

Tinkers Hatch Limited

Tinkers Hatch

Inspection report

New Pond Hill Cross In hand
Heathfield
East Sussex
TN21 0LX

Tel: 01435863119
Website: www.tinkershatch.co.uk

Date of inspection visit:
28 November 2018
29 November 2018

Date of publication:
17 January 2019

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 ●

Summary of findings

Overall summary

We inspected Tinkers Hatch on 28 and 29 November 2018. The first day of the inspection was unannounced.

Tinkers Hatch is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Tinkers Hatch is a care home and provides accommodation for up to 32 people with learning disabilities. At the time of the inspection there were 28 people living at the home. People lived in the 'main house' which accommodated up to 24 people, 'the cottage' which accommodated up to six people, a unit for up to two people and a unit for one person. Most people lived at the home permanently, however people were able to spend short periods of time at the home for respite care.

There was a registered manager at the service. 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.

Tinkers Hatch had been designed, developed and registered before 'Registering the Right Support' and other best practice guidance was published. Had the provider applied to register Tinkers Hatch today, the application would be unlikely to be granted. The model and scale of care provided is not in keeping with the cultural and professional changes to how services for people with a learning disability and/or Autism should be operated to meet their needs. Improvements are needed to ensure the service develops in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

We previously carried out an inspection at Tinkers Hatch in October 2017 where we asked the provider to make improvements to people's 'as required' medicines, record keeping and consistently treating people with dignity and respect. We undertook this unannounced comprehensive inspection to look at all aspects of the service. We found there were breaches of regulation and improvements were needed to ensure the service met the legal requirements. The service has been rated requires improvement.

Risks to people were not always managed safely. Medicine administration records(MAR) did not always demonstrate if people had received their prescribed medicines and a hand-written entry on a MAR left one person at risk of receiving too much medicine. Staff competencies in relation to the administration of insulin had not been regularly assessed and there were no personal emergency evacuation plans in place.

The provider was not working within the principles of the Mental Capacity Act 2005. Mental capacity assessments had not been completed and there was no information to demonstrate how some decisions had been made in people's best interests.

People did not always receive support that was person-centred. They did not always receive support to identify individual aspirations or goals. Improvements were needed to improve records and ensure the quality assurance system identified and addressed all shortfalls.

Information about what was happening at the home was not always available to people. Improvements were needed to ensure people's needs were met through the design and adaptation of the home. Improvements were also needed to improve staff confidence in the new management team.

Although staff were knowledgeable the training programme did not include all training staff may need to support people with learning disabilities; to ensure staff continued to maintain their knowledge and skills and were following current best practice.

People were consulted and involved in the development of the service. There was a range of activities taking place and people were supported to take part in these if they wished. Other people enjoyed their own activities and interests.

People were supported to eat and drink a choice of food that met their individual needs and preferences. People's health and well-being needs were met. They were supported to have access to healthcare services when they needed them.

Staff had a good understanding of the risks associated with the people they looked after. Risk assessments were in place and provided guidance to support staff. There were enough staff working to provide the support people needed. Recruitment procedures ensured only suitable staff worked at the home. People were protected from the risks of harm, abuse or discrimination.

People were supported by staff who knew them well. They had a good understanding of people as individuals, their personal histories and likes and dislikes. Staff were kind and caring and committed to providing good care and support to people. They treated people with kindness, understanding and patience. People's dignity and privacy was respected. They were supported to make decisions and choices about what they did each day.

There was a complaints policy and people spoke to the registered manager or staff with any concerns.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Risks associated with medicines, health conditions and fire safety were not always managed safely.

Staff had a good understanding of the risks associated with the people they looked after. Risk assessments were in place and provided guidance.

There were enough staff working to provide the support people needed. Recruitment procedures ensured only suitable staff worked at the home.

People were protected from the risks of harm, abuse or discrimination.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The provider was not working within the principles of the Mental Capacity Act 2005.

Improvements were needed to ensure people's needs were met through the design and adaptation of the home.

There was a training programme for staff but this did not include all training staff may need to support people with learning disabilities.

People were supported to eat and drink a choice of food that met their individual needs and preferences.

People's health and well-being needs were met. They were supported to have access to healthcare services when they needed them.

Is the service caring?

Good ●

The service was caring.

People's dignity and privacy was respected.

People were supported by staff who knew them well and were kind and caring. They treated people with kindness, understanding and patience.

People were supported to make decisions and choices about what they did each day.

Is the service responsive?

The service was not consistently responsive.

People did not always receive support that was person-centred.

Staff knew people well and understood their wishes.

People took part in a range of activities.

There was a complaints policy and people spoke to the registered manager or staff with any concerns.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Improvements were needed to improve records and ensure the quality assurance system identified and addressed all shortfalls.

Improvements were needed to improve staff confidence in the new management team

People were consulted and involved in the development of the service.

Requires Improvement ●

Tinkers Hatch

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 28 and 29 November 2018 and the inspection was unannounced. The inspection was carried out by one inspector and an 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.

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 we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included three staff recruitment files, training records, medicine records, complaint records, accidents and incidents, quality audits and policies and procedures along with information in regard to the upkeep of the premises.

We looked at four care plans and risk assessments along with other relevant documentation to support our findings. This included 'pathway tracking' two people living at the home. This is when we check that the care detailed in individual plans matches the experience of the person receiving care. It is an important part of our inspection, as it allows us to capture information about a sample of people receiving care.

During the inspection, we met with all the people who lived at the home, and spoke with eleven of those. We also spoke with two visiting healthcare professionals and fourteen staff members, this included the registered manager and one of the directors. Following the inspection, we contacted six health and social care professionals who visit the service to ask for their feedback.

Some people were unable to speak with us verbally and other people chose not to. Therefore, we used other methods to help us understand their experiences. We spent time observing people in areas throughout the home and were able to see the interaction between people and staff. We watched how people were being supported by staff in communal areas.

Is the service safe?

Our findings

At our inspection in October 2017 we asked the provider to make improvements to ensure people received their 'as required' medicines safely and when they needed them. At this inspection we found improvements had been made to the 'as required' (PRN) medicines. However, we found the service was not consistently safe and identified other areas that needed to be improved. Medicine administration records (MAR's) were not always well completed to show people had received their medicines as prescribed. These generally related to topical creams and the use of prescribed toothpaste. Staff told us they believed people's creams had been applied and toothpaste used but this had not been recorded. This meant the provider could not be confident people had received all their prescribed medicines.

There was a handwritten entry on one MAR that stated paracetamol x 2 500mg. There was no further information about how often this medicine could be given and no signature to show who had written this entry. This medicine had been given once. On a second page of this person's MAR the same medicine had been prescribed and included all relevant information staff may need about dose and frequency. This left the person at potential risk of receiving incorrect and inappropriate amounts of this medicine as staff may be unaware of the double entry.

The provider had not always ensured staff had the appropriate knowledge and skills to support people living with diabetes. One person required regular injections of insulin. Staff told us they had received appropriate training and competency assessments prior to supporting this person and giving the injections, however these were not available at the inspection. Staff told us these competency assessments had been completed a number of years ago by an appropriately trained healthcare professional. These competency assessments had not been renewed. Staff who were newer to the service told us they had received their competency assessment from another staff member. However, there was no evidence this staff member had the knowledge, skills or competency to assess other staff as competent. This meant the provider could not be assured staff had the skills or most current knowledge to support this person safely.

A recent fire risk assessment had been completed. This had identified work was required and this had commenced. However, there were no personal emergency evacuation plans (PEEPs). These are essential to ensure staff and emergency services are aware of people's individual needs in the event of an emergency evacuation.

These issues above are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite these concerns staff demonstrated a good understanding of how to support the person with diabetes. There was information about the person's blood sugar levels and action staff should take if these were to rise or fall. Where people were living with other complex healthcare conditions such as epilepsy, these were managed safely. There were epilepsy care plans which included detailed guidance for staff about triggers, how the person may react during and after a seizure and action staff should take. Staff were confident in their approach and managed people safely during seizures.

Some people had been prescribed PRN medicine. People only took them when they needed it, for example if they were in pain or anxious. Where PRN medicines had been prescribed there were individual protocols in place to ensure people received these appropriately and consistently. One person told us, "I take a tablet if I have a headache." Some people required PRN medicines when they were anxious. These protocols included alternative approaches to try before medicines were given. There were systems in place to ensure medicines were ordered, stored, administered and disposed of safely. All staff received medicine training. Staff told us this enabled them to apply topical creams for people, but only those staff who had been assessed as competent were able to give medicines. Staff who gave medicines had a good understanding of people and the medicines they had been prescribed.

People told us they felt safe living at the home and were protected against the risk of abuse, harm and discrimination. One person said, "I feel safe here. Everyone is together and the staff look after us. There is no discrimination against us. Discrimination is when people are bullied or abused." Another person told us, "I feel safe here. I know the area. I have my own flat. I can lock the door. The staff are always around. There are enough. I've never had anything go missing. I tell the staff if I have any worries, as often as I want to. They sit me down and talk to me." Staff knew what steps to take if they believed someone was at risk of harm or discrimination. They received safeguarding training, and could tell us what actions they would take if they believed someone was at risk and how they would report their concerns to the most senior person on duty. Staff understood their own responsibilities in reporting concerns, if appropriate, to external organisations. Not all staff could tell us who these external organisations were but told us they were confident the information was available in the home. Safeguarding concerns were raised when needed and the registered manager worked with relevant organisations to ensure appropriate outcomes were achieved. Information about safeguarding concerns and outcomes were shared with staff. This helped to ensure, where appropriate, they were all aware of what steps to take to prevent a reoccurrence.

Risks to people were managed safely. This included risks related to behaviours that challenged, nutrition, and skin integrity. Staff understood the importance of supporting people to take well thought out risks to retain their independence and individuality. Risk assessments identified the risks and provided guidance for staff about how to minimise the risks. They also identified the potential triggers for behaviours that may challenge and included guidance for staff to recognise and divert the person. Staff had a good understanding of the risks associated with people they supported. Where people were at risk of developing pressure wounds there was guidance to support them appropriately. Where air mattresses were in place there was information about the setting requirements and these were set correctly.

People told us there were enough staff working at the home. One person said, "There are lots of people (staff) to look after me." Another person told us, "There is always someone to talk to here. I never feel rushed." The registered manager told us a number of staff had left the service over the past few months and recruitment was on-going. Staff told us there were enough staff working each shift but there needed to be more staff employed at the service as there was a current reliance on staff working extra shifts and agency staff. As far as possible regular agency staff, who knew people and the home were used. Agency staff were supported by regular staff.

People were protected, as far as possible, by a safe recruitment practice. Staff files included the appropriate information to ensure all staff were suitable to work in the care environment. This included disclosure and barring checks (DBS) and references. There was ongoing recruitment and staff did not start work until appropriate checks had been completed.

The home was clean. There were designated housekeeping staff who were responsible for the day to day cleaning of the home. There was an infection control policy and Protective Personal Equipment (PPE) such

as aprons and gloves were available and used during the inspection. Hand-washing facilities were available throughout the home.

There was ongoing maintenance and a maintenance program. The registered manager was aware of areas where improvements were needed and re-decoration at the home was ongoing. Maintenance staff were available when needed. Servicing contracts were in place, these included electrical appliances, the stair-lift and moving and handling equipment. Where works had been identified through the servicing contracts work was on-going to address these.

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 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 made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Although the registered manager and staff were able to tell us about people's mental capacity, formal mental capacity assessments had not been recorded. Easy read consent forms had been developed and people had completed these with staff, to demonstrate they agreed to having their photograph taken, a video of them recorded and these to be used for publication. However, these consent forms were not supported by mental capacity assessments to determine if people understood what they were consenting, to including the implications of using their photographs for publicity.

Decisions had been made about people's support needs. These had not been recorded to demonstrate they had been made in people's best interests, and were as least restrictive as possible. For example, some people had listening systems in their bedrooms. These were used for people who were at risk of having a seizure. The sound part of the device was in people's bedrooms and the listening part was in an area where staff were. Staff were also able to carry the listening part of the device with them. We were told these were generally used at night and meant staff could attend to people promptly if they had a seizure. For one person the listening part was in the lounge in the cottage and we were told this was kept on all the time. Everyone who was in the cottage could hear the person moving around in their room. There was no evidence of how decisions had been made in people's best interest, if any discussions had taken place or who was involved. There was no information about who had legal authority to make decisions on the person's behalf. Care plans did not include details of where people lacked capacity and how they made decisions. This meant people were at risk of having decisions made on their behalf that were not in their best interest.

Some people shared living arrangements. Some people had moved in as friends and wished to stay together. For others this arrangement had occurred after moving into the home. There was no information about how this decision had been made and how it was in the best interest of each person.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been submitted for people who were deemed not to have capacity and were under constant supervision. There were three DoLS authorisations in place and copies of the applications and authorisations were available to staff. However, there was no information to inform staff why DoLS applications were needed or how restrictions may impact on people.

These above issues meant that the provider had not worked within the principles of the Mental Capacity Act 2005. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite these concerns we saw people were asked for their consent before care and support was provided. They were encouraged and supported to make their own decisions each day.

When staff started work at the home they completed an induction. This included an introduction to the home, the general day to day running, they read the policies and were introduced to people. They completed some training and spent time shadowing regular staff, until they were competent and confident to provide care unsupervised. The registered manager told us staff who were new to care would complete the care certificate. This is a set of 15 standards that health and social care workers follow. It helps to ensure staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. However, this induction did not include any training related to learning disability. A staff member told us they had not received any formal training related to learning disability but had learnt a lot from their colleagues who were very knowledgeable.

There was a training plan in place and the registered manager had identified what training staff needed to do and when this should be completed by. This included mental capacity and DoLS, epilepsy, infection control, safeguarding and medicines. There was no training related to learning disabilities. From records we could see staff had previously received training related to learning disability. Staff received medicine training but were only able to give medicines when they had been assessed as competent. These competencies had not been reassessed to ensure staff continued to maintain their knowledge and skills and were following current best practice. Formal competencies were not in place for any other aspects of learning. We identified these training issues as areas that needed to be improved.

Improvements were needed to ensure people's needs were met through the design and adaptation of the home. There were no orientation prompts to remind, stimulate conversation and aid people's decision making. Although people were asked what they would like to eat at each mealtime there was no menu displayed to remind and inform people throughout the day. Similarly, there was no activity planner displayed to inform people about the group activities that were taking place each day. Although there was a complaints policy this was not in an easy-read, or other alternative format, which would have made it more accessible to people. Picture menus were available but these were not currently being used. We were told the pictures were not always appropriate. However, new pictures had not been developed. These are areas that need to be improved.

Adaptations had taken place to one bathroom but this was not suitable for people to use because there was a risk of people slipping on the current surface. Therefore, further work was being arranged to ensure it was appropriate to meet people's needs. There was a stair lift and staff supported people to use this when they needed. There was level access throughout the home, into the garden and on-site day centre. There was a supervision program and staff received regular supervision. This helped identify any areas where further support or development was required. The registered manager told us they would be reviewing the supervision program in the new year. Staff told us they received regular supervision and found it helpful.

People told us staff had the knowledge and skills to support them. One person said, "The staff are friendly. I know they have lots of training. We are often told there is staff training. They do NVQ in social care." Another person told us, "I think the staff do a good job and have training. The staff take their time with me." Staff were knowledgeable about people and the support they needed. They were able to describe the support

they provided for people and they understood the reasons for the support. During the inspection we saw staff supporting people appropriately when they displayed behaviours that may challenge or to maintain their skin integrity.

Over the past few years staff had developed learning resources that were available to staff. These included supporting people with dementia, nutritional information and hearing aid training. These were informative and used to support staff learning.

People told us they enjoyed the food and had enough to eat and drink. One person said, "I like the food here. I like chicken curry and rice. There is enough to eat. I have my own snacks in my tuckbox." Another person told us, "The food is lovely. I eat anything. There is lots of food. They bring snacks round. Sometimes I buy my own." We saw people being offered choices of what they wanted to eat each mealtime. If they did not like what was offered then alternatives were always available. The main lunchtime meal was provided in the main house each day. Within the cottage people made their own breakfast and took it in turn to choose the evening meal.

Nutritional assessments were completed and where appropriate referrals had been made and advice sought from health care professionals. Such as the speech and language therapist (SaLT), if there were concerns about a person's swallowing or there was a risk of choking. Where guidance had been provided this was followed. This included pureed diets and thickeners for drinks. Meals were freshly cooked and nutritious and reflected people's individual choices. One person said, "There is a good choice, it varies."

Staff provided support to people appropriately where it was needed. They were supported to maintain their independence at mealtimes and this included the use of specialised cutlery and plates. People's food and fluid was monitored where needed to help identify if people were at risk of dehydration or malnutrition.

People were supported to maintain good health. They received on-going healthcare support and could see their GP and other healthcare professionals when they wished and when there was a change in their health. One person told us, "I will see the dentist in February and the optician in April." Another said, "I have an annual eye test. My hearing is okay. The GP reviews my medicines annually." During the inspection one person became unwell. Staff contacted the GP to visit and then ensured the person received the newly prescribed medicines as soon as possible. Staff regularly updated each other about the person's condition throughout the day. Where possible staff supported people to attend appointments rather than asking for GP visits. This meant people had the opportunity to discuss health issues, with support from staff, in a more private setting. Where people were living with health-related conditions staff supported them to attend regular health checks and appointments. Healthcare professionals we spoke with and contacted told us staff referred health concerns to them appropriately and in a timely way. Advice given was followed.

Each person had a health and care passport and people took them with them if they needed to go into hospital or see their GP. Health and care passports are communication booklets which provide important information about the person and provide healthcare staff with a straightforward guidance about supporting the person. These had been produced in an easy-read format. An easy-read format makes the written word easy to understand because it uses simple, jargon free language, shorter sentences and supporting images.

Is the service caring?

Our findings

At our inspection in October 2017 we asked the provider to make improvements to ensure people were always treated with dignity and respect. At this inspection people told us and we saw they were treated with respect and their dignity maintained. One person said, "The staff are good. They are kind. The staff are excellent. They respect me and ask me if I want to do something." Another person told us, "Most staff knock on the door before coming in. They treat me with respect, let me do my own thing." Staff spoke with people respectfully and called them by their preferred name.

People were supported to maintain their own personal hygiene and appearances. They were able to wear clothes that reflected their personalities and of their own choice. One person was wearing jewellery and this was clearly important to them. People's bedrooms were personalised with their possessions such as personal photographs and mementos and arranged in a way that suited each person. People were proud of their bedrooms and wanted to show them to us. Staff were mindful of people's need for privacy. During the inspection we were talking with one person in the main lounge. This person was happy to talk with us but at one point became hesitant. The staff member who was present said, "Why don't you go up to your room and then you can tell the lady what you want to." The person agreed and continued their conversation happily in their bedroom.

Staff had a good understanding of dignity, equality and diversity. They were aware of the need to treat people equally irrespective of age, disability, sex or race. People were supported to maintain their spiritual and religious choices. Staff told us they supported one person to attend church if they wished. Staff respected people's individual knowledge and skills. Staff told us about one person who had a good understanding of Makaton. Makaton is a language programme which uses signs and symbols to help people to communicate. They told us if they needed to know a Makaton sign they would ask this person to help them out.

Staff offered people choices and supported them to make decisions throughout the day. Decisions people made were respected. People were able to get up and go to bed when they liked. One person chose to have a lie in one morning during our inspection. People were supported to make their own decisions about what they did each day, where they went and what they had to eat and drink. Staff supported and encouraged people to maintain their independence through their decision making.

People were relaxed and comfortable in the presence of staff. They engaged in friendly conversation and interactions throughout the day. Staff knew people well, they had a good understanding of each person's physical, emotional and health needs, their likes and choices and what was important to them. They recognised people's different personalities, personal histories and the choices they made. Some people were anxious and regularly appeared distressed. Staff supported them with kindness and understanding. They listened to the person's worries, offered reassurance, and where appropriate distraction. One person told us, "I get distressed. The staff know how to deal with me."

People were supported to maintain relationships with those who were important to them. This included visits to family homes, visitors to the home and telephone contacts. People had developed friendships at

the home and told us how important this was to them. One person said, "I moved here with my friend when the home we were living in closed. I feel very happy here." Another person told us, "My friends are the best thing about living here." People told us about the emotional support they received from their friends and from staff. One person said, "If I am worried [name of person] gives me a cuddle. Another person told us, "I don't like it when [name of person] has a seizure. The staff help me feel better."

Is the service responsive?

Our findings

We found aspects of the service were not always person-centred.

At breakfast time in the main house, people were waiting in the reception area. Staff were giving the morning medicines from the medicines cupboard which was in the dining room. People were asking staff if they could have breakfast and were told they needed to wait until the medicines had been given. This did not meet people's individual needs and preferences. This is an area that needs to be improved.

There was a wide range of activities taking place each day. People told us what they done each day. One person said, "I like to do art, swimming, watching TV, going on outings. You can go out as often as you like." Another person told us, "I go to day care during the day and in the evening, I relax. I read the Daily Mail. It is delivered to me. I like the computer. I like spreadsheets, data processing and numbers." People told us they went on holiday and went for outings. One person said, "I go to movies, swimming, to the pub. I like a lager." Another told us, "I go out. I went to the zoo and saw the baboons. We went to play bingo, on outings, for fish and chips and to Eastbourne." However, these activities were not always meaningful and had not been developed to recognise the opportunity to promote and develop people's individual skills, independence and interests. They did not support people to identify individual aspirations or goals. One person told us what they had done each day, they were clearly happy and able to make their own choices. This person was independent but there were no plans to develop or promote this through developing new skills, for example with the opportunity to move to a more independent setting or find employment. This is an area that needs to be improved.

Throughout the inspection we saw people were busy and engaged throughout the day. There was an on-site day centre which people spent time at as and when they wished. People told us they took part in what they wanted to. During the inspection people were creating Christmas decorations and rehearsing for a Christmas show. People spoke to us about their interests. One person told us they enjoyed football and watched it in their bedroom. Another person said, "I choose to do artwork. I have a white board in my room I can draw on." Not everybody went to the day centre and instead chose to stay in the main house. We saw some people were knitting, others were doing puzzles and playing games. The television was on in the main lounge and staff regularly checked with people that they liked what was on. Staff were supporting one person who was new to the home to identify what they would like to do. Staff acknowledged this may take some time and were working with the person and their relatives to identify interests.

One person, who was living with dementia, was less able to engage in activities and a new assessment had been completed. This was using the Pool Activity Level (PAL) assessment. This is a framework for providing activity-based care for people who are living with cognitive impairment such as dementia, learning disability and who have had a stroke. The PAL assessment identifies a person's ability to engage in activities which are then developed for each individual. This was used to develop specific activities for this person.

Some people helped out around the home. One person told us, "I like cleaning. I feel proud to do it." Another person spent time in the garden clearing the fallen leaves. This helped to maintain a well kept garden. Other

people helped in the kitchen. One person peeled the potatoes each day, another made their own hot drinks and a further person was planning to support the cook with cake decorating. The cook had worked with one person to help them complete a food hygiene course. Their certificate was displayed on the wall and the person had a copy which they proudly showed us. The cook told us they would like other people to complete the course and was working to encourage them to do so.

The registered manager was identifying new opportunities for people to engage. Links had been made with two nearby homes and some people were due to attend a Christmas Ball at one of the homes. The registered manager told us this was an area they would like to develop further.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. People had communication plans in place and these provided some guidance for staff. Not everybody was able to express their needs verbally and staff were able to communicate in a way that suited each person. This included the use of Makaton or an adapted form of Makaton to suit the individual and electronic aids. Some people had sensory impairments such as vision or hearing loss. Staff were aware of how to communicate with these people by ensuring they were in the person's line of sight and telling people they were nearby. Throughout the inspection staff communicated well with people.

Staff knew people well and were able to tell us about the care and support people needed, their interests and choices. Staff responded appropriately to people's needs. Where people required support with their skin integrity, mobility and continence this was provided in a way that met people's needs and preferences. One person told us, "I go up and downstairs on the stair lift. Someone comes with me which makes me feel safe. I have someone with me when I walk with my stick." Care plans contained information about people's needs in relation to personal care, mobility, nutrition, behaviours that may challenge. There was information about people's preferences, and what was important to them. These were reviewed regularly and updated when people's needs changed. Care plans provided guidance for staff on how best to support people.

A handover took place at each shift change to ensure key information on people's needs were shared and discussed. This ensured staff had up to date and accurate information on people to meet their changing needs. When new care plans were written a copy was placed in a folder in the staff room. Staff were asked to read and sign the new care plan and this was not removed until all staff had signed. This helped ensure staff who had been on leave had an opportunity to catch up quickly on all changes since they had worked last. Staff told us they found this system very useful for keeping up to date. Staff who were team leaders and responsible for leading the shift told us that after a period of leave they would not work as shift leader to ensure they had time to catch up with people's changes.

People told us if they had any concerns they would speak to staff. One person said, "I have no complaints. It is brilliant here. I would talk to [staff member name] if I had to." Another person told us, "I don't think I have complained about anything. I could have a meeting if I wanted to." Other people told us they would discuss their concerns with family members if they were worried. There was a complaint's policy and records showed complaints raised were responded to and addressed appropriately. Staff spoke with people throughout the day to identify if they had any concerns or worries. If they did they were addressed immediately.

At the time of the inspection no-one was receiving support for end of life care. The registered manager told us that as far as possible, people would be supported to remain at the home until the end of their lives. Staff were aware of the health needs of people and how the health needs of one person may increase quite quickly. One person who was frailer had an end of life care plan in place. This had been developed with the

person's relatives and reflected their individual wishes. This care plan had been developed in an easy read format to make it accessible to people.

Is the service well-led?

Our findings

At our inspection in October 2017 we asked the provider to make improvements to ensure records were well completed and the quality assurance system identified areas for improvement. At this inspection we found further improvements were needed and there was a breach of regulation.

Since the last inspection there was a new registered manager in post. They had identified there were areas that needed to be improved across the home. People's records were not always easy to navigate and finding information was not always straightforward. The reason for giving PRN medicines and the effect of the medicine had been recorded however, this information was also kept within people's care plans and not with the MAR's. People's care plans were stored in a separate room to the medicines. This meant staff did not have all the information about people's medicines to hand when they may need it. Although, this did not impact on people at this time, because staff knew them well, there was a risk people may not receive medicines consistently.

Some people used Makaton to communicate and staff had a good understanding of how to communicate with each person in a way that met the person's needs. Staff told us one person used only limited Makaton signs, the care plan informed staff to look at the person's communication folder but this folder could not be located. Although this did not impact on the person because staff knew how to communicate with them. The lack of information leaves people at risk of receiving inconsistent or inappropriate support.

People had nutritional care plans which provided guidance for staff. Two people's care plans stated they needed to be weighed monthly as they were at risk of malnutrition. Both people had been weighed in May 2018 and then not again until November 2018. The registered manager told us they were confident people had been weighed but the information had not been recorded within the care plan and was not easily accessible. Staff knew about the nutritional support people needed and provided this appropriately.

The registered manager had identified that care plans needed to be improved and developed. Through our discussions and observations, we saw people were involved in planning their own care. However, care plans did not reflect people's involvement, the provider could not demonstrate the care plans reflected people's involvement.

There was a quality assurance system. Audits had been completed by the registered manager and an external company. These had not identified all the shortfalls we found. Where shortfalls had been found action had not always been taken. Medicine audits identified incorrect medicine balances. There was no evidence of action taken to address this. The medicine audit in September 2018 had identified topical creams were not always being signed for. This had not been addressed and we found similar issues. A fire risk assessment had identified PEEP's were not in place. However, this had not been addressed.

The lack of goal setting for individuals and the lack of easy read information around the home had not been identified. Accidents and incidents had been recorded and this included information about what action had been taken. However, there was no audit to identify themes and trends across the home. This had been

identified as an area for improvement at our previous inspection. The audit system had not identified the lack of mental capacity assessments or records of best interest meetings.

At our previous inspection there was a comprehensive training program in place. However, since that inspection there was a new registered manager in post and they were unable to easily identify what training staff needed and had received. This was due to the lack of oversight or training audit being in place.

At the previous inspection we discussed the lack of kitchen/lounge area for three people. In addition to the main house there was a cottage and two units, one unit accommodated two people and the second unit accommodated one person. There was a bathroom in each unit and people had their own bedrooms. However, there was no lounge or kitchen area within either unit. This meant people went to the main house or the cottage for their meals and for their recreational time. Although people told us they were happy with this arrangement this did not demonstrate a person-centred approach to support. The registered manager (who was in post at that time) confirmed this would be part of the ongoing development of the service but as yet no timescale had been set. We previously recommended the provider consulted with CQC, 'Registering the right support' document to ensure any planned or future alterations were in line with current guidance. At this inspection no consideration had been given to this guidance. Although we had not expected changes to have taken place we would have expected the information to be used and future development plans to be in place.

There was not an adequate process for assessing and monitoring the quality of the services provided and to ensure that records were accurate and complete. These issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they knew who the registered manager was. One person said, "[Name] is the manager. He knows all about me. I think the place is well run." Another person told us, "I hope the staff are happy here. Some are, some aren't. You don't really notice it. I know the name of the manager (said the name). He doesn't tell you what is going on as much as the previous manager (gave name)."

Staff told us there had been a number of changes since the new registered manager had commenced work. They told us a number of staff had left at the same time as the previous registered manager and this had left the team feeling unsettled. They expressed concerns about the direction the home was taking as they felt it was no longer a home for life for people. Staff told us they did not always feel supported and missed the 'open-door' policy of the previous registered manager. One staff member summarised what other staff had said. "We know changes are needed, however we want to see changes that benefit people and are not changes for changes sake." Staff told us they felt improvements were needed to develop the manager – staff relationship.

The registered manager and provider were aware that changes were needed to improve and develop the home and were aware of staff concerns. Meetings had taken place with staff to help keep them updated and informed about ongoing plans and changes. We recommend the registered manager and provider continue to engage and meet with staff on a daily basis to improve and develop the culture at the home.

Staff, the registered manager and provider were committed to improving and developing the service to meet people's needs and choices.

People were regularly asked for their feedback and encouraged to give their ideas about improving and developing the service. There were regular meetings through an 'ideas group' which was run by an external visitor. People were able to discuss any issues and were currently working together to develop a client guide.

A visiting advocacy service also met with people monthly and helped identify any areas for improvement. For example, they had requested more information about what activities one person who remained in their room, done each day. This helped to ensure people were able to influence changes at the home and were provided with different ways of expressing their views. One person told us, "The best thing about the place is the relaxed atmosphere, good friends. I didn't know anybody when I first came here. I don't think I would change anything."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider was not working within the principles of the Mental Capacity Act 2005. 11.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for people. 12(1)(2)(a)(b)(c)(g).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have an effective system to monitor the quality and safety of the services provided and ensure records were well completed. 17(1)(2)(a)(b)(c).