

Foxglove Care Limited

Foxglove Care Limited- 33 Main Street

Inspection report

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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



Overall summary

We carried out this inspection on 5 November 2015. The last inspection was carried out 29 April 2014 and the regulations we assessed were all being complied with.

33 Main Street is a small residential care home located in the village of Wawne close to the local shops and amenities. It provides accommodation and support for people who may have a learning disability.

The home is required to have a registered manager but had not had a registered manager in post since May 2015.

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.

The registered provider had employed a new manager and they came into post on 18 May 2015. The manager

Summary of findings

told us that they had submitted their application for the disclosing and barring service (DBS) process of their application to the Care Quality Commission (CQC). We were able to verify this had been completed.

The Disclosure and Barring Service 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 also prevents unsuitable people from working with children and vulnerable adults.

The registered provider had a system in place for ordering, administering and disposing of medicines and this helped to ensure that people received their medicines as prescribed. However, some improvements were needed in the way that medicines were stored. We have made a recommendation about this in our report.

There were sufficient numbers of trained, skilled and competent staff on duty. However, the manager was unable to provide evidence of all staffs' DBS disclosures. We have made a recommendation about this in our report.

We saw that staff completed an induction process and had received training in a variety of topics.

The registered provider had some systems in place to monitor and improve the quality of the service. However, this was not completed regularly and had not picked up issues with medicines and recruitment paperwork.

People that used the service were protected from the risks of harm or abuse because there were safeguarding systems in place. Staff were aware of their responsibilities to make referrals to the local authority safeguarding team.

We found that the premises were safe because they had been regularly maintained using maintenance contracts.

People's rights were protected because the principles of the Mental Capacity Act 2005 (MCA) were followed to ensure those without capacity to make decisions were represented according to legal frameworks.

We found that people were cared for and supported by kind and caring staff that were knowledgeable about people's individual care and support needs. People's privacy and dignity was upheld at all times and their personal details were kept confidential.

We saw that people's wellbeing was monitored by staff and that efforts were made to assist people to improve their wellbeing.

We saw that people had person-centred care plans in place to instruct staff on how best to support them and meet their needs.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

The home had a system in place for ordering, administering and disposing of medicines and this helped to ensure that people received their medicines as prescribed. However, some improvements were needed in the way that medicines were stored.

There were sufficient numbers of trained, skilled and competent staff on duty. However, the manager was unable to provide evidence of all staffs' DBS disclosures.

Assessments were undertaken of risks to the people who used the service. Written plans were in place to manage these risks.

People that used the service were protected from the risks of harm or abuse because there were safeguarding systems in place. Staff were trained in safeguarding adults from abuse and they were aware of their responsibilities.

Requires improvement



Is the service effective?

The service was effective.

Staff had received training in key topics.

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).

People's nutritional needs were met. People's health care needs were met and advice of health care professionals was accessed.

People enjoyed premises that were suitable for their purpose.

Good



Is the service caring?

The service was caring.

People's privacy and dignity was upheld at all times and their personal details were kept confidential.

We observed good interactions between people who used the service and staff during the inspection.

Staff were knowledgeable about people's individual support needs.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and person centred care plans were produced which identified how to meet each person's needs.

Good



Summary of findings

People were supported to undertake activities of their choosing.

The registered provider had a complaints policy. However, this was not visible in the service nor accessible for people who used the service and their relatives. People with whom we spoke told us they would feel confident in raising any concerns they had.

Is the service well-led?

Some aspects of the service were not well led.

The systems in place to monitor and improve the quality of the service had lapsed and were not completed regularly.

Staff were supported by the manager. There was open communication and staff felt comfortable discussing any concerns with the manager.

Records were appropriately kept and maintained.

Requires improvement



Foxglove Care Limited- 33 Main Street

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.

This inspection took place on 5 November 2015 and was announced: 24 hours' notice of the inspection was given because the service is small and the manager may have been unavailable. We needed to be sure that they would be in. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider, information we had received from the East Riding of Yorkshire Council (ERYC) Contracts and Monitoring Department and Safeguarding Team.

During the inspection we spoke with one person who lived in the service, one staff member, one team leader, the acting manager and one relative of a person using the service.

We spent time looking at records, which included the care files for one person using the service. We looked at the recruitment, induction, training and supervision records for four members of staff and records relating to the management of the service. We spent time observing the interaction between people and staff in the lounge / bedroom and kitchen area during meal preparation.

Is the service safe?

Our findings

We were unable to speak with people that used the service at 33 Main Street or ask them our questions, but we were able to communicate a little with them through observations and listening to their requests for support. We saw that people were relaxed in the company of the staff that supported them and that music and dancing was something to which they responded well and helped to ease any anxieties, as it made them smile and relax.

We looked at the medicine management systems used at the service and checked one person's medicine administration records (MARs). The registered provider used a monitored dosage system. This is a monthly measured amount of medicine that is provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the GP. It allows for simple administration of medicine at each dosage time without the need for staff to count tablets or decide which ones need to be taken and when. The service had an ordering system that was completed on a monthly basis via the local pharmacy that collected and delivered the medicine to the service. This was recorded in the staff communication book.

We looked at training records which confirmed that staff responsible for administering medicines had completed training in 2014/15. We asked one newly recruited staff member if they had received medicine training. They told us, "I am not yet giving medication. My training is booked for November 2015 and I will then be observed by a senior staff member for five days." This helped to make sure people received their medicines from appropriately trained staff.

We saw the service had a medication policy that had been reviewed in February 2015 and medicine 'do's and don'ts' which included best practice guidance from the National Institute for Health and Care Excellence (NICE). NICE provides national guidance and advice to improve health and social care.

We completed a sample check of three medicines for one person that used the service. We saw there were no gaps in the recording when administering medicines. The sample checks tallied with what medicines were remaining at the service. We saw that people were receiving their medicine as prescribed by their doctor. Any medicines which had

been given were recorded on the MARs. We saw individual medicine stock sheets that were completed each time medicines were administered and medicine checklists for MARs that included missed dosages, wrong medicines, missed signatures, incorrect dosages and incorrect times. We were able to evidence that one medicine was administered at the wrong time in August 2015 and the system had highlighted this. The service had discussed this with the local safeguarding team and in staff supervision.

All medicines were stored securely however they were not stored at safe temperatures. We saw the temperature of the medicine cabinet was taken twice each day. We checked the recording from September 2015 to November 2015 and saw the temperature had been consistent at 25.1 degrees at each check, which is above the recommended parameters of 25 degrees. We discussed this with the manager who told us no corrective action had been taken, with the exception of moving the thermometer around inside the cabinet. This meant the registered provider could not ensure medicines had been stored at the recommended temperature to ensure they were fit for purpose. The manager agreed to address this.

We saw three bottles of ear drops that had been opened; none of them had been labelled to show when they had been opened or the expiry date. We checked the instructions which showed these were to be discarded two months after opening. The manager could not be sure when they had been opened. We discussed these issues with the manager and a call was made to the local pharmacy who confirmed the ear drops were safe to use and all other medicines at the service would not spoil due to the increased temperature. The manager agreed to address this.

We looked at the recruitment files for four staff employed by the service. Files included application forms, references, interview questions, terms of employment and an induction checklist. We saw checks were made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. These checks ensure that people who used the service were not exposed to staff that were unsuitable to work with vulnerable adults. We saw two staff members did not have a DBS check in place at the service. We discussed this with the team leader who agreed to ring the company head office. The head office was unable to provide the disclosure

Is the service safe?

numbers. One of the two staff members brought in their original DBS disclosure which we saw during this inspection. This meant there was a lack of evidence that only people considered suitable to work with vulnerable people had been employed. The manager told us they would ensure that these records were held at the home in future.

The information we held about the service told us there had been no safeguarding adult's incidents where the manager had needed to make a referral to the local safeguarding adult's team in the previous 12 months to this inspection. We spoke with the local authority safeguarding adult's team prior to the inspection. They told us they did not currently have any concerns with the service. There had been no incidents notified to us using the appropriate notification documentation and so we understood that people were appropriately supported.

Through discussions the manager and staff were able to demonstrate an understanding of reporting safeguarding allegations. One staff member told us, "We have the safeguarding contact numbers. If any person was hurting anyone I would not hesitate to report this." We saw a safeguarding log book that contained a risk assessment tool and guidance on how to use this, an assessment on types of abuse and evidence of discussions held with the local safeguarding team. We judged that the service would be able to act appropriately if a referral was required. This meant that people were protected from the risk of abuse.

We saw staff had completed safeguarding adults training in 2015. However, evidence from staff training records showed one staff member had no recorded safeguarding training since November 2012. We discussed this with the manager who told us the person had been absent and very recently returned to work. The manager requested through the company head office that the staff member was enrolled on safeguarding training whilst we were at the service.

We saw there was one care staff, one team leader and the manager on duty on the day of the inspection. Duty rotas we looked at and information we received from staff confirmed to us there were two care staff on duty at each shift throughout the day and one staff on sleep-in and one staff on waking duty at night. This was because the two to one arrangement in place was assessed to meet the needs

of people that used the service both inside the home and out in the community. This level of supervision had been reviewed in January 2015 by the local authority that commissioned the service.

We observed that people required support from staff regarding their food and drink, safety at all times, personal care and any activities they chose to engage in. People who used the service also required support with decisions on a daily basis and at times of anxiety. This meant the duty rotas were designed around individual's needs.

We saw that incidents around behaviour that challenged the staff and others who used the service were documented in one person's care file as part of their behaviour monitoring records. These were reviewed regularly, and recorded. We were able to verify two of these incidents in the service's recording of accidents and incidents. This meant people had support to help them keep safe.

We saw the registered provider had a policy for 'restrictive physical interventions and restraint' that set out the legislation and best practice guidance which was up to date. We saw in training files that staff had completed training in 'non-abusive psychological and physical intervention' (NAPPI). We spoke with the manager who told us, "All staff have attended NAPPI training. No physical restraint is used in the service. People may come towards you and we will guide them in a different direction." A relative told us, "Staff will keep a safe distance and give [Name] time to calm down." This helped reduce the risk of harm to people who used the service.

We saw that one person's care file listed the risks associated with the person's individual care. These included managing behaviour, travelling in a car, personal care and bathing and nutrition and dehydration. The level of risk had been identified and controls recorded to help reduce the risk to the person. We saw risk assessments were reviewed every six months to ensure they were still relevant to the person with the exception of one risk assessment for travelling in a car which had not been reviewed since 2014. We discussed this with the manager who agreed to address this.

The manager told us risk assessments and support plans helped reduce the risks to people using the service. One person's risk in the kitchen area had recently escalated and the service had put in place measures to reduce the risk

Is the service safe?

which included stopping the use of the cooker hob and the installation of a safety gate. It was agreed that this would only be used when the cooker hob was switched on. We were able to confirm with the person's relative that they had been involved in the decision making. This was a measure to help ensure the risk of accidents or incidents occurring again were minimised.

Maintenance certificates were in place and up to date for the service. These records showed us that agreements were in place which meant equipment was regularly checked and serviced at appropriate intervals. The equipment included, electrical testing, portable electrical appliances and gas systems. This ensured they were safe and in good working order. There were no hoists or lifts in the service as people who used the service were independently mobile with no assistance required with moving or handling.

We saw that the environment at 33 Main Street was appropriately maintained in respect of supplied utilities, furniture, facilities and fixtures. There was specialist protection for equipment and belongings. For example, the television and some cupboard doors that contained chemicals and sharp utensils, so that people could not be harmed from touching these.

The fire risk assessment was reviewed in January 2015. We saw that checks were completed on fire extinguishers every month and fire equipment was serviced annually by an outside contractor. Fire drills were completed at least twice every year and escape routes were checked for obstacles. We saw the last visit by a fire officer was in October 2014 and a recommendation had been given to the service that hand held torches would be beneficial. We were able to see these were now in place. This helped to ensure the safety of people who used the service.

We saw that the service premises were clean and hygienic. Staff had appropriate personal protective equipment to protect them when providing personal care and they followed safe practices for hand washing.

We recommend the registered provider finds out more about current guidance for storing medicines at correct temperatures, labelling medicines once opened and updates their practice accordingly.

We recommend that the registered provider follows its recruitment policy and procedure when employing any member of staff and copies of recruitment records are held at the service for each person employed.

Is the service effective?

Our findings

Staff told us they completed an induction upon commencing their employment with the service, this involved training such as epilepsy and safeguarding, working through an induction pack and reading the service policies and procedures. One staff member told us, “My induction was brilliant; I was mentored by a senior staff member and shadowed another person at the service for several days before I started. I spent time looking at people’s care files and observing.” We saw the service induction included fire procedures within the service, health and safety, dress code and accidents.

Staff told us that they had received supervision sessions, which they found were informative and helpful. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. One member of staff told us “Supervision can be on a daily basis. I think I get 100% support. We talk about health and safety, security, people’s activities and training. We always talk about our working role.” Another told us, “I have lots of chats but have had no supervision since I came back two months ago.” When we looked at staff supervision records we saw that some staff had not received supervision since 2014 and one staff member had no recorded supervisions at the service. We discussed this with the team leader who told us, “Supervisions are to be planned every two months. I have completed one since I started recently.” Despite this staff told us that they felt supported by the manager and felt they could approach them with any concerns they had.

We observed communication between staff and people that used the service. One person became anxious during the inspection and staff gave consistent information and space to the person to allow them time to relax. A relative told us, “The staff speak slowly and directly to [Name] and wait for an answer. They always keep me and [Name] well informed.”

We looked at training records for four members of staff to check whether they had undertaken training on topics that would give them the knowledge and skills they needed to care for people who lived at the service. We saw staff had access to training deemed by the registered provider as ‘essential’ in subjects including safeguarding adults, food hygiene, infection prevention and control, first aid and fire awareness. Records showed staff had additional training such as epilepsy and Mental Capacity Act 2005 (MCA).

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. DoLS are part of the MCA legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected.

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. 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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Records showed that one person who used the service had a DoLS in place around restricting their freedom of movement. This was in place to ensure their safety when out in the community and while spending time at home. We saw a best interest meeting had been held and the decision to place a safety gate across the kitchen door taken. We saw that documentation had been completed appropriately. This showed the service was following the principles of the MCA legislation, which meant that people’s rights were upheld.

Staff had completed training on mental capacity during the last year and were aware of how the DoLS and MCA legislation applied to people who used the service and how this was used to keep people safe. One staff member told us, “We need to support the person to make their own decisions.” A relative told us, “We have had three best interest meetings for [Name], recently about safety in the kitchen and the use of a safety gate.”

People had their health care needs documented in their care files. Information included details of health care checks (dental and GP), medical diagnoses and information about any allergies. A relative told us, “Yes we are well informed on [Name’s] health and welfare.” This meant people using the service had their health care needs met and staff had easy access to information.

Is the service effective?

We discussed people's care with members of staff. Staff demonstrated to us that they were aware of what care people required to meet their needs. Staff were able to say which people had input from the district nurse or physiotherapy; they also knew what health problems each person had and what action was needed from them to support the person.

People who used the service had patient passports in place; these are documents that people can take to hospital appointments and admissions with them when they are unable to verbally communicate their needs to hospital staff. Those we looked at had information about people's health, support needs and current medicines. This meant that hospital staff were able to access information about the person's individual needs.

Entries in the care file we looked at indicated that people who were deemed to be at nutritional risk had been seen by dieticians or the speech and language therapy team (SALT) for assessment on their eating. We saw staff completed weight charts to support people's nutritional intake. However, we saw in one person's care file that there were large gaps in the recording. For example; the person's weight was recorded in October 2015 and April 2015. We discussed this with the manager who agreed the need for this would be reviewed to ensure it was current.

We were told by staff that people ate foods of their choosing and staff explained that people who used the service liked to eat foods such as porridge, chicken and yoghurts. People were able to go to the local shops and

choose their foods from the shelves. Staff told us people used adapted Makaton and gestures when choosing food and drink. Makaton is a language programme using signs and symbols to help people communicate.

People were encouraged to be as independent as possible and this included developing their daily living skills. Observation of the service showed that people were able to make themselves food in the kitchen and we saw a selection of fresh fruits, vegetables and snacks available in the fridge and cupboards. People were not left alone when food preparation was underway as they were at risk of harm from hot liquids, pans and sharp utensils. We observed one person who used the service using a Makaton sign for 'lunch'. We saw staff had pre-prepared a selection of foodstuffs such as grated cheese, salad, meat and wraps for one person to make their own lunch. Staff told us this was because people were independent with eating, but were unable to protect themselves from harm in the kitchen.

We found that there was no set daily menu; instead staff provided a visual selection of foods for people to choose from. Staff told us one person who used the service was able to point to foodstuffs and use certain words to make their choices known.

We saw no-one who lived at the service had any problems moving around the environment and there were no people using the service that required any specialist equipment or facility to be in place. Communal space was suitably furnished and decorated and people's personal space, which we saw with people's permission, was maintained and personalised.

Is the service caring?

Our findings

People's wellbeing was considered by the service and its staff. Activities that were offered and two to one support were important for people to ensure their happiness was maintained. We observed support was provided to people when they were anxious or in need of 'extra support' and staff spent time ensuring people were content and encouraging re-direction at times of anxiety into activities people enjoyed. For example, one person became upset and anxious and we observed staff talking to the person in a calm manner and encouraging dancing. This alleviated any anxieties the person was experiencing.

The staff were observed to be understanding of people's needs and involved them. We observed a person became anxious about going out. The staff gave re-assuring answers to questions and confirmed where the person was going and asked them to help by getting their coat to get ready. We observed that time and space was given to the person to process the information. We observed staff giving constant encouragement and praise. For example, when people were making their own lunch staff were complimenting the person on how well they were doing.

We saw that people and staff had a good rapport with each other. Observations of people in the lounge / kitchen / bedroom of the service indicated that individuals felt safe and relaxed in the service and were able to make their own choices about what to do and where to spend their time. On the day of the inspection we saw that people who used the service spent time in the lounge of the service as well as choosing to listen to music in their own room. We saw people were well presented, appropriately dressed and wearing suitable footwear.

In discussions, staff had a good understanding of how to promote privacy, independence, dignity and choice. They told us, "We always close doors and let people have time alone if they need it. We give encouragement for people to choose their own clothes" and, "[Name] makes their own sandwiches and with encouragement will strip their bed and re-make it." "[Name] chooses their own clothes after tea every night and puts them on their chest of drawers ready for the next day." A relative told us, "[Name] goes in their room and the staff leave them be. [Name] always has a female member of staff. They have helped [Name] to get out of using a wheelchair and lose some weight."

Staff told us that they read people's care plans and that these included information that helped them to get to know the person, such as their hobbies and interests, their family relationships and their likes and dislikes. A relative told us, "The staff are always polite. [Name] has closeness with some of the staff and they speak to [Name] nicely" and, "The staff take a lead from what I do."

People using the service did not use advocates as they had close families who assisted them with finances and important life changing decisions. An advocate is a person who represents and works with a person or group of people who may need support and encouragement to exercise their rights, in order to ensure that their rights are upheld.

We saw all information about people was kept confidential and shared with only those that needed to know. Records held on computer and in paper format were secure in the service and held according to the Data Protection Act 1998.

Is the service responsive?

Our findings

We were unable to ask questions of people that used the service but we communicated with them through singing songs, holding hands and talking to them during the inspection.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care to each individual. They told us, “[Name] likes their hair up and will give you the bobble so you know.” “We take [Name] to the nurse once a month and every two months for a weight check” and, “[Name] can tell us if they are in any pain. [Name] has a diet plan and access to health services if needed.”

Assessments were undertaken to identify people’s support needs and care plans were developed outlining how these needs were to be met. For example, one person would get upset if they couldn’t take all of their belongings with them when visiting family. Staff encouraged the person to reduce their bags from four down to one smaller bag to put their belongings in and leave some things with their family and others in their own room. Staff told us, “The person seems happier now and doesn’t get anxious over their personal items.”

We saw that care plans contained all of the documents required to ensure people’s care and support needs were met and followed individuals’ routines, held information on assessed needs and guidelines on each area of care or support need. Sections of the care plans included personal details, communication plans, healthy eating, and getting ready for bed, behavioural distress and risk assessments. We saw that staff reviewed the care plans and risk assessments regularly. A relative told us, “I have been involved in [Name’s] care plan right from the beginning and we have reviews where we discuss the care plans.”

Care plans were written in a person-centred way with ‘what’s important to’, ‘what’s important for’ and ‘what I can do for myself’ recorded. Life skills and development plans were completed when people had achieved their goals such as, ‘brushing my teeth and hair’, ‘choosing my clothes’,

‘dressing myself’ and ‘tidying my room.’ Care plans were well written and contained appropriate information to show that the person had been fully assessed and the action staff needed to take to support the person was clear.

There was no activity person employed by the registered provider. We were told by the manager that people who used the service needed encouragement to undertake activities and the service had plans to broaden and increase the opportunity for activity. The manager told us this was to be discussed at the next staff meeting.

We saw one person who used the service had been on holiday during 2014 /15 and this was the first holiday they had been on since they were a child. A relative told us, “[Name] likes going for walks, the park, shopping, books music and TV. [Name] likes to have a bag with them and goes out a lot more than they used to.”

Staff told us people spent time going to the local village shops to buy magazines, having their nails done and listening to music and dancing. We saw a list of TV programmes people liked to watch in the lounge that included, Carry on films, The Bill, Rising Damp and On the Buses. We observed staff respecting people’s privacy when they wanted to spend time in their own rooms but also offering encouragement to participate in daily living tasks such as food preparation.

We saw that people were assisted to maintain close family relationships and that staff were familiar with people’s relatives. A relative told us, “We go and visit a lot and we have [Name] home once every week. [Relative’s name] rings every night and we can go anytime. We were there the other day with other family and the staff always makes us a drink.”

We saw there was a complaints policy in an upstairs office. We saw from records held that there had been no complaints made to or about the service in the last 12 months. However, we saw the complaints procedure was not visible anywhere in the service or in any easy read formats. Easy read can be used by people with learning disabilities. We asked the manager how people who used the service and their relatives would know how to complain or leave a compliment and they told us “They wouldn’t unless they asked us.” When we asked a relative about the service complaints procedure they told us, “I have never seen a procedure but would complain both verbally and in

Is the service responsive?

writing if I needed to.” We discussed this with the manager who agreed to make the complaints procedure visible and accessible to people who used the service and their relatives.

Is the service well-led?

Our findings

As a condition of their registration, the service is required to have a registered manager in post. The home did not have a registered manager in post at this inspection. The previous registered manager left in May 2015 and a new manager came into post immediately. They told us they were in the process of registering with CQC.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The manager was able to demonstrate knowledge of the requirements to notify, but had not had to inform the CQC of any significant events since managing the service.

The manager was present during the inspection and was able to assist with the inspection and locate documents that we required promptly. All records containing details about people that used the service, in relation to staff employed in the service and for the purpose of assisting in the management of the service were stored safely and securely. We found that the manager was open and honest with us regarding any shortfalls in the service delivery.

We saw that staff had completed a number of audits on safeguarding, incidents and behavioural distress charts over differing timescales. These audits contained analysis of the information and any actions or outcomes taken. However, we saw areas of auditing had lapsed. For example, safeguarding had not been audited since August 2015 and behavioural distress was last audited in October 2015. We saw medication was not checked as part of the overall quality assurance system at the service which meant that issues with the storage of medicine as well as recruitment paperwork and supervisions had not been identified nor acted upon.

Discussion with the manager indicated that they were aware that improvements were needed to the quality assessing and monitoring system. The manager told us that the team leader was completing all auditing and the manager's intention was to complete an overarching check

on a monthly basis. However, we could not be assured that the current systems in place identified any shortfalls in practice or helped to identify where improvements to service delivery may be required.

This was a breach of Regulation 17(2) (a), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

The culture of the service was that this was a small service, offering people care and support within a comfortable family orientated environment. We asked a relative about the quality of the care their family member received. They told us "The home is always happy; sometimes we go on the spur of the moment. The atmosphere is always the same. It's like going to a family home."

The manager told us that satisfaction questionnaires for people who used the service, their relatives, staff and professionals were currently sent from the company head office and the service then distributed to each person yearly. We were told these were returned directly to the company head office for evaluation. We were shown evidence of satisfaction questionnaire evaluation for 2013 /14 and 2014 / 2015 which collated relatives, professionals, staff and people who used the services views across the registered provider's organisation as a whole. This meant that comments or feedback were of little use to the people living at the service.

The manager told us staff meetings were held on a monthly basis. However, we were unable to see any evidence of this. The last recorded staff meeting was held in July 2015. Staff told us they felt supported by the manager and could speak to them at any time. One staff member told us, "The service is really comfortable, I feel relaxed and everything is well planned."

We did not see any meetings for the people that used the service. However, as the service was small we observed that discussions were held throughout the day regarding what people wanted to eat, drink, where they wanted to go and what they wanted to do. When we asked people's relatives if they had the opportunity to discuss the service they told us, "We are always asked our views all the time, I have had a couple of surveys, in fact I have one now."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.</p> <p>People who used the service were not assured of a quality service because there was no effective system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. The service did not evaluate and improve their practice effectively.</p> <p>17 (2) (a).</p>