

Leeds Mencap

Leeds Mencap - The Rookery

Inspection report

The Rookery
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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

This was an unannounced inspection carried out on the 8 October 2014.

Leeds Mencap - The Rookery is a care home without nursing for 12 people who have a learning disability, autistic spectrum disorder or a sensory impairment. There were 12 people living at the home at the time of the visit.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We found medication practice not did not always protect people against the risks associated with the unsafe use and management of medication. Appropriate arrangements for the recording, handling and administration of medicines were not always in place.

Summary of findings

This is a breach 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.

All staff were not fully trained in the principles of the Mental Capacity Act 2005 and the provider had not yet made any application for authorisation of the Deprivation of Liberty Safeguards (DoL's) for people identified at risk of having their liberty deprived. However, we saw documentary evidence to show the registered manager had started to arrange this.

People who used the service told us they were very happy living at the service and considered it their home. They said they felt safe and knew how to report concerns if they had any. We saw care practices were good and people were encouraged and supported to be as independent as they could be. We saw staff respected people's choices and treated them with dignity and respect. People were encouraged to maintain good health and received the support they needed to do this.

Staff said they felt well supported in their role and knew what was expected of them. They praised the leadership

of the management team; saying they were approachable. They said they had confidence in the manager if ever they reported any concerns. We found people were cared for, or supported by, sufficient numbers of suitably qualified, skilled and experienced staff. There was an on-going training programme in place for staff to ensure they were kept up to date and aware of current good practice. Robust recruitment procedures were in place and appropriate checks had been undertaken before staff began work.

We found people were involved in planning their own care and support. Person centred planning was used to help people plan their lives and focus on their goals and aspirations for the future. People were seen as individuals and supported to lead the life they wanted. People told us they were confident to raise any concerns they may have. Staff were aware of how to support people to raise concerns and complaints and we saw the provider learnt from complaints and suggestions and made improvements to the service. However, systems in place to manage, monitor and improve the quality of the service provided were not always effective.

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 safe.

Medication practice was not safe and improvements were needed. People who used the service were being put at risk because medication given was not always signed for and therefore led to a risk that people may not receive their medication or receive it more than once. There was no controlled drugs register in the home to ensure safe administration of controlled drugs. There was also risk that medication could be mis-used as there was no system in place for the safe disposal of medicines.

People who used the service told us they felt safe and knew how to report concerns if they had any. We saw robust safeguarding procedures were in place and staff understood how to safeguard people they supported. There were effective systems in place to manage risks to the people who used the service without restricting their activities.

There were enough staff to meet the needs of people who used the service.

Recruitment practices were safe and thorough. Policies and procedures were in place to make sure any unsafe practice was identified and people who used the service were protected.

Requires Improvement



Is the service effective?

The service was not consistently effective.

Steps had been taken to review the needs of people who used the service to make sure no-one had their liberty restricted unlawfully. However, no action had yet been taken to ensure this and protect people's rights. Staff demonstrated a variable understanding of the Mental Capacity Act 2005 (MCA) and some staff had not received any training in the MCA to make sure their knowledge was up to date. We saw action had been taken to start to arrange this.

Health, care and support needs were assessed with people who used the service and met by regular contact with health professionals. Care plans were up to date and gave a good account of people's current individual needs.

People told us they were happy with the care and support they received and that staff had the necessary skills to carry out their job.

People were supported by staff who were trained to deliver care safely and to an appropriate standard. Staff had a programme of training, which included specialist training, and they received regular supervision.

People enjoyed the home's food and had a choice about what and where to eat. They were also supported to practice their independence skills and cook their own meals if they wished to.

Requires Improvement



Summary of findings

Is the service caring?

The service was caring.

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

People told us that staff treated them well and responded to their care and support needs on an individual basis.

People had detailed, individualised care plans in place which described all aspects of their support needs and future goals and aspirations.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed before they moved in to the service and whenever any changes to needs were identified.

People had good access to activities in the community and their home. They were also supported to maintain friendships and family contact.

There were good systems in place to ensure complaints and concerns were fully investigated. People who used the service and their relatives were aware of how to report concerns.

Good



Is the service well-led?

The service was not consistently well-led.

There were systems in place to assess and monitor the quality of the service. People had the opportunity to say what they thought about the service and the feedback gave the provider an opportunity for learning or improvement. However, there were risks to people who used the service because systems for monitoring quality were not fully effective.

People spoke positively about the approach of staff and the manager. Staff were aware of their roles and responsibilities and knew what was expected of them.

Requires Improvement



Leeds Mencap - The Rookery

Detailed findings

Background to this inspection

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

This inspection took place on 8 October 2014 and was unannounced. We spoke with or spent time with ten people who lived there. We spoke with six relatives, four care staff, the deputy manager and the registered manager. We observed care and support in communal areas. We reviewed a range of records about people's support and

how the home was managed. This included detailed person centred care plans for three people, staff recruitment and training records, three people's medication records and quality assurance checks that were completed.

The inspection was carried out by one lead inspector.

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. Before our inspection, we reviewed the information included in the PIR along with information we held about the home. We also contacted the commissioners of the service and a healthcare professional to obtain their views about the care provided in the home.

Is the service safe?

Our findings

We looked at a sample of medicines and records for people living at the home as well as systems for the storage, ordering, administering, safekeeping, reviewing and disposing of medicines. We saw medicines were stored safely in a locked cupboard and that medicines received in to the home were properly accounted for and signed by the staff who received them. There was a weekly audit system in place to check stock balance of medication and that all medication was within the expiry date.

However, there were a number of discrepancies with medication management and improvements were needed. We found there were omissions on three occasions where the Medication Administration Record (MAR) had not been signed to show medication had been given. On all these occasions the medication was not in the blister pack and staff confirmed the medication had been given as prescribed. They could offer no explanation as to why the MAR had not been signed to reflect this. This practice was unsafe and meant there was a risk that medication could be given twice or not at all.

There was no system in place to ensure the safe disposal of medication. The registered manager said they returned unused or unwanted medication to the dispensing pharmacist. However, there were no records or receipts to show how this was done safely which meant there was a risk that medication could be mis-used. There were systems in place for the correct storage of controlled drugs. However, we found there was no controlled drugs register in the home to ensure safe administration and accountability. This was not in line with the provider's policy which stated a controlled drugs register should be maintained. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Training records showed staff responsible for medication administration were trained to do so. The registered manager said they carried out 'spot check' competency checks on staff's medication administration. However, they did not document these to show they had been done.

Training on the administration of an oral emergency medicine had not been completed by all staff. We were told that only staff trained to do this accompanied the person who needed this medication on activities or outings. Staff

confirmed this was the case and said there was always someone on duty who could administer this emergency medication, which could prevent an unnecessary hospital admission.

People who used the service said they felt safe at the home. They told us they could lock their bedroom doors to keep their belongings safe. People spoke of safeguarding discussions they had had with staff in weekly 'residents meetings'. One person said, "It was very good, told you what to do if you have any concerns." Records we looked at showed easy read documentation had been used by staff in these sessions to enable the information to be understood better. We saw each person who used the service had their own copy of this information for future reference.

Relatives of a person who used the service said they felt their family member was safe and, "In good hands." They said they were reassured and comforted knowing their family member was so well looked after. One relative said, "We sleep easy knowing he is alright." They said they would not hesitate to report any concerns if they had any and said they would know if their family member was upset or distressed. They said, "(Name of person) is always so happy here." They said there was always enough staff when they visited and their family member's needs were met well.

Staff showed they had a good understanding of protecting vulnerable adults. They said they had received training as part of their induction training. Training records showed some staff needed to update this training. The manager showed us this training had been booked. Staff were aware of their roles and responsibilities regarding safeguarding of vulnerable adults and the need to accurately record and report potential incidents or allegations of abuse. They were able to describe different types of abuse and were clear on how to report concerns outside of the home, this is known as 'whistle blowing'. The provider's policy on safeguarding included information on staff's roles and responsibilities, referrals, identification of abuse, prevention of abuse, types of abuse and confidentiality. We saw the contact details for the local safeguarding team were available to enable staff to use them if needed.

Care records had guidance and management plans for making sure people were safe. It was clear from the records that other professionals were involved as needed to

Is the service safe?

develop behaviour support plans. Incident records showed the manager and provider took appropriate action in response to any safeguarding concerns. Our records showed safeguarding issues had been managed properly.

Care plans we looked at had an assessment of people's needs and a plan of care, which included risk assessments. We saw risk assessments and risk management plans were in place for people who used the service. These included; positive behaviour management, risks associated with domestic activity, risks associated with community activity and safeguarding risks. The assessments and management plans were clear and gave good information on what people who used the service could do for themselves. Staff we spoke with could describe how this enabled people who used the service to be protected from risks associated with daily living. We saw a risk assessment regarding the use of a handling belt. Some staff were aware of this, others were not. This lack of consistency put the safety of the person who used the service at risk. The registered manager agreed to make sure all staff were made aware of this risk assessment.

We observed staff working in the service. Our observations showed there were enough staff who were well directed and organised. Staff said there were enough staff to meet people's needs and they were able to respond to people in

a timely manner. People who used the service said there were enough staff to support them and meet their needs. One person said, "Staff are great, always there for you, they have a passion for the job."

Appropriate recruitment checks were undertaken before staff began work. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults. We looked at the recruitment process for three recently recruited members of staff. We saw there was all the relevant information to confirm these recruitment processes were properly managed, including application forms, notes of interviews and evidence of qualifications and written references. Records of Disclosure and Barring Service checks were available and held securely. We saw enhanced checks had been carried out to make sure prospective staff members were not barred from working with vulnerable people.

There were systems in place to make sure emergencies were responded to properly. Staff and people who used the service could describe the fire evacuation procedure and said they had regular fire drills to make sure everyone knew what to do. Staff said they had received training in emergency aid and felt confident to manage emergencies but would not hesitate to call an ambulance if needed. Training records showed some new staff were still to complete emergency aid training but we could see a course had been booked for them in the near future.

Is the service effective?

Our findings

Throughout our inspection we saw that people who used the service were able to express their views and make decisions about their care and support. People were asked for their choices and staff respected these. For example, one person was asked if they wished to be involved in household chores. Others were regularly asked how they would like to spend their time. This included going out, food and drink choices and when to get ready for bed. People told us they received good support and staff were good at their job. One person said, “They seem to know what they are doing, I have absolute faith in them.” Others nodded and said, “Oh yes” when we asked them if staff supported them well.

Relatives of a person who used the service said staff were very professional and seemed “Highly trained.” They said they felt staff encouraged people to be as independent as possible but also gave the necessary care. They also said they felt very involved in the care and support of their family member and spoke of the person centred review meeting that had been held on the day of our visit. They said it had been, “Very good and all about (name of person).” They added, “(Name of person) has such a good quality of life here.”

Care plans and risk assessments showed people who used the service or their relatives were involved in the development of them. Most people had signed them to show they were in agreement with them. People we spoke with said they had been given information on care planning and risk management, for example, keeping safe when travelling independently or practicing cooking skills. We saw care plans were reviewed regularly in response to any changes in people’s needs.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. (DoLS) The registered manager informed us they had identified a number of people who used the service as potentially being deprived of their liberty in light of new guidance currently available. They confirmed they had the contact details of the local DoL’s team. They had not however, sought any guidance from them as yet. The manager agreed they needed to do this as a matter of urgency to ensure they were not depriving people of their liberty without the authorisation to do so.

We asked staff about the Mental Capacity Act 2005 (MCA). They were able to give us a basic overview of its meaning and could talk about how they assisted people to make choices and decisions to enhance their capacity. They spoke of making sure people were supported to make decisions such as what to wear and what to eat and how they did this. Staff said that if bigger decisions such as those around finances had to be made, they would seek family involvement or assist people in getting an advocate. Training records showed most staff had received training in the MCA and DoL’s. However, a number of new staff had not yet completed this. The registered manager said they were currently arranging for an advisor from the local DoL’s team to come to the home and speak with staff to provide up to date training due to the new guidance now available. We saw documentary evidence of this.

People told us they felt comfortable discussing their health needs with staff and had good access to a range of health care professionals which included GPs, hospital consultants, dentists, chiropractors and opticians. Records were maintained of all health appointments attended. We saw people who used the service had a ‘hospital passport’ in place. This gave information on essential needs and would accompany people to any hospital admissions. Relatives told us staff were prompt in getting medical attention for their family member.

People who used the service spoke highly of the food and menus in the home. They said they were involved in the development of them and there was always opportunity to have their favourite dish from time to time. They said they had weekly meetings to discuss food choices. We saw there was pictorial information available to enable people to make choices more easily about what they wanted to eat. They told us they had opportunity to cook their own meals and received support from staff to do this. We observed the teatime meal. People were given a choice of two meals and where they wished to eat it. The food looked appetising and well presented. We saw people received the assistance they needed and staff gave this assistance in a sensitive and dignified manner. Snacks and drinks were readily available in the home and people could help themselves.

There was information on display in the kitchen to encourage healthy eating. This included information on a ‘healthy lunch box’ and the ‘eat well plate’. People were supported to monitor their weight. Records showed

Is the service effective?

monthly weights were recorded and appropriate action was taken in response to weight loss or gain. For example, one person who was nutritionally at risk had enriched foods to help them maintain a healthy weight.

We saw most staff's mandatory training was up to date or if updates were due, we saw these had been booked in to the training plan. Training courses included; health and safety, food hygiene, safe moving and handling and positive risk taking. Training to meet people's specialist needs had also taken place. This included intensive interaction (a communication approach for people who do not use verbal communication), Makaton (a sign language to assist people who do not use verbal communication or to support people who do not use speech efficiently), epilepsy and person centred thinking.

We also saw the staff team had undertaken training in personalisation to help them enable people who used the service to have more control over their own lives and the services they used. Staff spoke positively about this training. One staff member said, "It's about empowering people to live better lives, do more for themselves to increase their self-esteem." All the staff we spoke with could talk about the team plan that was in place following this training and how they were putting the principles of personalisation into practice.

Staff told us they received good training and were kept up to date. They said they got regular updates as needed. Staff spoke highly of their induction training and said it had prepared them well for their role. Comments included; "Found very useful and was given time to get to know the residents" and "It was brilliant, felt really well supported." One staff member said they had felt a little overwhelmed on their induction. They said they had spoken with the registered manager about this and a new induction system had been introduced which gave more guidance and information on the role.

We looked at the induction plan and saw this gave one page profile information on all people who used the service so staff could find out what was important to people who used the service. The staff had also completed their one page profile so new staff could get to know them better. There was clear information on job roles and responsibilities, including a code of conduct. Staff who had used the plan said there was plenty of opportunity when working their way through this to ask questions and clarify things. Staff said they received regular one to one supervision. The registered manager confirmed there were systems in place to ensure this. Staff said they found this useful and a good opportunity to discuss their training needs.

Is the service caring?

Our findings

People who used the service spoke highly of their experience. They told us they enjoyed living at the service and considered it their home. They said staff treated them well. One person said, “The staff are very kind, do their job well, very professional.” Another said, “We are looked after very well, I like it here and that’s that.” One person said they felt staff listened to them and helped them get what they wanted.

Relatives we spoke with said the staff team and registered manager were very caring. One said, “They have such a good approach.” Another said, “Everything here is fantastic, people are cared for so well” and “We are more than pleased, it’s a very happy, homely atmosphere here.”

People looked well cared for, clean and tidy. People were dressed with thought for their individuality and had their hair nicely styled. People appeared comfortable in the presence of staff. We saw staff treated people kindly; having regard to their dignity and privacy. The atmosphere in the service was positive and relaxed and we observed that staff had time to attend to people’s needs and generally spend time with them. People who used the service enjoyed the relaxed, friendly communication from staff.

We looked at three people’s care plans. We saw these gave detailed information about the person’s likes, dislikes and background. The assessments and care plans we looked at were individualised; giving a clear picture of the person and their current needs and future aspirations and goals. This showed the provider had considered how each person could be supported as an individual.

Staff said they found the care plans useful and that they gave them enough information and guidance on how to provide the support people wanted and needed. Staff spoke confidently about the individual needs of people who used the service. It was clear they knew people well. They gave good examples of how they respected people’s privacy, dignity and confidentiality. They said they made sure doors and curtains were closed when providing personal care and ensured they offered people opportunity to speak in private when discussing their support needs. Throughout our inspection, we saw staff respected people’s privacy and dignity. They were thoughtful and sensitive when supporting people with personal care. We did however; hear one staff member on two occasions speak in a patronising, childish way to a person who used the service. We brought this to the attention of the registered manager and were assured it would be addressed.

The registered manager told us that no one who lived in the home currently had an advocate. They were however, aware of how to assist people to use this service and spoke of how they had done so in the past.

We saw people’s end of life wishes had been considered sensitively. The manager had sought active involvement and support from the families of people who used the service so that people’s wishes could be identified and plans discussed.

Is the service responsive?

Our findings

People who used the service were involved in a range of activities. These included the use of day centres, outreach services, college courses, voluntary work, paid employment and leisure services. People told us they enjoyed using community facilities such as the local shops, churches, cafes and pubs and said they had regular opportunities to do so. People also told us they enjoyed pursuing their hobbies at home such as sewing and computer games. One person said, “I am never bored here, always something to do.” People told us they had friends and family who came to see them. Family members we met said they always felt welcome at the home and could visit anytime.

The registered manager told us that people’s needs had recently been reviewed and once the additional staffing identified was in post, more one to one individual activity would be available to people who used the service. They said this was one of the aims of the personalisation project they had in place following the training on personalisation. We saw that in preparation for this staff had supported people who used the service to work out their budgets and expenditure. Documents called ‘My money my choices’ had been completed with people so they knew how much money they had available to spend on leisure activities.

The registered manager also told us of a new initiative introduced to enable more involvement of people who used the service in recruitment. They said all candidates were invited to an open session with people who used the service. They said they were asked to bring a one page profile of themselves, detailing their interests and experience which would help the matching process and make sure suitable staff were recruited. Other staff who had been involved in this process said it had been very successful.

Care plans gave good information on people’s likes and interests and what activities they liked to do. Staff showed a good awareness of people’s interests and spoke of how they supported people to follow their hobbies or cultural interests such as attending church or being involved in local community festivals. People who used the service spoke enthusiastically of holiday planning. They said they looked at brochures and had time to think about where they would like to go. Staff said they arranged holidays to suit people’s interests or to be near family who lived away so people could visit them while they were near.

People told us they liked to be involved in household tasks and chores. We saw there was a rota for washing up after the main meal of the day and that people were given opportunity to enhance their life skills by regular cooking sessions. A skills audit was completed after each session so the success and achievement of people who used the service could be measured. We saw specialist equipment had been purchased to ensure tasks such as chopping and opening cans could be done more independently. People also told us they liked to do their own laundry. They said they got good staff support to enable them to do this. On the day of our visit we saw people involved in laundry, folding clothes, cooking and washing up.

Staff were responsive to people’s requests for assistance or general chatting. The registered manager of the service made time for people who used the service and spent time asking how their day had gone.

We were told that ‘residents meetings’ were held weekly and records confirmed this to be the case. The minutes we looked at showed a variety of topics were discussed. These included; feedback on activity, safeguarding matters, health and safety issues and menus. We also saw there was a monthly ‘residents committee’ meeting, chaired by an independent volunteer. A recent issue from this meeting included a request for more interesting and varied packed lunches. The registered manager said that in response to this they had introduced alternatives to sandwiches such as pasta salads.

People were made aware of the complaint’s system. We saw that each person who used the service had an easy read complaints procedure and this was also on display in the home. The registered manager had recently highlighted the complaints and compliments procedure in a letter out to people’s relatives, to increase their awareness of it and encourage people to bring forward any, “niggles” in order to improve the service.

People who used the service told us if they wanted to make a complaint or raise any concerns they would talk to the registered manager or any of the staff. One person raised a concern with us, saying they had not spoken to anyone at the home about it. They did not say they were afraid to do so, but that they did not want to upset anyone. They gave us permission to raise this with the registered manager and we saw the registered manager made a note to speak with the person to find out their concerns.

Is the service responsive?

There had not been any complaints made at the service for some time. The registered manager spoke of the last complaint received and what they had done to make sure the complainant's concerns were listened to and acted upon. This included a full investigation and a response to the complainant. We were also told of how the learning from this complaint had changed future practice. The registered manager said communication around hospital admissions was now more effective and clearer with people's family members. Staff confirmed they always documented any contact with families to show what action had been taken in these circumstances.

Staff knew how to respond to complaints and understood the complaints procedure. They said they would always try to resolve matters verbally with people who raised concerns. However, they were aware of people's rights to make formal complaints. Staff said they would record all complaints and report them to the manager or senior person on duty. We saw the complaints procedure was available in the home's policy manual.

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager and a team of senior support workers. People who used the service spoke highly of the management team. They said they felt comfortable speaking with them and could approach them at any time. Comments included; “The manager is great, a huge help, has helped me loads”, “She is a good manager, knows what she is doing and well organised” and “They are all always there if you need them.” A relative, when asked about the management of the service said, “Brilliant, just brilliant, everything.”

Staff said they felt well supported in their role. They said the management team worked alongside them to ensure good standards were maintained and the manager was aware of issues in the home. Staff described the manager as approachable and always having time for them. They said they felt listened to and could contribute ideas or raise concerns if they had any. They said they were encouraged to put forward their opinions and felt valued team members. All the staff we spoke with told us how much they enjoyed their job. Comments we received included; “It’s the best place I have ever worked”, “Great place to work, brilliant team” and “Everything works so well, all involved, all working together.”

Staff were aware of the key priorities and challenges within the service. They spoke positively about the personalisation project and the goal of ensuring all people who used the service were supported to become more independent by receiving a more personalised and individual service. They were aware of their role within the project and had been involved in the development of an action plan to ensure success. Staff also spoke of a recently introduced initiative, the ‘Ideas Hub’ which meant they could share their ideas at any time and did not have to wait for staff meetings.

People who used the service and their relatives were asked for their views about the care and support the service offered. The care provider sent out annual questionnaires for people who used the service and their relatives. These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the latest survey undertaken in summer 2014. These showed a high degree of satisfaction with the service. All relatives who returned a survey said they felt listened to and did not

want to suggest any changes to the service. Comments received showed that people’s relatives were happy with the contact from the service regarding their family member’s welfare but would like more involvement in knowing what people did from day to day, such as activities and special events. The manager had responded to this by writing a letter explaining how they would improve on this and ensure more contact from key workers and people who used the service. This showed a positive response to improving the quality of the service.

We also looked at the results of the survey for people who used the service. Again, there was a high degree of satisfaction expressed. People were asked to say what they liked about the service; responses included; the staff, activities and going out. People had said they wanted more attentiveness from staff and more going out. The manager said the soon to be introduced, increased staffing levels would ensure this.

There were systems in place to monitor the quality and safety of the service. Records showed this included monitoring of safeguarding issues, accidents and incidents. The manager told us how they monitored incidents and accidents in the service. A monthly file was maintained and reviewed each month. However, the manager did not document this to show it had been done or how any patterns/trends were identified or remedial action taken to prevent re-occurrence. They agreed to introduce a more robust system to show how this was managed.

Monthly health and safety checks, which included checks on equipment, the premises and cleanliness, were carried out. Any issues identified were documented and reported to maintenance for repair. It was not clear how the registered manager was kept informed of progress on improvements as there was no documented action plan. There was a reliance on ‘word of mouth’ and handovers. There was a risk that things could be missed or overlooked. The manager agreed an action plan should be completed after checks had taken place so progress could be measured and risks be reduced. Medication audits also took place, however, we noted that issues we identified regarding the management of medication had not been picked up by these systems of audit.

The registered manager had produced an annual report for the provider on the quality of the service and progress with planned improvements. We looked at this and could see progress on current projects such as recruitment and

Is the service well-led?

communication were reported on. Other topics included, care planning and assessments, identifying where improvements had been made and what was in place to ensure further improvements in line with best practice. The registered manager told us of recent developments in the service. They said they had re-assessed the needs of people who used the service and as a result secured additional funding to provide more staff. They said this additional staffing was going to be utilised to ensure a more personalised service for people living in the home. They said more individual, one to one time would be available to people and this would in turn enhance people's quality of life.

We were told that a senior manager from the organisation visited the home regularly to check standards and the quality of care being provided. The registered manager and staff said they spoke with people who used the service, staff and the manager during these visits. A record of the visit was not maintained. However, the registered manager showed us how feedback from these visits was discussed in her supervision meetings, highlighting good practice and any action that needed to be taken to improve the service.

The registered manager also told us that quality checking visits from volunteer trustees were about to be re-introduced by the provider. We saw minutes of meetings where the role and training of the volunteers had been discussed. The registered manager said a report would be completed following each of these visits and any improvements identified would have an action plan to ensure their completion.

Staff told us monthly staff meetings were held. They said they received feedback on the service and were kept up to date on issues affecting the service and people who used the service. They spoke about improvements made to the service in response to concerns raised, for example, an improved induction course, improved communication; all staff now had their own e mail account. Staff spoke of the service 'pledge' they had committed to and had made a suggestion that they now were going to put forward to people who used the service to see if they were in agreement with it. The pledge suggested was, "My care, my way."

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 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People who used the service were not protected against the risks associated with the unsafe use and management of medication, as appropriate arrangements for the recording, handling and administration and use of medicines were not always in place. |