the local authority and the support plans showed that the assessments and decisions had been made properly, and plans were in place to support people in the least restrictive way. Staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about their care or any other big decisions, then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest.

Care plans contained personalised information about people's health care needs, dietary needs, individual preferences, behaviour, and their likes and dislikes. People said they were offered choices, such as what time they liked to get up or go to bed, and what they wanted to eat.

Is the service effective?

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 for additional advice and support. People were supported to attend appointments with doctors, nurses and other specialists they needed to see.

Each person had a record to accompany them to hospital should emergency medical treatment be required. This document ensured that people would be supported with their individual medical conditions, and communication needs. Where people had specific medical conditions, information about this was available within their care plan to inform and help staff understand the person's health needs. Staff demonstrated in discussions they understood how conditions impacted on individual people and how they needed to be supported, such as going for a walk before meal times to help with their healthy eating regime.

Staff were aware of people's likes and dislikes, which were recorded in people's care plans and they told us meals were adapted to suit these preferences. Staff included and involved people every time drinks were being made and some people were encouraged to help prepare meals. People's weight was monitored and a healthy diet encouraged. Health professionals, such as dieticians had previously been involved in the assessment of one person's nutritional needs to make sure they were receiving the right support to remain as healthy as possible. People talked about their favourite foods, such as curries and spicy food, and how they were involved in choosing the menu. People enjoyed their meal at lunch time. They ate at their own pace, chatted together and with staff.

Is the service caring?

Our findings

People knew about their care plans and were able to discuss them with staff or their family. They told us the staff were caring and kind.

Staff told us how much they enjoyed working in service and supporting the people they cared for. They said it was a family atmosphere and staff and people were treated as one. We observed that staff made sure that when any drinks were offered everyone was included automatically as part of the process. People were involved in conversations between staff and the staff gave people the time to say what they wanted, and responded to their requests. The registered manager told us that when they have general staff meetings, the people were invited to give them an opportunity to voice their opinions on the service.

People were comfortable, calm and relaxed throughout the inspection. Staff encouraged and supported them in a kind and sensitive way to be as independent as possible. Staff asked people what they wanted to do during the day and supported them with the decisions they made. Staff were mindful that people had the ability to make their own decisions about their daily lives and gave people choices in a way they understood. For example, when people preferred to spend time in their bedroom, staff made visits to them during the day to make sure they were safe and had everything they needed.

During the inspection staff talked about and treated people in a respectful manner. Staff knew people well; they treated them equally and as individuals. Staff were able to tell us about the people they cared for. They were aware of people's specific individual needs and had a good understanding of their background. They gave examples of what might make a person distressed or agitated, and what support they would give to help to reduce such situations.

People's rooms were personalised with their own possessions, they had their own things around them, which

were important to them. People were given choices as to what they wanted to wear, where they wanted to spend time and what they wanted to do in the community. One person told us that they had moved rooms recently and really liked their new room, which had a mini fridge and kettle. They felt more independent and enjoyed living upstairs. They went on to tell us how they walked to the local shops to buy milk and small items for the service.

When people were at home they could choose whether they wanted to spend time in communal areas or time in the privacy of their bed rooms. People could have visitors when they wanted to and there was no restriction on when visitors could call. People were supported to have as much contact with family and friends as they wanted to some people were able to visit their relatives and some regularly went home to see their families.

Staff supported people to get dressed if they needed help and all personal care was provided in the privacy of people's own rooms. Staff described how they supported people with their personal care, whilst respecting their choices, privacy and dignity. One person's bedroom could be used to walk through to other areas of the service as there were two entrance doors. During the inspection we saw that staff walked through the room, and although they knocked before entering, it could still have an impact of the person's privacy. The registered manager told us that they were aware of this situation but it was due to fire regulations. They told us that everyone in the service was aware of the importance to protect the person's privacy and further discussion would take place at the next staff meeting. The person was aware of this situation and was quite happy with their room.

When people needed additional support to make decisions about their care they received regular visits from an advocate. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

Some people were involved in planning their own care and showed us their care plan. They talked about what they did and how staff supported them to do what they wanted to do.

When people first came to live at the service they had an assessment which identified their care and support needs. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best. There had been one person who recently came to live at the service. Staff talked about the importance of helping and supporting them to settle as well as considering the compatibility of other people who lived in the service.

Each person had a care plan that was individual to them. Care plans contained detailed information and guidance about people's health, and their behaviour, social and personal care needs to enable staff to care for each person. They also included guidance about people's daily routines, behaviours, communication, eating and drinking. Some pictures and photographs had been used to make them more meaningful. There were strategies in place to support people with their behaviour, which had resulted in a reduction of events and incidents. Staff were responsive to people's individual needs and were able to identify when people's mental health or physical health needs were deteriorating, and took prompt action. People's life histories and details of their family members had been recorded in their care plans, so that staff could get to know about people's backgrounds and important events.

Each month the plans and risk assessments had been reviewed to show people's changing needs, and comments had been made, however, the risk assessments, which in some cases were undated, had not all been amended to reflect these changes. We discussed this with the deputy manager who told us a new person centred care plan was being introduced, which would result in all aspects of the plans being reviewed. This was having little impact on people living at the service as staff told us that staff handovers ensured they were up to date with people's changing needs. We observed that staff responded to people's needs in line with their care plans and individual behaviours.

People's independence was supported and most people accessed the community as they wished.

Some people were able to go out on their own. Other people needed staff to support them in the community. People told us that they enjoyed what they did. People regularly went for walks to the local shops or visited other towns either by car or public transport. People told us that they used to go to college where they were supported to cook, do some woodwork but these courses were not available now. During the inspection one person was completing a jig saw puzzle whilst others watched the television. At one point they also played the piano. Staff asked people if they wanted to help with the preparation of the meal and they went off to the kitchen. Staff told us that they were in the process of arranging for one person to go swimming, and sometimes they went bowling.

Although each person had an activity planner in place there were no goals or aspiration plans in place to ensure that people had a meaningful activity programme. Goal setting is an effective way to increase motivation and enable people to create the changes they may desire. There was no information in people's care plans to show that any goals had been discussed or set for people to achieve. There were no activities linked to developing learning, and exploring new activities and challenges. The records we looked at showed that planning and review of goals was not well developed because they often did not refer to future goals, or map any actions needed to meet those goals.

Sometimes people decided to remain in their rooms for long periods of time. Staff encouraged them to come to the communal areas to socialise and eat their meals, but respected their wishes if they chose not to do this.

A system to receive, record, and investigate complaints was in place but there had been no complaints or issues raised during the last year. The registered manager told us that they addressed any concerns promptly as they worked daily in the service. A new complaints policy was being introduced but this was only in a written format which was not suitable for everyone to understand, to ensure they knew how to complain. The registered manager told us that they would introduce a pictorial format as soon as possible. People told us that they did not have any

Is the service responsive?

complaints. One person said: “I can say what I think; if I have a concern I can talk to staff and say what I feel”. A visitor commented: “If I have a complaint or concern I just talk to the registered manager”.

Staff said that the registered manager was approachable and they would listen to them if they had any concerns.

Is the service well-led?

Our findings

Staff and people were positive about the registered manager and told us they were approachable and available at all times to support and help them. People were encouraged to be involved in the service and their suggestions were taken into account in the daily routines. Examples included taking part in meetings, the decoration of the service and menu planning. Staff felt the registered manager listened to their opinions and took their views into account. Staff said: “We have a good rapport with the owner, I can say anything and I know I will be listened to”. On the day of the inspection people and staff went in and out of the office whenever they wanted to. There was clear and open dialogue between the people, staff and the registered manager. The registered manager knew people well and had worked with people with learning disabilities and complex physical health conditions for many years.

The registered manager told us that they checked the quality of the service regularly as they were in day to day control of the service. However, there were no formal audits in place to check and record the quality of service being provided. Although the local pharmacy checked the medicines yearly there was no in house audit to show that medicines were being stored and administered safely. Fire systems were checked and tested weekly, although the registered manager must ensure arrangements for this to continue in their absence, such as annual leave. There were no records on any health and safety audits, including infection control. Therefore, there were no reports following any audits to identify issues and detail any actions that may needed to be taken.

The registered manager told us that they were in the process of implementing a business continuity plan in case of an emergency. Although minor repairs in the service were carried out and some redecoration had taken place, there was no formal maintenance plan in place to show what was planned to improve the service.

The lack of audits did not identify the shortfalls identified at this inspection. For example risk assessments required further detail to ensure staff had the guidance to manage risks safely, people’s goals and aspirations were not well managed and recorded and safeguarding incidents warranting notification to the local authority had not been made.

Accidents and incidents had been recorded, however there was no record of any summary of the events to help ensure appropriate action was being taken to identify any patterns or trends so that action should be taken to reduce the risk of further or similar occurrences.

Although people’s records were stored securely and confidentially, not all records were available at the time of the inspection, such as staff appraisals and staff meeting minutes.

There was a system in place to gather people’s views on the opinion of the service, however the survey did not include staff, health care professionals or other stakeholders in the service, therefore they did not have an opportunity to voice their opinions on the service. The results of the recent survey had not been summarised or fed back to the people to that they would be aware of any changes being made to the service, or how their information was used for the continuous improvement of the service

This inspection highlighted shortfalls in the service that had not been identified by the monitoring systems in place. The failure to provide appropriate systems or processes to assess, monitor and improve the quality and safety of services was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had not submitted two notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People’s views about the service were sought through quality survey questionnaires. The last recent survey, sent to people, relatives and visitors had positive results. People commented: “I like it, I am happy to be here”. A relative commented “We are both happy with the service provided and have no problems. If my relative is happy then we are happy”. Another visitor when asked if anything needed to change in the service commented: “We are happy as it is nothing really”.

The registered manager had recognised there was a need for some of the areas to be improved within the service and

Is the service well-led?

had recently had all of the policies and procedures updated in line with the new CQC methodology and in line with the 2014 Health and Social Care Regulations. They were in the process of implementing these systems and acknowledged that this development was in the early stages. There was no improvement plan in place at the time of the inspection to address all of the other issues.

The registered manager and staff were clear about the aims and visions of the service. Staff told us that they were all a big family and people were treated equally and they were

there to support people to have the best quality of life. One staff member said: “We treat people how we would like to be treated ourselves”. They told us the service centred on supporting people to live a meaningful life. Staff said that there was good communication in the staff team and that everyone helped one another.

Daily staff handovers between shifts highlighted any changes in people’s health and care needs. Staff were clear about their roles and responsibilities. The staffing structure ensured that staff knew who they were accountable to.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider did not have sufficient guidance for staff to follow to show how risks were mitigated when supporting people with their behaviour to ensure their health, safety and welfare.

Regulation 12 (2)(a)(b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes must be established and operated effectively to assess and improve the quality and safety of the services provided.

Regulation 17(1)(2)(a)(b)(c)(e)

Regulated activity

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff were not receiving ongoing supervision or appraisal to discuss their training and development to enable them to fulfil the requirements of their role.

Regulation 18(2)(a)

Regulated activity

Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

The provider had not submitted two notifications of incidents to CQC in an appropriate and timely manner.

Regulation 18(2) (e)(f)