

Bleak House Limited

Bleak House

Inspection report

High Street
Patrinton
Humberside
HU12 0RE

Tel: 01964630383

Date of inspection visit:
24 May 2016

Date of publication:
27 June 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 24 May 2016 and was unannounced. We previously visited the service on 1 August 2014 and we found that the registered provider met the regulations we assessed.

Bleak House is registered to provide accommodation and personal care for up to 19 people with learning disabilities and/or mental health conditions, and on the day of this inspection there were 17 people using the service. The home is located in Patrington near Hull. There are several shared bedrooms as well as single bedrooms and shared communal facilities. The service has use of a vehicle and people who use the service also access community based day services, education and employment. The service is within walking distance of local amenities.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our inspection we found that the recording and storage of medicines was not being managed appropriately in the service. This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that some of the bathrooms and toilets in the service were not properly maintained which meant some areas could not be effectively cleaned. This was a breach of Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that there was a quality assurance system in place but it could be developed further. We found during our inspection that medicines, health and safety and maintenance were being audited but we had concerns about these areas of practice, which made us question how effective the audits were. We also noted that some record keeping was not effective; regular audits may have identified the improvements that needed to be made. We have made a recommendation about this in the report.

You can see what action we told the registered provider to take at the back of the full version of the report.

People told us that they felt safe living at Bleak House and we found that people were protected from the risk of harm or abuse because the registered provider had effective systems in place to manage any safeguarding issues. Staff were trained in safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm.

On the day of the inspection we saw that there were sufficient numbers of staff employed to meet people's individual needs. New staff had been employed following the home's recruitment and selection policies and

this ensured that only people considered suitable to work with vulnerable people were working at the service.

The registered manager understood the Deprivation of Liberty Safeguards (DoLS) and we found that the Mental Capacity Act 2005 (MCA) guidelines had been followed.

We saw that staff completed an induction process and had received training in a variety of topics. Staff told us that they were happy with the training provided for them.

People had their health and social care needs assessed and person centred plans of care were developed to guide staff in how to support people. The plans of care were individualised to include preferences, likes and dislikes. People who used the service received additional care and treatment from health care professionals in the community.

People using the service were positive about the caring attitudes of staff. We observed that staff were kind, caring and attentive to people's needs. People's privacy and dignity were respected. People's nutritional needs had been assessed and people told us they were very happy with the food provided.

We saw that there were systems in place to assess and record people's needs so that staff could provide personalised care and support. Care files were updated regularly and information shared so that staff were aware of changing needs.

Care staff and people who lived at the service told us that the service was well managed. People told us they would not hesitate to express concerns or make a complaint, and they were confident their concerns would be listened to and acted on. There was a process in place to manage complaints that were received by the service. In addition to this, there were systems in place to seek feedback from people who lived at the service, relatives and staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People's medicines were obtained in a timely manner and we saw people were supported safely to take their medicines. Staff received appropriate training to ensure this was done safely. Despite this, the recording, administration and storage of medicines was not appropriate.

We found that some of the bathrooms and toilets in the service were not all properly maintained which meant some areas could not be effectively cleaned and records in relation to health and safety checks in the service were not maintained appropriately.

Staff had been recruited safely and there were sufficient numbers of staff employed to ensure people received a safe and effective service. Staff had received training on safeguarding adults from abuse and this meant they were able to identify concerns and refer them to the safeguarding authority.

Is the service effective?

Good ●

The service was effective.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Staff received relevant training and supervision to enable them to feel confident in providing effective care for people. People who used the service received additional care and treatment from health based professionals in the community.

People's nutritional needs were met and they told us they liked the meals at the service.

Is the service caring?

Good ●

The service was caring.

People who lived at the service told us that staff were caring and

we observed positive relationships between people who lived at the service and staff.

People's individual care and support needs were understood by staff and people were encouraged to be as independent as possible with support from staff.

People's privacy and dignity was respected and we saw evidence of this on the day of the inspection.

Is the service responsive?

Good ●

The service was responsive.

People's care plans recorded information about their life history, their interests and the people who were important to them, and their preferences and wishes for care were included.

People had plenty of opportunities to take part in their chosen activities.

There was a complaints procedure in place and people told us they would be happy to speak to the registered manager if they had any concerns.

Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well led.

There was a quality assurance system in place. However, further work was needed to ensure this was a robust system which assessed, monitored and reviewed the quality of the service.

There was a manager in post who was registered with the Care Quality Commission. People felt the home was well run and they were happy there.

There were sufficient opportunities for people who lived at the service and staff to express their views about the quality of the service provided.

Bleak House

Detailed findings

Background to this inspection

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

The inspection took place on 24 May 2016 and was unannounced. The inspection team consisted of one adult social care inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who assisted with this inspection had knowledge and experience relating to learning disabilities.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider. Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also requested feedback from East Riding of Yorkshire Council's (ERYC) contracts and safeguarding teams about the service; they did not have any concerns about Bleak House at the time of our visit. 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.

On the day of the inspection we spoke with ten people who lived at the service and spent time observing their care and interaction with other people who lived at the service and staff. We also spoke with the registered manager, assistant manager and two staff members.

We looked around communal areas, bathrooms and bedrooms in the service. We also spent time looking at records, which included the care records for two people, medicine records for three people who lived at the service, the recruitment records for three members of staff and other records relating to the management of the service, including staff training, quality assurance and health and safety.

Is the service safe?

Our findings

We asked people if they felt safe living at Bleak House. All of the responses we received were positive and comments included, "The staff do lots of things, they leave the light on for me on a night as I'm scared of the dark" and, "The staff help me in the bath so I don't fall." We asked staff how they kept people safe and one person told us, "The home is kept tidy and there are no trip hazards and no wet floors. [Name] has their own walking frame and has a risk assessment for this and some people have wheelchairs. People have risk assessments we follow for bathing and going up and down the stairs safely."

People were protected from the risk of abuse. We saw training records for staff confirmed they had completed up to date safeguarding training and they understood how to identify and report their concerns. The staff who we spoke with told us that they would report any incidents or concerns to the registered manager. One person told us, "I would go to [Name of manager] and make them aware or I would ring the safeguarding team myself. Abuse could be hitting, grabbing or calling people names" and another said, "It's all about keeping people safe and I would report anything to my manager." This meant people were supported by staff who were trained on how to support someone should an allegation of this nature be raised.

The information we already held about the service told us there had not been any safeguarding adult's incidents in the last 12 months. The safeguarding log at the service included the East Riding of Yorkshire Council (ERYC) Safeguarding Adult's Team risk tool for determining if a safeguarding referral needed to be made to them.

The provider information return (PIR) we received told us, "Our residents all have personal risk assessments to keep them safe whilst being managed in as positive a way as possible. We have risk assessments regarding health and safety which are designed to keep everyone as safe as possible." We saw that people's care records included information on any risks to them. For example, one person's records said, 'I am allergic to [Name of drug]' and, 'My skin is sensitive and vulnerable to pressure sores.' We saw various risk assessments had been completed including nationally recognised risk assessment tools, for example, Waterlow scores and malnutrition universal screening tools (MUST) were used to assess people's needs. The Waterlow score (or Waterlow scale) gives an estimated risk for the development of a pressure sore in a given patient and MUST is a five-step screening tool to identify adults who are at risk of malnutrition or obesity. It also includes management guidelines which can be used to develop a care plan. We saw these risk assessments were reviewed regularly and that they helped to identify people's needs and risks. This showed that any identified risks had been considered and that measures had been put in place to manage these.

The registered provider monitored the maintenance of the building. They had in place a current fire safety policy and procedure, which clearly outlined action that should be taken in the event of a fire. A fire safety risk assessment had been carried out so that the risk of fire was reduced as far as possible and we saw regular checks were carried out on fire-fighting equipment, emergency lighting and the fire alarm system. Records showed that all necessary checks were carried out on equipment and installations such as gas and electricity. This ensured they were safe and in good working order.

We saw the registered provider had a health and safety policy in place which contained an index of individual health and safety job descriptions and checklist for roles completed such as, 'keeping records for maintenance,' 'fire,' 'drugs and medication records' and, 'in-house audits.' Each section of the index which was monitored had a section to be signed as completed each month by the person responsible.

We saw the central heating and water safety was last checked in April 2016 and it had been recorded that the water in a downstairs bathroom was too hot and the temperature was recorded as 55 degrees. We were unable to see any action that had been taken in response to this. We discussed this with the registered manager who assured us this has been rectified and was now at a safe temperature. We saw other health and safety checks were inconsistently completed. For example, first aid supplies were last checked in February 2016, medications in March 2016 and outdoor safety in December 2015. This meant that not all possible steps had been taken to minimise risk within the service.

The registered provider had a procedure for the reporting of accidents and incidents which we were shown during this inspection. Any accidents that had occurred were recorded and we saw they included the date of the accident, details of the person concerned, the type of accident or incident, where the accident had occurred and any action needed. However, we saw from the health and safety records we looked at that accident and incidents had not been checked since January 2016. This meant that any reoccurring incidents would not have been detected, potentially exposing people to repeated risk. However, we found no evidence that this had negatively impacted on any of the people using the service. We discussed this with the registered manager who told us they planned to implement an overarching check of all health and safety systems on a monthly basis.

The registered provider had an infection prevention and control policy and procedure in place and we saw from the service training plan that staff had completed training on the subject. One staff member told us, "We use personal protective equipment (PPE) such as aprons and gloves and we have red bags for washing some clothes. In the laundry we have blue bins for dark clothes, orange for colours, yellow for lights, light green for clean and dry and light blue for clean and wet washing" and, "We clean sinks and mirrors in a morning. We use pink cloths for the sinks and blue for the toilets and blue mop buckets for the toilets, red for communal areas and yellow for the kitchen; mop heads are taken off after every use and washed."

We saw a 'cleaning products' procedure which included instructions of which product to use and what task to use it for. Cleaning schedules were in place which included separate areas of the service such as, 'dining room,' 'toilets' and, 'bathrooms.' We noted the 'bedroom' cleaning schedule with tasks to complete such as, clean the smoke detector, de-cobweb the ceiling, vacuum/wash the curtains and clean the windows. We saw these had been completed appropriately.

We looked at all of the bathrooms and toilets in the service and noted that all of them had facilities to enable people to effectively wash and dry their hands. However, in two of the communal toilets we noted that three hand towels were in use and these were grubby, bare plaster was coming away from behind one toilet, paint was peeling off the walls and a waste bin had no lid and contained two white bags that contained incontinence pads. We noted an odour in one toilet. We also saw the floor around the base of one of the toilets was badly stained and in one of the large toilets we saw the tiles were cracked along the floor and around the toilet which meant that any spillages would be able to leak under the flooring. These findings would prevent the area from being effectively cleaned and increase the risk of cross infection.

We saw a radiator front was hanging off and rusting along the top in one of the toilets and we saw two toilet seats were chipped and a toilet cistern was badly cracked. We discussed our findings with the registered manager at the end of this inspection who agreed that these issues would be addressed.

This was a breach of Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider had a medication management policy in place and we saw from records we looked at that staff had received training on how to administer medication safely. One staff member told us, "I am doing my medication training now and observing [Name of assistant manager]." People were satisfied with the way in which their medicines were managed by the service. One person told us, "I'm on medication and the staff do it for me" and, "I have medication at breakfast, lunch and tea time."

We looked at how medicines were managed within the service and checked a selection of medication administration records (MARs). We saw that medicines were obtained in a timely way so that people did not run out of them and disposed of appropriately. We saw that people's medication was kept in a medication trolley which was attached to the wall in the dining room area of the service and that the temperature of the area where medication was stored was monitored. We noted that temperatures were recorded consistently and that they were within recommended parameters.

We checked the folder where MARs were stored. We saw that people's records included a photograph of the person to aid recognition plus their date of birth, the name of their GP and any allergies. We found that MARs were clear, complete and accurate with no gaps in recording. The registered manager told us there was an audit trail to ensure that medication prescribed by the person's GP was the same as the medication provided by the pharmacy. They told us there had been problems with items missing each month upon delivery and they had spoken to the people's GPs and dispensers at the pharmacy to resolve these errors. The person's prescription now went to the service and staff completed the items that were required and this was sent to the person's GP practice. The staff at the service collected the prescriptions from the pharmacy and checked the items against their records. The registered manager told us this had reduced errors in medication deliveries occurring.

Medication was supplied by the pharmacy in a 'bio dose' system; this is a monitored dosage system where tablets are stored in separate containers for administration at a set time of day. The system was colour coded to identify the time of day the tablets needed to be administered and the same colour coding was used on MARs; this reduced the risk of errors occurring. Creams were recorded on a Topical MARs that included body maps to record where on the body the cream should be applied; those we saw were up to date.

We saw the packaging of medication that was stored in boxes or bottles was not dated when the medication started to be used; this meant the service could not ensure it was not used for longer than the recommended period of time. We discussed this with the registered manager who agreed to address this issue.

There was a medication policy held within the service which recorded 'Stock balance to be maintained for each drug prescribed to a resident. The stock balance must be maintained to show a continual running total of the drugs in stock.' Each person had a 'medication profile' in their records which included the amount of each medication ordered, received, any medication brought forward and the total. However, we found that one person's medication was recorded on their 'medication profile' as zero sent in May 2016 and none of the medicine had been recorded as brought forward. When we checked this medication we found there were 36 tablets in the service. We also saw that the service did not always check the stock of medicines held for each person. This made it difficult for the staff to audit the medicine stock held in the service.

Some people who lived at the service had been prescribed controlled drugs (CDs); these are medicines that

have strict legal controls to govern how they are prescribed, stored and administered. We saw staff were recording the administration of CDs in a CD record book, however, we saw CDs were stored in the medication trolley along with other medicines and not in a separate locked area.

This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the recruitment records for three staff members. We found the recruitment process was satisfactory and all employment checks had been completed. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and ensured that people who used the service were not exposed to staff that were barred from working with vulnerable adults. Interviews were carried out and staff were provided with job descriptions. This ensured staff were aware of what was expected of them. One staff member told us, "I did not start work until my DBS had come through."

We spoke with the registered manager about how they ensured there were enough staff on duty to safely meet people needs. They told us that the staff rota was completed two to four weeks in advance and the service diary was checked to see if any appointments/outings were planned and the staff were incorporated onto the rota using this information. They went on to say that no agency staff had been used at the service for 30 years and all of the people using the service that we spoke with told us they felt there was always enough staff.

Standard staffing levels were two staff during the day and one staff working from 9.00pm to 7.00am with an additional staff sleeping in. We checked staff rotas from 5 May to 2 June 2016 and saw that staffing levels had been consistently maintained.

Is the service effective?

Our findings

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 MCA 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 made on their behalf must be in their best interests and as least restrictive as possible. We saw that people's care plans recorded the decisions people were able to make and the types of areas that might require a best interest decision, along with a risk assessment on the person's abilities to make specific decisions. We saw one person's communication care plan recorded, 'I have limited means of communication and I am not always able to indicate my needs but I can understand verbal direction. I cannot understand information relevant to a decision.' We saw the person's capacity had been assessed in relation to dental treatment which had resulted in a best interest decision being made on their behalf.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether authorisations to deprive a person of their liberty were in good order. We saw that three people had appropriate documentation in place and applications had been submitted in relation to DoLS at the time of this inspection. The registered manager displayed a good understanding of their role and responsibility regarding MCA and DoLS and we saw from records held that 14 of the 15 staff had received training in MCA. One staff member told us, "It's about what the person knows, some people will have capacity and others won't and they will need someone to support them. Best interest meetings would be held. [Name of person] had a best interest meeting about their mobility and was going to have an operation on their hip but the decision was made not to have it."

We identified some minor concerns about the way the service obtained consent. It was not clear how the registered provider ensured that individuals had been consulted with about their care needs, or that people had agreed and consented to their care and support plans and the information held about them. Despite this, people who we spoke with told us they talked about their individual plans of care with their keyworkers. One person told us, "I talk to my keyworker about my care plan" others told us they talked about their care plan once a month with staff, another person said, "I talk about my care plan with [Name of manager]." On the day of the inspection we observed that staff checked that people had consented, either directly or by implied consent, to being assisted by them before they offered support. We also saw the results from the most recent service user satisfaction questionnaire in January 2016 which had asked people who used the service if they had consented to their plans of care. We saw 17 had been returned and all had answered yes to this question. These concerns were of low risk to the people using the service and had a low impact on their daily lives. We gave feedback to the registered manager about looking at alternative ways to ensure it was recorded that people had consented to the care and support they received.

The registered manager told us that people who used the service were encouraged to attend 'restorative practice' sessions as sometimes people became upset with each other. Restorative practice can be used proactively, to develop relationships and to respond to wrongdoing, conflicts and problems. They told us

people now freely came to the sessions and there had been an improvement in periods of upset. The registered manager told us that one person was currently receiving support from their GP due to an adjustment in their medicines which had led to a decline in their mood and behaviour and another person was encouraged to spend 15 minutes in the quiet of their own room when returning to the service as this helped them to remain calm. One staff member told us, "[Name] at the minute has been challenging and verbally abusive to their peers. We go and talk to [Name] about birds when this happens and they quickly relax."

The staff monitored people's health and wellbeing. One staff member told us, "We ring people's GPs and ask for appointments for them. District nurses come and do [Name's] blood pressure and [Name's] blood sugar and insulin. The chiropodist comes, people go to the dentist, visit their psychologist and opticians visit the home; some people have one or two pairs of glasses" and, "The GP comes and does annual health checks with people." They went on to tell us, "[Name] is diabetic and will have smaller portions of food and no sugar in their tea. Sometimes if we go to the shops and they want to buy chocolate I explain the choices to [Name] and the risk that it could make them poorly."

We saw people's care plans recorded any support they needed with their health and wellbeing, for example, one person's care plan said, 'I have poor vision and partial deafness' and, 'I suffer from dry skin and cream is applied when I need it.' We saw evidence that individuals had input from their GP's, district nurses, chiropodist, opticians and dentists. All visits or meetings were recorded in the person's care plan with the outcome for the person and any action taken (as required). People living at the service told us, "The staff take me to the doctors if I need it" and, "I go and see the dentist with the staff." This meant people received the correct support with meeting their health needs.

Staff told us they received an induction and training before starting to work at the service. Staff told us, "I had an introduction to the residents, did all the fire drills and was shown around the service. I did safeguarding training and five days of training which included first aid. I also shadowed staff that already worked here for three days. I did safeguarding levels one and two, fire, food hygiene, and infection control" and, "I did fire training last week, food hygiene and training on diabetes."

We looked at the training records and certificates held at the service and saw that staff had completed training in safeguarding adults, moving and handling, food hygiene, first aid, fire safety, infection control, health and safety, equality and diversity and medication management. We saw other training had been completed by some staff in subjects such as palliative care, pressure care solutions, communication and management of challenging behaviour.

Staff told us that they had received supervision sessions, which they found helpful. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. It is important staff receive regular supervision as this provides an opportunity to discuss people's care needs, identify any training or development opportunities for staff and address any concerns or issues regarding practice. A member of staff told us, "I am supervised about once a month. Recently I have just moved house and we have discussed how I am getting to work, my hours of work and how I am doing at work. We discuss if I'm doing okay. I like to know where I stand and if I'm doing okay." When we looked at staff supervision records we saw that some staff had received supervisions in 2016. One staff member told us, "If I wanted to see [Name of manager] I could see them anytime, I know that."

We asked people about the food provided by the service and their choices. Everyone we spoke with told us they loved the food, however, we received a mixed response from people when they told us about if they could choose their food with some people saying "Yes" and others saying "No." We discussed this with the

registered manager who told us that previously people were given a choice of meals the day before. However, when some people's meals had arrived they had seen another person's food and changed their minds and this had been causing some conflict between people. The registered manager told us that people had been consulted on the current menus and we saw this was rotated over a three week period and consisted of various foods, fruit, vegetables and desserts. We saw the last residents meeting held in April 2016 had discussed food and what people liked about the food at the service. We saw one person had said, 'I like the Weetabix, toast and marmalade and Cheerios and bread and jam.'

We spoke with the service cook about people's likes and dislikes. They told us, "[Name] is diabetic and has reduced carbohydrates and I have discussed this with them. I talk to people all the time about foods they like for example, [Name] doesn't like pasta and is trying all new types of food. They don't like liver or curry and [Name] only likes cold drinks and likes a drink of milk on a night time." We observed the lunchtime meal at the service and observed it was a sociable occasion and everyone we spoke with told us they enjoyed their lunch.

We saw that drinks were provided on a regular basis throughout the day and people were offered tea, coffee, juice and water. This supported the dietary needs of people living in the service and helped them to remain hydrated.

People's care files included their nutritional needs and people's food and fluid intake was recorded and summarised every month by staff. For example, one person records said, 'Had water offered 280ml and drank 280ml. Had egg sandwiches and fruit for pudding' and, 'Had mince, mash, vegetables and jam roly-poly.' This helped to make sure any needs were identified and people's nutritional health was monitored.

We saw the environment had undergone a programme of re-decoration in some areas. The communal hallways had been repainted and new carpets had been laid. The lounge in the main building was furnished well with comfortable seating for people to relax, watch television or take part in activities.

Is the service caring?

Our findings

Without exception, all of the people we spoke with told us they were happy living at Bleak House and had lived there for many years. Everyone we spoke with told us the staff cared about them, looked after them and made sure they were okay. One person who used the service told us, "Yes we are looked after by staff" and a second said, "I can talk to the staff about anything."

We saw that the most recent satisfaction questionnaire completed by family and friends of people using the service included comments such as, "Bleak house is comfortable and welcoming," "I cannot fault the care [Name] receives, they are always clean and dressed wonderful" and, "Every time I visit [Name] I feel like I could live there myself."

People who used the service told us their friends and relatives came to visit them and staff helped them keep in touch with people who were important to them. One person told us, "[Name] and [Name] come to see me" and a second said, "The staff help me write to my friend who used to live here." We observed one person receiving a telephone call from their parents and they went into a private room to speak with them. Another person told us their sister telephoned them every Sunday.

We observed throughout the inspection that staff talked to and about people in a respectful manner and they told us they respected people's privacy and dignity. For example, when we asked staff to talk about people's privacy and dignity the staff told us, "In bedrooms with people that share we have room dividers and always close the curtains" and, "Doors are always closed and for example, if helping someone to wash their top half I would make sure their bottom half was covered."

We saw staff supporting people throughout the day with understanding and compassion. Staff recognised people's needs because they obviously knew them very well. One staff member told us, "It's when you come in the atmosphere is nice. It's like a big family and everyone cares about each other. [Name's] behaviour has recently changed very quickly and we recognised that and they have been to see their GP today."

We saw people living at the service had a strong relationship with the registered manager and during the inspection we observed kindness and genuine affection between people and the registered manager. For example, one person came directly to the registered manager and gave them a hug as soon as they entered the room and another person went into the service garden and picked some daisies for them. We saw one person had an interest in birds and the registered manager had printed out pictures of birds for the person who we saw enjoyed watching for them in the garden. During discussions with the registered manager they talked with kindness, care and compassion about the people who lived at the service.

We saw people were encouraged to remain as independent as possible and discussion with staff confirmed this value. One staff member gave us an example of how they did this, they said, "I encourage [Name] to wash their own face and I will say, 'You try and if you can't I will help you'." This meant people were supported and encouraged to maintain as much independence and control over their lives as possible.

The provider information return (PIR) told us, 'We treat everyone according to their care needs irrespective of their age, disability, gender, gender identity, race, religion or belief, sexual orientation. It is the individual person that is important to us.' Discussion with the management and staff revealed there were no people living at the service with any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there; age, disability, gender, marital status, race, religion and sexual orientation. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

We asked the registered manager about advocacy services. They told us, "[Name's] mum uses an advocacy service to help them." We saw details of advocacy services were available on the noticeboard in the service. An advocacy service is provided by an individual who is independent of the registered provider and social services and who is not part of their family or friends. Advocates support individuals, particularly those who are most vulnerable in society, to ensure that their voice is heard on issues that are important to them and will make sure the correct procedures are followed by the registered provider and other health professionals.

Is the service responsive?

Our findings

We were told by the people that we spoke with that they knew about their care records and we saw the most recent resident satisfaction questionnaire recorded that 17 people said they had agreed and consented to their plans of care. The care records we saw included care needs assessments, risk assessments and individual care plans.

Assessments were undertaken to identify people's support needs and individualised care and support plans were developed outlining how these needs were to be met. People who lived at the service had care plans in place for communication, continence, daily lifestyle, death and dying, emotional support, finance, medical, medicines, mobility, nutrition/hydration, personal care, sexuality and mental capacity.

The care files we looked at were written in a person centred way and identified the person's individual needs and abilities as well as choices, likes and dislikes. Care files included people's skills, life events, family relationships and social interests. We saw one person's care files recorded, 'I attend day centre two days and go by taxi.' We saw each of the person's individual care needs and the outcome were appropriately reviewed and updated each month to ensure a person's current needs were known and met.

Each person had 'summaries' that were completed daily that comprised of several different areas of information. We saw one person's summary that recorded their morning, afternoon and evening routine, any activities and tasks they had completed which included notable independent achievements such as, 'Took clean laundry away, needed a little help,' 'Completed oral care needs independently' and, 'Shaved independently, stripped and made bed.'

The registered manager showed us a computerised care planning system called 'Person Centred Software,' that they were in the process of introducing in the service. Person centred software provides a system for electronic evidence of care at the point of delivery by inputting detail directly into the system via a mobile device; some information was already on the new system but other information still needed to be uploaded. The system informs the user when a review is required on people's care records and all staff had access to their own profile to allow them to log in and input information. These systems showed that the registered provider was exploring new technologies which ensured that staff had up-to-date information enabling them to provide responsive care as people's needs changed.

The most recent resident/family/friends satisfaction questionnaire had been carried out in January 2016 and we saw people who lived at the service had completed this and confirmed that they felt staff would not breach their confidentiality and would respond to any complaints raised. Comments from the family/friends questionnaires included, "Excellent in all areas I have observed" and, "Excellent, [Name's] life has completely changed for the better since living here." This meant that people who lived at the service and their relatives were being given opportunities to comment on the care provided.

Meetings had been held regularly for people who lived at the service and we saw the minutes of the last meeting held in April 2016 where the recent decoration in the service had been discussed, what time people

got up and went to bed, places of interest and what people liked to do in the afternoon. We saw comments included, "I lie in," "I go to bed when I want" and, "I like scrap booking, family history, crafts and baking."

People told us they enjoyed a wide variety of activities both in and out of the service. They told us they enjoyed crafting and one person showed us some of their work. Another person told us that the registered manager had supported them to go jousting on a horse as they had an interest in the medieval era and knights and fantasy stories. The person had also visited a castle in Warwickshire and taken part in archery. The registered manager told us they were working hard to support people to have 'special' days which involved doing something they were interested in and they told us two people had been to a vampire convention in Birmingham and had their photographs taken with the stars of a well know vampire TV show and another person had gone to see a famous singer in concert.

We saw the staff at the service and two volunteers provided various activities for people to participate in. The volunteers were previous employees of the service and now came in every Tuesday and Saturday to provide photography and arts/craft sessions for people. People using the service told us they enjoyed going swimming, bowling, bingo, watching the soaps on TV and films. One person told us, "I have my dinner out and go to the farm and I saw the cows, pigs and sheep" and a staff member told us, "People love dancing and the garden. [Name] loves birds and [Name] loves knitting. In an afternoon people like to read, play games and do colouring and jigsaws."

The registered provider had made information available about how to make a complaint. However, we saw the complaints procedure was not available in an easy read format. Easy read refers to the presentation of text in an accessible, easy to understand format. It is often useful for people with learning disabilities, and may also be beneficial for people with other conditions affecting how they process information. We discussed this with the registered manager who said they would look into providing easy read versions of procedures for people using the service.

People told us they knew who to talk to in case they had any complaints or worries. One person who used the service told us, "I could talk to [Name of manager] about anything" and a second told us, "Yes, complaints are listened to. I would go to the staff and I feel okay to." Another person told us, "I would go to the staff." We saw from records held that the service had not received any formal complaints in the last 12 months.

Is the service well-led?

Our findings

We sent the registered provider a 'provider information return' (PIR) that required completion and return to the Care Quality Commission (CQC) before the inspection. This was completed and returned with the given timescales. The information within the PIR told us about changes in the service and improvements being made.

As a condition of their registration, the registered provider is required to have a registered manager in post. There was a registered manager in post on the day of our inspection and so the registered provider was meeting the conditions of registration. The registered manager for Bleak House had worked at the service for 30 years and this provided consistency for the service. They told us that they kept themselves updated about any changes through receiving subscriptions to health and social care magazines and attending regular care forums held by the East Riding of Yorkshire Council (ERYC). They told us, "If I need to know something I will ring CQC."

The registered manager was on duty and along with the assistant manager; they supported us during the inspection and they were knowledgeable about all aspects of the service and able to answer our questions in detail. Management knew about their registration requirements under their registration with the CQC and were able to discuss notifications. The Health and Social Care Act 2008 (HSCA) requires registered providers to notify CQC of certain incidents and events and the registered provider fulfilled this requirement.

We saw that there were clear lines of communication between the registered manager and staff. The registered manager knew about the specific needs of people living at Bleak House, as they had worked at the service for a considerable amount of time. We asked staff if they felt able to discuss things with the registered manager and we received positive responses. One member of staff said, "We all know that we can talk to [Names of managers] about anything" and, "People would be listened to. I would feel comfortable speaking with the manager."

We found that there was a quality assurance system in place but it could be developed further. The quality schedule planner we saw for 2016 included checks on areas of the service which included satisfaction questionnaires, medication, finances, health, bed monitoring, family contact, care plans, activities and training. We found during our inspection that medicines, health and safety and maintenance were being audited but we had concerns about these areas of practice, which made us question how effective the audits were. We also noted that some record keeping was not effective; regular audits may have identified the improvements that needed to be made. Without this information the registered provider may find it difficult to evidence how they are effectively monitoring the quality of the service. We discussed the shortfalls in the systems with the registered manager who agreed that improvement to the quality monitoring of the service was required.

We recommend that the service considers current best practice on quality assurance systems and takes action to update their practice accordingly.

We saw that a recent satisfaction questionnaire completed by family and friends in 2016 included a comment which said, 'Improvement could be made to access within the building.' The registered manager told us they had plans to make the access from the front entrance to the back of the building all one level as currently there were several areas to step up and down. We saw during this inspection that one area on the ground floor was prepared and ready for this to be completed the day after this inspection. This showed us that the service listened to people's views.

We saw staff meetings were held regularly. Staff told us that they had the opportunity to ask questions, make suggestions and express concerns at staff meetings and that they felt they were listened to. One staff member said, "We talk about anything really and mostly about the residents."

Staff described the culture of the service as, "Like being at home with your family," "Everyone is dead friendly," "All staff get on really well and I know who I can talk to" and, "I think it's good, well it must be as I've been here a long time."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who used the service were not protected from the risks associated with living in accommodation that was inappropriately maintained. Records in relation to health and safety checks in the service were also inappropriately maintained. Regulation 12 (2) (h)</p> <p>Processes and systems to manage medication in a safe way for people were ineffective. Controlled drugs were inappropriately stored. Regulation 12 (2) (g)</p>